REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT THE

PENNSYLVANIA STATE UNIVERSITY MILTON S. HERSHEY MEDICAL CENTER

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 Public Health Program at Pennsylvania State University. 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 November 2013 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, 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.

Pennsylvania State University (Penn State) was founded in 1855. It receives regular appropriations from the State Legislature to carry out its mission as a land grant institution. Since the Commonwealth of Pennsylvania utilizes and supports Penn State as an instrument for the public good, it functions as a public university. However, the university is privately chartered and governed by a Board of Trustees.

Penn State ranks among the nation’s 10 largest universities in student enrollment. In fall 2012, the university enrolled nearly 96,500 students. Approximately half of the student body is enrolled at Penn State’s University Park campus. The University Park campus is the administrative hub of the institution, and is the primary site for graduate study and home to the Graduate School. The Graduate School, established in 1922, has over 150 graduate programs and 10,000 graduate students at five campus locations and online.

The Penn State MPH program is a program of the Graduate School and is located in the Penn State College of Medicine (COM), at the Milton S. Hershey Medical Center in Hershey, PA. The Hershey Medical Center and the COM serve 27 counties, many of which are medically underserved.

The MPH program is organizationally structured in the Department of Public Health Sciences (DPHS), which is a department of the COM. DPHS grew out of the Center for Biostatistics and Epidemiology, and in 2007 it was given its current name. The MPH program enrolled its first students in fall 2011, and graduated its first students in May 2013. The program offers one degree, the Master of Public Health, with three tracks: community and behavioral health, epidemiology and biostatistics and health systems organization and policy. 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 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 Penn State public health program. The program is located in a regionally-accredited institution, which received its most recent affirmation of accreditation in November 2010. The program, its faculty and students have the same rights, privileges and status as other professional preparation programs. Collaboration is accomplished by the program's partnership with departments at other Penn State campus locations to offer core and elective courses for MPH students. Through this collaboration, students are able to gain unique perspectives to supplement their public health education. Additionally, the program capitalizes on its location at the medical center and its proximity to the state health department, which enables program constituents to maximize their learning and networking opportunities. The program has sufficient resources to provide the breadth and depth of educational content leading to a Master of Public Health degree.
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 program’s initial mission statement was developed through an iterative process of meetings and a survey involving program faculty and staff in 2010. In late 2010, program leaders revised the mission to be clearer and more measurable. In 2012, the program leaders restructured the mission to prioritize the program’s educational mission. The current mission statement was reviewed and accepted in spring 2012 by MPH faculty and the MPH Community Advisory Board (formerly the Community Stakeholders Committee).

The program’s mission is as follows: The mission of the Penn State Master of Public Health (MPH) Program is to advance theory and practice that prepare future public health leaders, improve population health, and reduce health disparities – across Pennsylvania’s communities and the nation – through excellence in education, research, and service.

The program seeks to fulfill its mission by achieving goals in the following seven areas: instruction, research, service, faculty and staff, fiscal resources, other resources and diversity. There are 28 objectives, and each goal has between two and seven measurable objectives. In total, there are 66 metrics associated with the mission and goals.

The MPH program’s mission, goals and objectives are communicated to applicants, students, faculty and stakeholders through the program’s website, student handbook, recruiting materials, and practicum material. The self-study document noted that the mission, goals and values will be periodically reviewed by program administration and stakeholders as part of the program’s evaluation process and will include revisions when necessary to remain relevant.

The Penn State MPH program has core values based on six value categories: science, collaboration, social responsibility, professionalism, health and wellness and diversity. For each category there are two value statements. The values of the MPH program are posted on the MPH website and made available in the 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. Program administrators coordinate and monitor the evaluation process. The Executive Committee assesses strategic planning metrics, benchmarks and feedback at various points periodically throughout the year. Acquisition and preparation of the evaluation data are the responsibilities of program administrators. Data are acquired by primary data collection (e.g., surveys), mining data from existing data within the department (e.g., annual faculty review template and curriculum vitae), requesting data held by others (e.g., library, grants and contracts and the Graduate School) and receiving data per protocol (e.g., minutes and reports from standing committees). Preparation includes cleaning the data, entering it into the MPH program database and putting it into a format so it can be organized and reviewed.

Program administrators are also responsible for assessing the need for further review and determining the appropriate next action. The self-study document notes that “the MPH administration may decide: 1) that no action is warranted, 2) that action is warranted relating to daily operations or managerial level concerns so it moves to enact a corresponding or appropriate remedy or change in daily operations, 3) that action is warranted pertaining to program policy so a recommendation could be made to the MPH Executive Committee that oversees the entire program, or 4) that action is warranted that comes under the purview of a MPH standing committee per the code of operation for the committee.” Members of the program’s administration reported that they regularly used the results of various evaluation tools, as results became available, to inform program planning and decision making. For example, program administration is currently in the process of developing online course options to accommodate the needs of the student body.

Program administrators collaborated with MPH faculty, staff, students and community stakeholders to gather required information and to write and review the self-study document. The entire preliminary draft was emailed to all MPH faculty and the MPH Community Advisory Board for review. The program requested review of the preliminary draft by three MPH students from the first group of matriculated students – two alumni and one student. These individuals had served in student leadership roles and had volunteered feedback about the program during their time in the program. Students also had the opportunity to review the final draft of the self-study. The program distributed the self-study document and information about the accreditation process to all students, faculty and community stakeholder groups via
email. The self-study document was well-written and well-organized; it was accompanied by many of the supporting resource documents in the electronic resource file.

The site visit team noted the program’s lack of assigned responsibilities and a formal process for assessing its evaluation data and acting, when necessary, to improve the program through changes to current operations, policies and/or procedures. Program committee minutes, however, indicate that ongoing discussions occur regarding program improvements. Responsibility is also not assigned for reviewing and updating the program’s mission, goals, objectives and metrics as the program matures and evolves. These responsibilities could be incorporated into the authorities and duties in the code of operation for the program’s Executive Committee, specific program committees, and/or Community Advisory Board. However, the program’s response to the site visit team’s report addressed all areas of concern.

1.3 Institutional Environment.

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

This criterion is met. Penn State is accredited by the Middle States Commission on Higher Education and its most recent review and affirmation of accreditation occurred in November 2010. A number of programs at the university respond to specialized accrediting bodies. More specifically, many residency programs and the MD program in the COM, which houses the MPH program, are accredited by the Accreditation Council for Graduate Medical Education and the Liaison Committee on Medical Education.

Penn State has several campus locations. The Milton S. Hershey Medical Center campus, located in Hershey, PA, is home to the COM. The COM’s vision is to achieve excellence through the integration of education, research, patient care and service to the community. The COM has 24 academic departments, operates seven institutes, 10 PhD programs and four master’s degree programs, which include the Master of Public Health program.

By virtue of its nature as a graduate program, the MPH program is ultimately governed by Graduate School policies and procedures. However, the administrative home of the MPH program is the DPHS, within the COM. The DPHS houses three graduate degree programs: the Master of Public Health program, a Master of Science in Public Health and a PhD in Biostatistics. The latter two degrees are not included in the unit of CEPH accreditation.

The DPHS is comprised of eight administrative units, each overseen by the DPHS chair. Three units are academic in nature and house the program’s teaching faculty: the Division of Biostatistics and Bioinformatics, the Division of Epidemiology and the Division of Health Services Research. Each of the three academic divisions is overseen directly by a division chief, who reports to the DPHS chair. The
remaining five administrative units are: Finance, Operations, Research Computing, Data Management and the Penn State Hershey Prevention, Research and Outreach Wellness Center.

