

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
JOINTLY OFFERED BY
EASTERN VIRGINIA MEDICAL SCHOOL
and
OLD DOMINION UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at Eastern Virginia Medical School and Old Dominion University (EVMS-ODU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in September 2011 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The MPH program is a joint collaborative effort between EVMS-ODU. A 2009 Memorandum of Agreement (MOA) cements the continued commitment of both institutions to offer the program. EVMS is the school of record for the program and administrative functions. The epidemiology and health management/policy tracks are coordinated at EVMS and the environmental health and health promotion tracks are coordinated at ODU.

EVMS was founded in 1973 and offers masters degrees, doctoral degrees and certificates in medicine and the health professions. In addition to 400 medical students and 300 residents and fellows, there are nearly 400 students in health profession programs including: graduate art therapy, biomedical sciences, physician assistant, surgical assistant, clinical psychology, ophthalmic technology and clinical embryology and andrology. EVMS provides medical care to the people of the Hampton Roads area and conducts medical research.

ODU was founded in 1930 as a division of the College of William and Mary and became an independent institution in 1962. It became a university in 1969. ODU enrolls approximately 24,000 students in bachelors, masters, education specialist and doctoral degrees. ODU contains the following colleges: College of Arts and Letters, College of Business and Public Administration, Darden College of Education, Batten College of Engineering and Technology, College of Health Sciences and College of Sciences.

The collaborative MPH program graduated its first class in August 1999 and was first accredited by CEPH in 2000. It received re-accreditation in 2005 for a seven-year term with interim reporting due in fall 2007. This is the program's third review for accreditation.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the EVMS-ODU MPH program. Both EVMS and ODU are accredited by the Southern Association of Colleges and Schools (SACS), and the MPH program has the same rights, privileges and status as other professional programs in the two institutions. All MPH degrees offered by the program are structured with an ecological perspective. The well-established distance learning format, multidisciplinary faculty; and Commonwealth Public Health Training Center (CPHTC) are evidence of the program's aims to promote multidisciplinary collaboration and foster professional public health values. The program currently receives funding from various sources, including tuition, application fees, state appropriations, clinical revenue, epibiocore budget and indirect cost recovery. The program continues to develop and implement new evaluation methods to ensure the professional preparation of its graduates. The program's faculty emphasize the importance of student knowledge and talent with the collaborative nature of the two institutions.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a mission statement encompassing the three aspects of public health education: instruction, research and community service. The mission statement is as follows:

The mission of the joint Master of Public Health Program at Eastern Virginia Medical School (EVMS) and Old Dominion University (ODU) is to train students, in order to equip them with vibrant and dynamic public health knowledge and skills for serving health needs of populations, and for improving the public's health.

In 2007-2009, the two institutions explored offering separately-accredited MPH programs. As part of that process, each institution conducted strategic planning and developed its own mission, goals and objectives for the MPH program. When the universities decided that the MPH program would remain a collaborative venture, the current mission statement for the MPH program was crafted after a close examination of the separate mission statements of EVMS and ODU. The combined mission statement was the work of discussions by core faculty members which led to the 2009 Memorandum of Agreement between EVMS and ODU. The final version of the mission statement was modified and approved by the MPH Program Oversight Committee (a committee of senior academic officials who oversee the MPH program on behalf of EVMS and ODU.)

Goals are in place for each major function: instruction, research, service and evaluation and provide a context for the program's activities. The goals reflect a strong commitment towards providing a rigorous education for students and local practitioners so that they might improve public health in the Hampton Roads area of Virginia. The research goal reflects a desire to encourage faculty and students to engage in research on a local, regional and national basis. The service goal outlines a commitment to improve the health of populations by providing service and consultation to local, state, national and international agencies and organizations. Finally, the evaluation goal strives for continuous improvement of the program's instruction, research and service. Twenty-three objectives quantify and support the goal statements.

The mission statement and goals are made available to the public in promotional and recruitment material for the MPH program, the MPH student handbook, the EVMS web page and during the director's presentation at student orientation upon matriculation.

The program values were developed upon formation of the program in 1997 and were shared with all students, faculty and staff for feedback, at that time. All comments and revisions were incorporated into the final values. The program values were revised in 2007 with the addition of one value and various rewording to clarify. Currently, the MPH program is guided by the following public health values:

- We believe that the health of individuals and populations can be improved through application of the principles of disease and injury prevention and health promotion.
- We believe that individuals who have skills and knowledge in the basic principles of public health can contribute to and provide leadership for the improvement of the public's health.
- We believe that partnerships between the academic community and practicing public health professionals can enhance the education of students and the practice of public health
- We believe that learning is a lifelong necessity and commitment.
- We believe that public health research should be based on sound scientific principles and should meet identified needs of the community.
- We believe in providing students with the tools for understanding and evaluating ethical conflicts in medicine and public health, and in nurturing their individual development as ethical practitioners.
- We believe in being honest, fair, and ethical in all that we do, including recruiting students, faculty and staff; teaching, research and service.
- We recognize and respect the diversity of individuals, both in their backgrounds and their needs.
- We believe in being accountable to the constituencies that support our program; students, faculty and staff, institutional administration, alumni, community partners and funding agencies.