Program administrators have oversight for the development of the program’s educational goals and objectives, competencies and evaluation methods for student learning outcomes. Program administrators have direct responsibility for curriculum design and implementation, although the Graduate School has final authority over course and substantive curriculum changes.

Requests to hire faculty and staff for the program are submitted to the DPHS chair by the MPH program director. The DPHS chair makes hiring decisions, in accordance with the COM’s and University’s hiring policies. The MPH program director and committees are not involved in faculty recruitment, retention, promotion and tenure, which take place at the departmental level.

Admission in the program is granted jointly by the program and the Graduate School, though the Graduate School has the final authority on admissions and conferral of degrees to students.

Budget requests for the program are submitted by the program director to the DPHS chair. The DPHS chair reviews and revises the budget request as necessary and submits the request to the COM dean for final review and approval.

The program’s tuition and fees are not directly distributed back to the program. Rather, the COM utilizes a mission-based budgeting model to distribute funds to its graduate programs based on each program’s educational activities. Once the DPHS receives funds through mission-based budgeting, the DPHS Chair allocates those funds to the MPH Program and the department’s other graduate programs. The MPH program director has oversight of the funds allocated to the program.

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 program is overseen by a program director who reports to the DPHS chair, with secondary reporting to the COM associate dean for graduate studies. The program director is concurrently the chief of the Division of Health Services Research. The DPHS chair reports to both the COM dean as well as the COM vice dean for research and graduate studies. The COM dean reports to the president of the university.
The program exists in an environment that fosters interdisciplinary collaboration in instruction, research and service. During on-site meetings, site visitors learned of the program's rich interdisciplinary work through collaboration with the state health department and local organizations, and through the use of guest lecturers in courses to enhance the students’ learning experience.

Additionally, students are provided opportunities for interdisciplinary communication with their peers, as the program has collaborated with other Penn State academic departments to offer some of the program’s elective courses. Partnering departments include: the Departments of Biobehavioral Health, Health Policy and Administration and Nutritional Sciences at the University Park campus, the School of Public Affairs at the Harrisburg campus and the School of Graduate Professional Studies at the Great Valley campus. MPH students have taken advantage of this multi-campus partnership and completed coursework at the University Park and Harrisburg campuses.

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 governance structures ensure oversight of all pertinent programmatic functions such as program and curriculum evaluation, assessment of student learning outcomes and competency attainment, student admissions and faculty recruitment.

There are four administrative positions that report directly to the program director: the deputy director, the advisor to the program director, the director of practicum and community internships/associate director for evaluation and the associate director for international initiatives. The deputy director’s responsibility is to manage daily logistics and operations. The advisor to the program director provides guidance to the director on evaluation processes, capstone requirements, goals and objectives. The director of practicum and community internships/associate director for evaluation is responsible for securing new practicum sites, assisting students with practicum placements and implementing evaluation plans. The associate director for international initiatives has primary responsibility for identifying, planning and implementing global health learning opportunities for students.

The program has four standing committees: the Executive Committee, the Admissions Committee, the Practicum and Service Committee and the Curriculum Committee. The lead decision making committee is the Executive Committee, which comprises the following voting members: the DPHS chair, the program director, the deputy director, the associate director for evaluation and the associate director for international initiatives. The Executive Committee’s primary duties are to determine the program’s operating budget, set admissions and curricular standards and policies and determine solutions to
student and faculty issues and concerns. The Executive Committee meets monthly and serves as the final approval authority for all recommendations made by the program’s other committees.

The Admissions Committee reviews admissions applications and makes recommendations to the Executive Committee regarding potential candidates. The committee consists of faculty from the program’s three academic divisions and one Penn State faculty member whose primary appointment is external to the COM. The committee meets monthly during the program’s admissions season, which occurs in January through March.

The Curriculum Committee’s primary responsibility is to assure that the program’s curriculum meets program competencies and accreditation standards. The committee facilitates an internal assessment of the curriculum every two years. Voting members are faculty with instructional responsibility in each of the five core areas of public health. The committee meets once per academic year.

The Practicum and Service Committee provides advisory support to the director of practicum and community internships regarding the recruitment of additional practicum sites and preceptors. This committee also advises the public health student service group, the Public Health Association for Service and Education (PHASE). The committee consists of faculty members from the program’s three academic divisions and is the only program committee with student representation. The committee meets four times per academic year.

In addition to faculty involvement in program-level committees, several faculty members are involved in university-wide committees, though many of the committees are specific to the medical center campus in Hershey, PA. Faculty are involved in committees such as the Penn State Hershey Campus Council on Diversity, the Penn State College of Medicine Academic Integrity Committee and the Penn State University Faculty Senate.

In addition to the four standing committees, the program has an ad hoc Community Advisory Board that meets at the program director’s discretion but holds a minimum of one meeting per academic year. The Community Advisory Board consists of 12 public health practitioners and three faculty members from public health disciplines at local colleges. The Board’s primary function is to inform program administrators of changes in the practice environment, in order for program administrators to consider how the curriculum, goals and competencies should be evolving. Thus, one of the Board’s responsibilities is to review and assess the program’s competencies every two years for relevance to public health practice.
At the time of the site visit, reviewers noted a low level of student involvement in governance committees and to the lack of alumni representation on the Community Advisory Board. The program graduated its first cohort of students in May 2013, and during the site visit, program administrators indicated that consideration may be given to adding alumni to the Community Advisory Board in the future. Additionally, program administrators indicated during the site visit that they intend to increase student representation on governance committees. Plans are underway to add student members to the Curriculum Committee and the Community Advisory Board within the 2013-2014 academic year. Though student representation on governance committees is minimal, during the site visit, students commended the program administrators for their constant solicitation of feedback and advice regarding the program. Students felt that their feedback was valued and that program administrators created a safe environment for open dialogue and communication about the program. The program’s response to the draft site visit report addressed all areas of concern.

To date, student roles in governance have mainly occurred through the student-led public health organization, PHASE. PHASE’s governance structure consists of two co-presidents, a secretary, a treasurer, a public relations officer and a student liaison. The goal of PHASE is to increase student involvement in service activities and to provide students with educational enrichment activities beyond the scope of the classroom. PHASE holds monthly student body meetings.

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. The program has adequate financial resources to support its mission and goals. The budget for the program is part of the overall DPHS budget. The COM is Penn State’s only self-supporting college- it retains all revenue generated from tuition, clinic income and indirect costs. The COM’s total budgeted revenue for the 2013 fiscal year was $206.5 million, with 7% of its overall revenue attained from the university.

Mission-based budgeting is used to allocate unrestricted revenue. Revenue is centralized and funds are distributed using formulas based on the operations of the core mission areas. Thus, tuition generated by the MPH program is centralized, and then a portion is allocated back to the DPHS. During the site visit, program administrators indicated that the allocation formulas are under revision and the new formulas will provide additional revenue back to the department for teaching, advising, committee service and other faculty activities that support the department’s educational mission. The newly revised formulas used for mission-based budgeting will provide increased financial incentives for teaching, advising and committee work- and will benefit the MPH program.
The program’s primary expenses are salaries and benefits, which are projected to total $192,111 for faculty and $70,435 for staff in the 2013-2014 academic year. Mission-based formulas are used to support faculty salaries. Tenured and tenure-track faculty salaries are funded at 35% (2% for professional development, 25% for research pursuits and 8% for administrative and service efforts). The salaries of non-tenure track faculty and staff who support the department’s educational mission are funded by the department’s general operating fund. Two faculty members and one staff member who support the MPH program are funded by the department. They include the deputy director, who is funded at .50 FTE, the director of practicum and community internships/associate director for evaluation, who is funded at .40 FTE, and the education program associate, who is funded at .50 FTE.

Additional expenditures in 2013-14 include $15,000 for operations, $10,000 for travel and $5,200 for accreditation fees for a total of $292,746. Over the past two years, the dean has provided additional funding for staff support to facilitate the self-study process. Although mission-based budgeting prevents the MPH program from receiving the full tuition revenue it generates, the program is a priority for the DPHS and of the COM and has been provided with non-formula-based support necessary to support its expenses.

Support for student travel to present at the APHA meeting and other scientific conferences is available from the department. During the site visit, several faculty commented that they would like to see the development office in the COM assist with fundraising to support student stipends and scholarships, which would enable the program to attract more students.

| Table 1. Sources of Funds and Expenditures by Major Category, 2010 to 2013 |
|--------------------------------|----------------|----------------|----------------|
| Source of Funds               | 2011-12        | 2012-13        | 2013-14        |
| University Funds              | $115,981       | $192,694       | $226,746       |
| Gifts                         | NA             | NA             | $6,000         |
| Other (Department Funds)      | $139,185       | $61,546        | $60,000        |
| Total                         | $255,166       | $254,240       | $292,746       |
| Expenditures                  |                |                |                |
| Faculty Salaries & Benefits   | $211,235       | $158,357       | $192,111       |
| Staff Salaries & Benefits     | $23,431        | $68,383        | $70,435        |
| Operations                    | $10,000        | $15,000        | $15,000        |
| Travel                        | $5,000         | $10,000        | $10,000        |
| Other (Accreditation Fees)    | $5,500         | $2,500         | $5,200         |
| Total                         | $255,166       | $254,240       | $292,746       |

The program’s outcome measures include acquiring and assuring adequate financial resources to provide instructional activities; allow faculty and students to engage in research activities; participate in service activities and support the program’s ongoing operational expenses, including recruitment of students and
salaries for administrative faculty and staff. Metrics include a mean of .10 FTE support for faculty teaching efforts, .50 FTE support for faculty research efforts and .02 FTE support for faculty engagement in public health service. The program has met or exceeded its targets in these three areas in each of the last two years. Table 1 above presents the program’s budget for the 2011-12 through 2013-14 academic years.

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 and has adequate resources to support its mission, goals and objectives. The program currently has 18 primary faculty: three in the community and behavioral health concentration, nine in the epidemiology and biostatistics concentration and six in the health systems organization and policy concentration. The program would like to increase the percent effort of some of the primary faculty, though all primary faculty dedicate at least .50 FTE to the program. In addition to the primary faculty, the program has 16 other faculty who support the program: eight in the community and behavioral health concentration, five in epidemiology and biostatistics and three in the health systems organization and policy concentration.

Updated student headcounts for the 2013-14 academic year were provided during the site visit. The current student-faculty ratio by primary faculty FTE is 3.12 in community and behavioral health, 2.16 in epidemiology and biostatistics and 1.70 in health systems organization and policy. The self-study noted that the program intends to continue to refine the existing FTE calculation for primary and research faculty. Site visitors were impressed with the faculty-student ratios.

Staff resources are adequate to support the MPH program. In the 2012-13 fiscal year, the program retained two staff: a program associate funded at .65 FTE and an administrative assistant funded at .15 FTE. During the site visit, faculty and staff indicated that they have been granted funds from the COM to cover staff salaries as requested.

Physical space is adequate to support the program, which is housed in the Academic Support Building. The program moved into its current office suite in the summer of 2012. This new physical structure has created what was referred to by several faculty as “a home” for the program. Having office space, conference rooms and student space in close proximity has enhanced opportunities for communication and collaboration for faculty, staff and students. The program also utilizes space in the Penn State Hershey Cancer Institute. Several faculty offices are located in the COM Building. Classrooms in the Academic Support Building and other buildings throughout the medical center campus can be utilized for MPH courses, and plans are underway to build a second Academic Support Building on campus. Classrooms are equipped with the necessary technological equipment. Program administrators noted that
the program is developing enhanced classroom space that will accommodate future distance learning initiatives. The program does not utilize laboratory space for its academic endeavors.

Adequate computer facilities and library resources are provided by the department, school, campus and university. The holdings of the George T. Harrell Health Sciences Library are more than adequate to support the program. The Penn State Cancer Institute and the DPHS centers enhance collaborative research opportunities for faculty and students.

The DPHS provides IT infrastructure to support the program’s educational and research missions. Students have 24/7 access to a secured common space in which they can study in a quiet and safe environment. Research assistants have assigned cubicle space, computers and telephones. As student enrollment increases, there will be a need to secure additional common space for MPH students and SAS licenses for computers in student computer labs. Currently, students requiring access to SAS may utilize the designated student computers located in the MPH program’s administrative office suite.

Community partners support the program in a variety of ways. For example, state health department employees interact closely with the program by teaching courses, guest lecturing and offering a job shadowing program, in which students shadow public health professionals for the day. The acting state epidemiologist indicated that he is excited about having the MPH program in central Pennsylvania and in such close proximity to the state health department. Community preceptors commented that they are impressed with the program’s emphasis on practical experiences and their plan for sustained engagement in the community.

Community Advisory Board members described MPH graduates as fully-qualified, confident, intelligent, professional and zealous. Board members also indicated that the board is well-run and diverse, representing a wide variety of constituency groups that include non-traditional public health partners. Board members said that community contributions to the program are valued, and one member described the program as, “a sponge continually absorbing community feedback.” Another community representative indicated that the program is on, “a quest to be as good as it can be.” The program has a bank of over 140 community preceptors for student internships and projects.

Some of the program’s resource goals and benchmarks will need to be heightened as the program matures. For example, current targets include basic measures such as providing office space and a computer for each faculty member and providing classroom space with LCD projectors for each class.
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. The program is guided by a value of diversity: “Promoting diversity across the educational, research and service environments; and building a culturally sensitive and competent workforce.” The program uses the COM’s definition of diversity: “A culture in which all patients, faculty, housestaff, students, caregivers and staff are accepted, respected, and embraced. Our definition of diversity includes, but is not limited to the dimensions of race, gender, religion, nationality, age, disability, veteran status, ethnicity, and real or perceived sexual orientation.”

The program also uses the COM’s definition of under-represented populations, which is based on the Association of American Medical Colleges (AAMC) definition of under-represented populations in medicine. The AAMC’s definition for under-represented minorities includes Blacks, Hispanics, Native Americans and Alaskan/Hawaiian Natives. The rationale behind the designation of these minorities is based on data indicating that members of those groups are entering health fields in lower numbers than other groups.

The program’s goals, objectives and strategies are consistent with the university’s strategic plan for diversity, which prioritizes increasing representation among employees and students and increasing cultural competence through the curriculum. The university has a comprehensive set of policies related to diversity, which the program follows during the faculty and staff recruitment, hiring and employment processes, during the student recruitment and admissions process and once students have matriculated.

The program prioritizes diversity in its recruitment efforts. The program regularly recruits students at a historically black university in Pennsylvania and at conferences for minority students in the sciences. The program is committed to fostering awareness among members of the Admissions Committee of the need for under-represented minority students in the program.

The program has identified four competencies that are related to diversity and has linked them to specific learning opportunities in the curriculum. Students have had the opportunity to pursue practicum experiences that support program goals and objectives for diversity, including practicum experiences with a community oral health program, a refugee health program and global initiatives in Haiti, Ghana and China.

The COM supports the Office of Diversity under the leadership of the associate dean for diversity. The office offers monthly diversity grand rounds, a diversity champion award, a world culture club and a
campus diversity blog. In 2012, two MPH program faculty were recipients of the first diversity champion awards. The program’s deputy director serves on the Campus Council on Diversity.

The program’s diversity goal is to promote diversity across the program’s core mission areas. Measurable objectives to support this goal are: recruit and retain a diverse student body, promote the recruitment and retention of a diverse faculty and staff and offer diversity-focused learning opportunities for students. Eleven metrics are used to evaluate the program’s success in achieving this goal. The program is meeting its targets for student and faculty recruitment and retention, except for the metric of percent of faculty from under-represented minorities. Regarding diversity-focused learning opportunities, under the cross-cutting category of professionalism, the program requires students to demonstrate competencies related to diversity and social justice. These competencies are addressed in several core courses. Eighty-eight percent of students were satisfied with diversity in the curriculum and 88 percent were satisfied with global perspectives in the curriculum.

For the 2012-2013 academic year, 36 percent of enrolled students were minority students, and 27.7 percent of applicants and 27.3 percent of enrolled students were from under-represented minorities. For comparison, 14 percent of medical students in the COM were from under-represented minorities. Among primary and other MPH program faculty, 28 percent were from minorities, three percent were from under-represented minorities and 38 percent were women.

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 curriculum demonstrates the appropriate composition and depth leading to a Master of Public Health degree. The majority of the curriculum is 500-level courses. The degree program consists of eight required core courses, a required practice experience, a required culminating experience, three to five track-specific courses depending on the student’s chosen track and five to nine credit hours from elective courses. The program offers three tracks: community and behavioral health, epidemiology and biostatistics and health systems organization and policy. Approved elective courses are those which supplement the students’ knowledge in one of the three track areas, thus all electives have a public health focus. Table 2 presents the program’s degree offerings.
### Table 2. Instructional Matrix – Degrees & Specializations

<table>
<thead>
<tr>
<th>Masters Degrees</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community and Behavioral Health</td>
<td></td>
<td>MPH</td>
</tr>
<tr>
<td>Epidemiology and Biostatistics</td>
<td></td>
<td>MPH</td>
</tr>
<tr>
<td>Health Systems Organization &amp; Policy</td>
<td></td>
<td>MPH</td>
</tr>
</tbody>
</table>

#### 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 program exceeds the minimum credit hours defined in this criterion and requires a minimum of 47 semester-credit hours for degree completion. Twenty-three credit hours are fulfilled by core courses, six credit hours are fulfilled by the practicum and culminating experience and the remaining 18 credit hours are filled by track-specific and elective courses. No degrees have been awarded for less than 47 credit hours.

Each semester spans 17 weeks, which includes 15 weeks of course meetings, one week for final examinations and one week of vacation. The program offers one credit, two credit and three credit hour courses. The program defines one credit hour as one contact hour. Thus, a one credit hour course meets for one hour per week for 15 weeks, for a total of 15 contact hours per semester. A two credit hour course meets for two hours per week for 15 weeks, for a total of 30 contact hours per semester. A two credit hour course also may meet for three hours per week for 10 weeks, for a total of 30 contact hours per semester. Finally, a three credit hour course meets for three hours per week for 15 weeks, for a total of 45 contact hours per semester.

#### 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 five three credit courses that address the five core areas of public health. Two additional required courses, Principles of Public Health (PHS 501) and Practice of Public Health (PHS 802), address and/or reinforce public health core knowledge. Table 3 presents the required core courses for MPH students.

Site visitors reviewed the syllabi for the five core courses. For four of the core courses, student competencies and learning objectives demonstrated clear and direct links between each core course and the relevant area of core knowledge. Public health core knowledge in the area of health services administration, however, was addressed through a mix of courses and competencies.
Table 3. Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>PHS 520: Principles of Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>PHS 542: Environmental Health Sciences</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>PHS 550: Principles of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>PHS 504: Behavioral Health Intervention Strategies or BBH 504: Behavioral Health Intervention Strategies</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>PHS 571: Health Services Organization and Delivery or HPA 520: Introduction to Health Services Organizations and Delivery</td>
<td>3</td>
</tr>
</tbody>
</table>

The competencies, goals, objectives, required text, grading criteria and lecture topics for PHS 571, Health Services Organization and Delivery, focused on the health care system and health care programs. The program does have two competencies under the cross-cutting category of systems thinking, however, that address the broader requirement for core knowledge related to health and public health programs. The required course PHS 501, Principles of Public Health, addresses the competency to, “describe regulatory programs, guidelines and authorities that relate to the practice of public health,” and the required course PHS 802, Practice of Public Health, addresses the competency to, “explain the infrastructure of the U.S. public health system.” Collectively, these courses and competencies are appropriate for students to gain the knowledge and learn the skills important for understanding and engaging in the broad practice of public health.

The program’s Curriculum Committee holds primary responsibility for assuring that the curriculum meets program competencies and accreditation standards. Meeting minutes documented that the committee reviewed course syllabi and program competencies in March 2013 and recommended changes to specific competencies or their alignment with core courses. The Curriculum Committee also is charged with reviewing requests for transfer of credits into the MPH program that are being considered as core course replacements.

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 students are required to complete a practicum experience which is structured as a three credit hour course, MPH Internship (PHS 895A). This course provides students with hands-on, "real world" experience in the practice of public health. Students are placed with organizations based on academic and professional interests and goals. The practicum experience is intended to build and strengthen the student’s public health practice skills, increase the student’s comprehension and analytical skills relevant to the field of public health, provide the student with the opportunity to contribute to the field of public health in a substantive way and build professionalism. The recommended time for practicum completion is the summer between the first and second academic years. The student is required to
complete the entire duration of the practicum at the placement site agreed upon by the student, preceptor and practicum director. The internship requires a minimum of 135 contact hours. Most students do not exceed 135 contact hours at the placement site.

The director of practicum and community internships serves as the practicum director and course director for PHS 895A. The Practicum and Service Committee is charged with making recommendations to the Executive Committee pertinent to practicum sites, student learning with MPH competencies, preceptors, marketing and communication highlights, milestones, strategic goals for the practicum and the establishment, maintenance and sustainability of an emergency resource fund available to students during their internships. During the site visit, the program director and the chair of the Practicum and Service Committee stated that the program would not approve waivers of the practicum requirement. To date, no such request has been made.

During the site visit, students confirmed that they were exposed to the requirements for the practicum experience during their first semester in the program with a short orientation that is part of PHS 501, Principles of Public Health. Practicum planning begins at least one semester prior to the start of PHS 895A. Students must meet the following prerequisites before beginning the practicum experience: complete 18 core credit hours, including PHS 501; complete an online ethics training program; complete the student self-assessment of competencies and declare a track in which to specialize. There are written policies and procedures for the practicum included in the student handbook; the syllabus for PHS 895A; the practicum and internship handbook for preceptors and a series of forms that document pre-planning, expectations, memorandum of understanding, evaluation and assessment requirements. The student, preceptor and practicum director jointly agree upon three to five public health competencies on which the student and preceptor will focus during the practicum. During the site visit, both students and preceptors reported that the requirements and procedures for the practicum were clearly defined. Preceptors appreciated the level and ease of communication with the program. The program evaluates practicum sites and preceptor qualifications through site visits and/or telephone/videoconferences and student feedback.

Through fall 2013, 23 students participated in practice experiences with 22 unique preceptors. Eight students had practice experiences with the Pennsylvania Department of Health, with six students working with preceptors in the Department of Health’s Bureau of Epidemiology. Six students had practice experiences with six different programs within the Penn State College of Medicine/Medical Center. Other practicum sites included Capitol Blue Cross, Hershey Company, Lebanon Veterans Administration Medical Center, Alzheimer’s Association and Alaska Department of Environmental Conservation. During the site visit, students reported that the practicum gave them practical experiences in applying their learning to real-life public health issues. Preceptors noted that students were very well prepared and the
students’ work during their practicum added value to their organization’s programs. A preceptor with the Pennsylvania Department of Health noted that the geographic proximity of the program made it easier to achieve mutually beneficial practicum experiences compared to when students from more distant programs completed practicum experiences with the health department. Several students reported that practicum experiences turned into employment opportunities.

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 taken as a course, Capstone Experience (PHS 894), with students enrolling during their final semester. In PHS 894, students work with the two course co-directors to select a project that reflects their individual interests and aligns with selected core and/or track-specific competencies. In addition to the course co-directors, students may select another faculty member or practitioner in the field to serve as a mentor on the project. The course co-directors and the student’s mentor provide guidance and feedback on the student’s project.

Prior to enrolling in PHS 894, students self-assess their level of competency attainment. Additionally, the student’s previous instructors may identify competency deficiencies based on a competency assessment that the instructors complete at the end of each course. If the student is determined to be deficient in a particular competency upon entering the course, then that competency must be included as a focus area of the culminating project. Additionally, students may choose a project that allows them to focus on a select few competencies in which they hope to strengthen their skills for future public health practice. The project must focus on a public health related topic and students choose one of the six options for project formats: 1) plan and conduct a research project, 2) conduct a systematic review of the literature to answer a study question, 3) plan a public health program, 4) conduct an evaluation of an existing program, 5) create a grant proposal based upon a request for proposals or 6) create a program manual.

At the completion of the course, students are required to submit a scholarly paper and give an oral poster presentation to receive a grade for the capstone project. The paper must demonstrate the student’s knowledge and skills associated with the selected competencies. Typically, the paper is 25-40 pages in length. Leading up to submission of the final paper, course directors assess the student’s progress at four different stages of the paper’s development. The course directors provide feedback to the student after the paper is assessed at each of the four stages. The final completed scholarly paper is read by the course directors and graded using a rubric that assesses the student’s paper on content, organization, format, clarity and references.

Finally, the student must conduct an oral poster presentation. Upcoming student presentations are announced throughout the campus and can be attended by anyone. However, special invitations are sent
to members of the Community Advisory Board and to the student’s preceptor if the project was related to the practicum experience. Poster presentations are evaluated by the course directors and the student’s classmates, using a grading rubric. The rubric asks evaluators to rank the student in the following areas: the student’s ability to provide a thorough overview of the project, the student’s ability to answer audience questions clearly, the student’s presentation skills and the poster’s content and visual appeal.

The commentary relates to the students’ autonomy in the selection of competencies to address in their capstone project and the lack of an evaluation of comprehensive competency attainment by course directors in the capstone project. Autonomy in selection may result in capstone projects that are too narrowly focused on one particular grouping of competencies, instead of demonstrating proficiency in competencies acquired throughout the curriculum. The capstone project must be used as a means to judge whether the student has demonstrated proficiency in the program’s required competencies. Thus, capstone projects must reflect an integrative understanding of all required competencies.

Although students are not evaluated on their ability to demonstrate proficiency in all of the program’s competencies in the capstone project, the site visit team is confident in the program’s overall mechanisms to ensure competency attainment. The program utilizes a sophisticated evaluation system to capture and assess students’ competency attainment at various phases throughout the program. Thus, upon students’ enrollment in the capstone course, program administrators and faculty are well aware of each student’s level of competency attainment. Therefore, it seems sensible that the capstone experience allows students to hand select competencies that they would like to strengthen or that faculty and administrators determine the student to be deficient in. The capstone course is mapped to nine competencies in the five core disciplines of public health, as well as five competencies in the three cross-cutting areas of communication, systems thinking and professionalism. In addition, site visitors reviewed students’ capstone projects and found that they encompassed sufficient breadth of public health concepts to demonstrate students’ ability to integrate knowledge and demonstrate skills acquired throughout the course of the program. The program’s response to the draft site visit report indicated that during spring 2014 semester changes were planned to address the identified issues.

### 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. The program has developed appropriate competencies to guide the overall program and each of the three concentrations. Core competencies are established in the five core areas of public health. There are six competencies related to social and behavioral sciences, five related to biostatistics,
three related to health services administration and two related to environmental health sciences and epidemiology. Appropriate competencies exist for each of the three concentrations: community and behavioral health (10 competencies), epidemiology and biostatistics (14 competencies) and health systems organization and policy (five competencies). Cross-cutting competencies are established in the areas of communication (two competencies), systems-thinking (three competencies) and professionalism (four competencies). The competencies will be reviewed every two years using feedback from various stakeholder groups such as the Curriculum Committee, the Community Advisory Board and survey results from alumni. The program plans to develop a system for periodic assessment and revision of the core, concentration and cross-cutting competencies as well as assurance that the competencies are adequately addressed in the curriculum.

The competencies were developed in three phases and are based on competencies from the Association of Schools and Programs of Public Health (ASPPH) and the Council on Linkages between Academia and Public Health Practice. The first phase occurred in the spring of 2010 when faculty members were recruited to participate in competency development based on their expertise in one of the five core areas of public health. They drafted core competencies for the overall program and for each of the three concentrations using model competencies from ASPPH, the Council on Linkages and examples from several accredited MPH programs. Following a one-day CEPH consultation visit in December of 2010, the competencies were revised based on the CEPH consultant’s recommendation that the competencies reflect higher-order objectives. In spring 2012, the associate director for evaluation and the advisor to the program director further revised the competency language based on Bloom’s Taxonomy to create competencies that were consistent with various levels of the taxonomy. The second phase occurred in the summer of 2012 when the Community Advisory Board reviewed and refined the competencies based on relevance to public health practice. The associate director for evaluation, deputy director, advisor to the program director and education program associate attended the 2012 CEPH accreditation orientation workshop and determined that the competencies should be further refined. In the summer of 2012, four sessions were held for faculty to review the competency assessment process and the new syllabus template. In the fall semester of 2012, all course syllabi included the revised competencies. In the spring of 2013, the Curriculum Committee reviewed all course competencies and objectives to ensure that there were no gaps.

All competencies are ‘primarily met’ in one or more of the MPH courses. To be ‘primarily met’ means that the competency is substantively addressed and is demonstrated by students through course content, activities and graded assignments. Additionally, faculty members assess competence through an end-of-semester faculty assessment of each student in their class. These competencies are tracked in an electronic database throughout each student’s enrollment in the program.
The competencies are linked to learning outcomes and assessment measures for each course, as verified from review of the course syllabi by the site team. The competencies are made available to current students through the program’s website, student handbook, course syllabi and preparation materials for the required practicum. During the site visit, students and alumni were very familiar with the competencies. One student commented that the competencies were a helpful tool for her to track her progress toward meeting the program outcomes throughout her education.

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 met. The program uses multiple components to assess achievement of the competencies defined for the overall program and concentration. The program systematically tracks the progress and competencies of all students as they navigate through the program. The site visitors were impressed with the program’s sophisticated information management system used to monitor achievement of the competencies across the entire educational experience of each student.

Assessment is conducted by faculty members who teach the courses in the program, the practicum coordinator, the practicum preceptor, the co-directors of the capstone experience course and the students themselves. Faculty assess the competencies of each student at the conclusion of their course, and this information is accumulated in an electronic database to track student progress. The practicum coordinator and preceptors assess students’ competency attainment during the internship and the course co-directors assess students’ competency attainment in the capstone experience. Students conduct self-assessments at various stages throughout their education, the first of which occurs during orientation before classes begin (pre-test). The mid-point self-assessment occurs at the end of their first year in the program. The final self-assessment takes place while the student is enrolled in the capstone experience course during their final semester of the program (post-test). Comparisons are made to determine progress between the pre-test and post-test.

The associate director for evaluation, program director and Executive Committee members review all student assessment data to determine if remedial action such as repeating a course, completing an independent study dealing with the competency, working individually with a course instructor or emphasizing the competency in the internship or capstone experience is necessary.

The program plans to collect post-graduation data through an annual alumni survey which will begin in the spring of 2014. The alumni survey will gather job placement information and results of certifying examinations such as CHES, MCHES and CPH. The program was able to collect and present required data to the site team on the 10 students who have graduated.
Students have up to eight years to complete the program. The program enrolled 14 students in its first cohort in academic year 2011-12. Ten students from the first cohort have graduated and four students remain in the program, making the program’s graduation rate 71.4%. The program’s job placement rate was difficult to discern from the self-study, as 14 responses were issued by 10 graduates. During the site visit, the program director and deputy director provided employment locations of their graduates and explained that eight out of the 10 graduates are currently employed, resulting in a job placement rate of 80%. The program created an alumni group on LinkedIn as an additional mechanism to keep in touch with the 10 alumni (eight graduated in May of 2013 and two graduated in August of 2013). The program has not yet had any students or graduates pursue the CHES, MCHES or CPH exam.

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 not applicable.

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. The program's research enterprise is clearly one of its strengths. Faculty members are actively engaged in public health research activities that are consistent with the program’s mission. The COM is home to nearly $100 million in funded research, and the DPHS has a strong infrastructure in place to support research. Faculty members have significant time dedicated to research activities and sufficient staff are in place to manage pre and post-awards. Tenured and tenure-track faculty are incentivized through a departmental policy in which a portion of the salary savings from research and teaching efforts is returned to the faculty member for use at his or her discretion if it fits with the mission.

During the site visit, faculty shared examples of their current research, much of which is directed at improving the practice of public health. Faculty are involved in research activities with the Penn State
Hershey Cancer Institute and Clinical and Translational Science Institute (CTSI) on campus. Their research includes faith-based projects aimed at increasing cancer screening awareness and work on racial/ethnic health disparities; women’s health in rural communities in central Pennsylvania; improving public health infrastructure in rural communities; violence prevention; improving access to mental health services and implementing evidence-based programs in tobacco prevention and cessation. The program is partnering with The Hershey Company on a research project to provide health education to middle school students in Ghana using IT resources provided by The Hershey Company. This academic-community partnership serves as a model for other COM faculty to demonstrate how private enterprises can partner with academia to advance public health.

Approximately half of the current students serve as research assistants on grant-funded projects conducted by faculty in the DPHS and COM. At the beginning of every academic year, the MPH program director circulates information to other faculty on campus to see if they need student research assistants.

The program expects all primary tenure/tenure-track faculty to submit at least one research proposal per year. For the past two years, the program’s faculty exceeded this target, with an average of three proposals per person submitted by tenure/tenure-track primary faculty members as principal investigators. Primary faculty are expected to publish an average of at least two peer-reviewed articles per year. They exceeded this target as well, with an average of six peer-reviewed articles published per primary faculty during the 2012-13 academic year. Each primary faculty member is expected to present at least one peer-reviewed paper at a regional, national or international meeting and this target was also met.

3.2 Service.

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

This criterion is met. The program has a goal to, “provide public health-related service to communities, public health entities, and professional organizations across Pennsylvania and beyond.” The program defines one objective and three metrics for faculty service. Among primary program faculty, 26 percent serve on the board of a community-based organization, 79 percent serve on review boards for journals or grants and 74 percent are members of a professional organization. Consistent with the program’s strong commitment to public health science and research, the majority of faculty service is at the national and/or international level with research and professional organizations and initiatives. Several faculty members, however, are providing leadership and service for local and/or state initiatives in the areas of cancer prevention and control, mental health, rural health, health services for low-income women and children, and the patient-centered medical home model of care. Service and the scholarship of service to the university, society and the profession is one of the three criteria used to evaluate faculty for promotion and tenure.
The program’s service goal also includes an objective to, “assemble, and then sustain an MPH student-run service organization that actively provides public health service to local communities and public health entities.” This objective has three metrics. With the support of program administrators, the first cohort of students developed a fully functioning student-run organization in the fall of 2011. The MPH students oversee the Public Health Association for Service and Education (PHASE) that, “aims to increase public health literacy through education, advocacy, PHASE-sponsored events, and community outreach within the Penn State College of Medicine and Milton S. Hershey Medical Center as well as the greater Central Pennsylvania community.” While the organization is student-run, full membership in PHASE is open to all faculty, staff and degree-seeking students at the COM. Non-degree students also may participate in PHASE as non-voting, ad-hoc members. The Practicum and Service Committee is charged to provide advisory support to PHASE. During academic year 2012-2013, 98 percent of MPH students were members of PHASE. During the past two years, PHASE students have coordinated or supported seven community health events within the institution and with community organizations, such as the Harrisburg Cancer Education Summit, the Harrisburg Community Health Fair, a local high school, the Alzheimer’s Foundation and Project Homeless Connect. PHASE also organized a seminar on health information technology with the White House’s chief technology officer.

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 partially met. The program has an instructional objective to, “provide educational offerings to meet the advancing demands of public health practice.” The objective has two metrics: 1) number of public health certificate enrollees per year (target of 10) and 2) number of continuing education events per year (target of 1). To date, the program’s sole workforce development activity is the graduate certificate program. The self-study indicated that faculty had not been involved in or conducted any continuing education activities. However, during the site visit, faculty members mentioned a variety of activities and seminars that they conducted in the community as activities associated with their research projects. Though not based on a workforce needs assessment, some of the activities mentioned by faculty during the site visit consisted of seminars and trainings conducted for the public health workforce. Thus, site visitors’ infer that faculty and administrator’s perception of the activities that constitute workforce development may be too restrictive.

To date, the program has conducted one assessment of the continuing education needs of the public health workforce in the communities that it serves. The assessment was conducted in 2012 through a brief questionnaire at a quarterly meeting of the Pennsylvania Department of Health’s Bureau of Epidemiology. Meeting attendees included those with advanced degrees such as public health physicians, epidemiologists and district epidemiology managers. Fifteen attendees provided responses to the question: “Please identify at least three public health continuing education topics that would be most
relevant to employees at your worksite.” The most popular responses to the questionnaire included: epidemiological investigation methodologies, infectious diseases, statistics and working with underserved populations.

The self-study document noted that attendees at the Community Advisory Board’s inaugural meeting discussed and identified workforce deficiencies that they felt were most prevalent among those currently employed in public health. Minutes of the April 2013 meeting of the Community Advisory Board also documented a discussion of workforce development, including a recommendation that the program partner with the Pennsylvania Public Health Training Center and other institutions of higher education to address public health workforce development in Central Pennsylvania. A review of the minutes of the Executive Committee found no evidence of any substantive discussion about the program’s public health workforce development responsibilities other than discussion about the certificate program.

In 2012, the program began offering a graduate certificate in public health. Applicants to the certificate program must hold a bachelor’s degree from an accredited institution of higher education and must have completed successfully at least one college-level mathematics or statistics course. Certificate students must successfully complete a 15-credit hour curriculum consisting of the five core courses in the MPH program. Certificate course work is transferrable toward completion of the MPH degree if the student subsequently is accepted into the program. To date, two students have enrolled in the certificate program. Other non-degree students can and have enrolled in individual MPH courses for which they do receive academic credit.

The concerns relate to the program’s minimal provision of continuing education activities for public health practitioners in their service area of Central Pennsylvania and the program’s failure to implement continuing education activities based on the results of the initial assessment. Program leaders are also aware of the limitations of its existing needs assessment data, which only captured a limited group of public health workers who already hold advanced degrees. During the site visit, program leadership expressed a strong commitment to meeting workforce development objectives and to conducting a needs assessment of a broader range of public health professionals during the 2013-14 academic year. In addition, program administrators and faculty identified a need to develop a better method to capture faculty activities that may be supporting public health workforce development. Also, a working definition of “workforce development” is especially needed for faculty and staff so that they can evaluate their contribution to this effort and related expectations. The program may want to consider incorporating responsibility for oversight of the program’s workforce development activities into the authorities and duties of the Executive Committee and/or Community Advisory Board. The program may also consider working with the Pennsylvania Public Health Training Center and other schools and programs of public health in Pennsylvania on the needs assessment and to coordinate continuing education offerings. The
program’s response to the site visit team’s report indicated progress since the time of the site visit, especially noting workforce training needs assessment and process 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. The faculty complement represents diverse perspectives, training and expertise in public health. The program has a depth of faculty expertise across the three concentrations and the faculty has training in the discipline in which they teach, conduct research and provide service. The program’s current primary and secondary faculty complement is comprised of tenured, tenure-track, fixed-term, adjunct and affiliate faculty members. All of the program’s primary faculty have a terminal degree.

The program benefits from affiliate and adjunct appointments in which public health practitioners serve as non-primary faculty members in the program. Their contributions can include directing a course, serving on a committee, serving as a preceptor and guest lecturing. Most guest lectures are presented by practitioners and provide students with perspectives on current trends in public health. The complement of non-primary faculty includes individuals with specific training in public health, either at the masters or doctoral level. In addition, this complement includes individuals who practice public health, three of whom hold adjunct appointments.

Student evaluations of faculty in the core and concentration courses had a mean rating of 4.4 out of 5. Future directions include recruiting additional adjunct faculty from the field. The program would like to examine the feasibility of having faculty dedicated strictly to the MPH program. One of the challenges noted was balancing the teaching and service needs with the research and funding requirements for faculty members.

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 program follows the university’s policies and procedures for faculty recruitment, appointment and promotion, as outlined in the Faculty Handbook and Handbook for Part-Time Faculty. Faculty recruitment is conducted at the department level. Two new faculty positions have just been approved for the DPHS funded by the Cancer Center.
Faculty performance evaluations are conducted annually. They include summaries of the work accomplished in the previous year as well as anticipated work for the ensuing year. Performance evaluations assess faculty members’ annual contributions to teaching/educational activities, research/creative accomplishments, service/leadership/outreach and promotion of diversity.

Appointment and reappointment to teaching and research positions are recommended by the DPHS chair and the COM dean and approved by the university’s executive vice president and provost. The types of appointments include: (1) standing appointments, which are full time and have no specified end date and (2) fixed-term multiyear appointments, which are full-time appointments ranging from a minimum of thirty-six weeks per year to a maximum of five years.

Academic ranks are defined in University Policy HR-21, "Definition of Academic Ranks." The Academic Handbook states that new faculty members are typically appointed at the rank of assistant professor or research associate. The assistant professor is expected to possess a doctorate or other appropriate terminal degree, demonstrate teaching or research potential and show evidence of growth in scholarship. The rank of associate professor has the same qualifications as the assistant professor, but individuals also must give evidence of an established reputation in scholarly, artistic or professional achievement. The rank of professor or senior scientist must have the qualifications and achievements of the lower ranks as well as a marked capacity for creative work and leadership in the field. The ranks of lecturer and senior instructor are given to faculty members without a doctorate or other appropriate terminal degree whose primary responsibility is teaching. University staff who teach courses can obtain an affiliate academic appointment.

Practitioners from the community may join the MPH program faculty as adjunct appointees, and the program currently has three adjunct faculty. The program’s target is to have 60% of its faculty members at the associate or full professor rank, and the self-study document indicated that 44% of the program’s faculty hold these ranks. Primary faculty in the DPHS receive a minimum of $3,000 annually and a maximum of $15,000 for professional development activities such as attending conferences and hiring research assistants.

Ongoing faculty development opportunities are available to the faculty. During the site visit, faculty members shared positive experiences they have had with professional development opportunities available on campus to help them improve teaching and advising skills. For example, the university offered a series of workshops to help faculty members become proficient mentors and advisors for graduate students, which two MPH faculty members described as very valuable. Other faculty development activities in which program faculty have participated include symposia covering qualitative methods, oral presentations, course management systems and team-based learning. As a result of a
grant writing workshop attended by one program faculty member, a top score was earned on her grant submission.

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 has clearly defined policies and procedures for admissions and recruitment. The Graduate School serves as the final approval authority regarding admissions, matriculation and graduation of all students. The Graduate School sets minimum eligibility requirements for admissions, while the program sets program-specific admissions requirements. The MPH Admissions Committee holds primary responsibility for upholding admissions standards and procedures for the program. The committee may recommend modification of admissions standards and procedures to the Executive Committee as needed.

All MPH program applications are submitted directly to the Graduate School. The MPH Admissions Committee reviews and rates all applications using a rating scale. Applications are reviewed by the Admissions Committee in two rounds: round one is for review of international applications and round two is for review of domestic applications. After review of applications, the Admissions Committee makes recommendations for candidate selection to the Executive Committee. The Executive Committee makes the final decision at the program level to offer or deny admission. Once an offer of admission has been accepted by an applicant, program administrators notify the Graduate School Admissions Office personnel, who then verifies the authenticity of transcripts. Once transcripts are verified as authentic, the applicant receives a confirmation offer letter from the Graduate School.

Student recruitment is overseen by the program’s deputy director. The program’s recruitment efforts have extended far beyond the state of Pennsylvania and are aimed at reaching a variety of audiences. Since the program’s inception in 2010, each year the program has had an exhibit table at the American Public Health Association Conference (APHA) and the Pennsylvania Public Health Association Annual Conference (PPHA). Additionally, the program recruits at graduate fairs at throughout the country.

Moreover, the program has demonstrated a positive effort at actively recruiting minority students by displaying exhibit tables at the Annual Biomedical Research Conference for Minority Students (ABRCMS) since 2011, the McNair Scholars Conference and the Society for Advancement of Chicanos and Native Americans in Science Conference (SACNAS).

In the 2012-13 academic year, the program held its first open house for prospective students, and because of its success, the program plans to hold an annual open house. Additionally, the program
regularly invites and accommodates requests by prospective students and their families to come to campus to learn more about the program. During the site visit, students highlighted the deputy director's responsiveness and friendliness as key factors in choosing Penn State's MPH program over those of other universities. Furthermore, the program's selection of qualified individuals was made apparent during on-site meetings, as preceptors commended students' ability to translate public health concepts into practice in the work environment.

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. The program's advising system is thoughtful and well organized, ensuring continuity of access from enrollment to graduation. The program integrates career advising with academic advising. All newly accepted MPH students attend both a campus-wide and MPH-specific orientation, and each new student receives a customized recommended course sequence and program planning tracker created by the deputy director. The course sequence and program planning tracker are valuable tools that allow the student to predict their entire curriculum, thus allowing students to remain on track with their expected graduation date.

Students identify and are matched with an academic advisor after completing at least nine core credit hours and declaring a program track with guidance from the deputy director. Typically, selection of an academic advisor takes place during the student's second semester, which provides the student with a good foundation for identifying a faculty member who would be a suitable advisor. The process of assigning an academic advisor begins by the student informing the deputy director of the particular faculty member that the student would like to select as an advisor. The deputy director then sends a formal request to the faculty member asking if they are willing to accept the student as an advisee. Over the course of the program, a student may choose to switch academic advisors. If this occurs, students are instructed to notify and discuss the decision with the deputy director. If, after discussing the decision, the student chooses to identify a new academic advisor, the identification and matching process is repeated.

All faculty members who accept the role as an advisor are oriented to their responsibilities via formal correspondence sent by the deputy director. The deputy director communicates the primary function of the academic advisor: to help students realize their academic and professional goals by providing general academic guidance and mentorship. The academic advisor may help students identify possible electives to fulfill their academic goals, assist students with identifying a capstone project and mentor the student through the project's completion. Students are responsible for reaching out to the advisor to schedule meetings to discuss academic and career goals. While on site, students spoke of the faculty's helpfulness, accessibility and regular career guidance. Site visitors learned of the program's supportive culture in which faculty regularly offer advising support to students beyond their scope of assigned
advisees. Students particularly highlighted the guidance of the director for practicum and community internships as being instrumental in defining their career interest.
Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Pennsylvania State University Milton S. Hershey Medical Center
Public Health Program

November 14-15, 2013

Thursday, November 14, 2013

8:30 am  Site Visit Team Request for Additional Documents
Roger T. Anderson, PhD, Director, MPH Program; Professor and Chief, Division of Health Service
Research, Department of Public Health Sciences
Farah Kauffman, MPH, Deputy Director, MPH Program; Instructor, Department of Public Health
Sciences

8:45 am  Team Resource File Review

9:00 am  Break

9:45 am  Meeting with Program and Department Administration
Vernon M. Chinchilli, PhD, Distinguished Professor and Chair, Department of Public Health Sciences
Roger T. Anderson, PhD, Director, MPH Program; Professor and Chief, Division of Health Service
Research, Department of Public Health Sciences
Farah Kauffman, MPH, Deputy Director, MPH Program; Instructor, Department of Public Health
Sciences
Wenke Hwang, PhD, Associate Director for International Initiatives, Penn State MPH Program;
Associate Director, Department of Public Health Sciences
Teresa Kern, PhD, Director of Practicum and Community Internships; Associate Dean for Evaluation,
MPH Program; Assistant Professor, Department of Public Health Sciences
James McKenzie, PhD, MPH, MCHES, Advisor to the Program Director, MPH Program; Professor,
Department of Public Health Sciences
Lisa Walborn, MBA, Grants and Contracts Manager, Department of Public Health Sciences

10:45 am  Break

11:00 am  Meeting with Institutional Academic Leadership/University Officials
Terry Wolpaw, MD, MHPE, Vice Dean for Educational Affairs, College of Medicine
Michael Verderame, PhD, Associate Dean for Educational Affairs, College of Medicine

12:00 pm  Lunch with Students
Loren Archibeque, Epidemiology and Biostatistics
Jordan Jerk, Health Systems Organization and Policy
Chansak Suwanchaihdha, Epidemiology and Biostatistics
Dave Wolfgang, Health Systems Organization and Policy
Catherine Williams, Epidemiology and Biostatistics

1:15 pm  Break

1:30 pm  Meeting with Faculty Related to Curriculum and Degree Programs
Duaping Liao, MD, PhD, MPH, Professor and Chief, Division of Epidemiology, Department of Public
Health Sciences
Wenke Hwang, PhD, Associate Director for International Initiatives, Penn State MPH Program;
Associate Director, Department of Public Health Sciences
Farah Kauffman, MPH, Deputy Director, MPH Program; Instructor, Department of Public Health
Sciences
Teresa Kern, PhD, Director of Practicum and Community Internships; Associate Dean for Evaluation,
MPH Program; Assistant Professor, Department of Public Health Sciences
James McKenzie, PhD, MPH, MCHES, Advisor to the Program Director, MPH Program; Professor, Department of Public Health Sciences
Kristen Kjerulff, PhD, Professor, Obstetrics and Gynecology and Department of Public Health Sciences
Liza Rovniak, PhD, MPH, Assistant Professor, Medicine, Department of Public Health Sciences
Jeff Yanosky, ScD, Assistant Professor, Department of Public Health Sciences
Jay Zhu, PhD, Assistant Professor, Department of Public Health Sciences

2:30 pm
Break

2:45 pm
Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Roger T. Anderson, PhD, Director, MPH Program; Professor and Chief, Division of Health Service Research, Department of Public Health Sciences
Duanping Liao, MD, PhD, MPH, Professor and Chief, Division of Epidemiology, Department of Public Health Sciences
Jason Liao, MD, PhD, MPH, Professor and Chief, Division of Epidemiology, Department of Public Health Sciences
Carol Weisman, PhD, Distinguished Professor, Obstetrics and Gynecology and Department of Public Health Sciences; Associate Dean for Faculty Affairs, College of Medicine
Robin Taylor Wilson, PhD, Associate Professor, Department of Public Health Sciences

3:45 pm
Break

4:00 pm
Meeting with Alumni, Community Representatives, Preceptors
Edeanya Agbese, MPH (alumni, graduated 2013), Research Assistant, Department of Public Health Sciences
Nicole Lindsey, MPH, MCHES Manager, Health Education and Wellness, Capital Blue Cross
Grace Gorenflo, MPH, Principal, Gorenflo Consulting, Inc.
Alicia Hoke, MPH (alumni, graduated 2013), Human Research Technologist, Penn State Hershey PRO Wellness Center
Michelle LaClair, MPH (alumni, graduate 2013), Instructor, Department of Public Health Sciences
Atmaram Nambiar, MD, MPH, Interim Director, Bureau of Epidemiology and Director, Division of Infectious Disease Epidemiology, Pennsylvania Department of Health

5:00 pm
Adjourn

Friday, November 15, 2013

8:30 am
Resource File Review and Executive Session

9:15 am
Break

9:30 am
Executive Session and Report Preparation

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

12:30 pm
Exit Interview
Roger T. Anderson, PhD, Director, MPH Program; Professor and Chief, Division of Health Service Research, Department of Public Health Sciences
Farah Kauffman, MPH, Deputy Director, MPH Program; Instructor, Department of Public Health Sciences
Teresa Kern, PhD, Director of Practicum and Community Internships; Associate Dean for Evaluation, MPH Program; Assistant Professor, Department of Public Health Sciences
James McKenzie, PhD, MPH, MCHES, Advisor to the Program Director, MPH Program; Professor, Department of Public Health Sciences
Kristen Kjerulff, PhD, Professor, Obstetrics and Gynecology and Department of Public Health Sciences
Liza Rovniak, PhD, MPH, Assistant Professor, Medicine, Department of Public Health Sciences
Carol LaRegina, MS, Education Program Associate, Department of Public Sciences
Duanping Liao, MD, PhD, MPH, Professor and Chief, Division of Epidemiology, Department of Public Health Sciences
Jason Liao, MD, PhD, MPH, Professor and Chief, Division of Epidemiology, Department of Public Health Sciences
Robin Taylor Wilson, PhD, Associate Professor, Department of Public Health Sciences
Lisa Walborn, MBA, Grants and Contracts Manager, Department of Public Health Sciences
Michael Verderame, PhD, Associate Dean for Graduate Studies, College of Medicine

1:30 pm
Team Departs