1.2 Evaluation and Planning.

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

This criterion is partially met. The program has undergone significant transition in its evaluation and planning processes since the last visit and was in the process of further evolution at the time of this visit.

Currently, oversight of program planning and evaluation occurs through five standing committees: the Oversight Committee, the Curriculum Committee, the Evaluation and Accreditation Committee, the Academic Progress Committee and the Recruitment and Admission Committee. These committees meet one to three times per year to review different aspects of program performance. Each committee includes faculty, students, staff and community stakeholders as appropriate.

Program planning is either initiated by the program director in consultation with the associate program director or is the result of consideration of recommendations made by standing committees or faculty. Weekly faculty meetings are held to discuss current projects and/or areas of concern. Curriculum development is overseen by each track coordinator in collaboration with the program director and associate program director.

The Oversight Committee provides a forum for assessment and evaluation of program strategic planning activities and also provides general oversight of the program, ensuring compliance with the MOA, approving the budget, reviewing program performance and determining compliance with CEPH accreditation criteria. The impact of regional activities, legislation and public health workforce developments are also integrated into the discussions of this group. The Curriculum Committee oversees the curriculum and creation of tracks and courses within the program to ensure that it meets public health training needs and consistent with accreditation guidelines. It also recommends the competency standards for the program. The Evaluation and Accreditation Committee reviews the effectiveness of the program and assures that it meets CEPH criteria. It recommends program changes to the director. The Academic Progress Committee monitors student progress and ensures program practices and policies facilitate satisfactory progression through the program. The Recruitment and Admissions Committee oversees the effectiveness of recruitment measures.

Other mechanisms for program evaluation and input include general faculty meetings; faculty-staff meetings; annual reports outlining the teaching, research, service and administrative activities of the program; annual faculty evaluations; and student course and instructor evaluations. Additionally, end-of-program surveys, including both a questionnaire and program director-led focus group with students, and special surveys to assess student needs and interests are administered. Students also complete practicum evaluations and university wide surveys.

Program goals and objectives include multiple outcome measures on instruction, documentation of learning objectives and competencies, target enrollment baselines, provision of continuing education opportunities and overall periodic review of the program. Students are evaluated on completion of and satisfaction with practicum sites, the percentage that achieve a “B” or higher in each course, the percentage that orally present their practicum, participation in team activities, and the percentage that graduate. Demographic composition and background of those applying, accepting and enrolling is tracked to ensure a diverse student body. Graduates are surveyed to ascertain employment and alumni are surveyed to evaluate program satisfaction. The program has objectives to develop a diverse faculty and specifically to attract minority candidates by reaching out to historically black universities. Faculty performance in research and service are assessed against target measures. Additional qualitative measures and student comments also are included in the overall assessment.

The self-study process was led by a CEPH committee for accreditation appointed in September 2010. Membership included faculty, administrative and academic officials from both campuses, and was led by the program director and associate program director. It was chaired by a faculty member from EVMS with experience in health care accreditation.

The self-study task was organized around the criteria for accreditation. Program faculty and staff were assigned functional responsibilities for appropriate areas. Small groups worked to complete the assessment and provide documentation on a password-protected, web-based workspace to allow collaboration. Students, alumni, and community representatives were included in a series of workshops in May and June 2011.

Since the last accreditation site visit in 2005, the program has made several revisions, based on the recommendations of the site visit team. These were noted in the 2007 interim report and the current self-study. In response to deficiencies and areas of concern, a number of curriculum and administrative changes have occurred in the past five years, including a continued effort to ensure consistency of the program across both campuses; development of measurable outcomes such as those for instruction, faculty research and service productivity; establishment of the Program Oversight Committee, revision of learning objectives and measures to assess overall student progress; needs assessment and implementation of workforce development activities including the establishment of a Public Health Training Center in 2010.

The site visit team noted several areas of concern related to the lack of a cohesive, coordinated and integrated evaluation and planning system. The program's response to the draft report indicated initial efforts to address many of the noted concerns are underway. The first concern relates to the overall planning and evaluation process, which does not function in a cohesive manner. Despite an overall process for data gathering, systematic evaluation and decision-making, there is no clear link between the data that is gathered and evaluated, and the discussions and decisions that lead to program changes. Changes in the program often occur before there is a sufficient time to actually fully evaluate the outcome.

The second concern is that there is a lack of communication between the various committees, workgroups and other constituencies of the program. This was evident in the self-study document, as there were many inconsistencies throughout the document, and the document lacked clarity, requiring numerous clarifications for the site visit team before and during the visit. During the on-site visit, minutes of program faculty meetings that related to evaluation and planning were evident, but many did not include a list of participants who were present from both institutions or who chaired the meeting. As such, it was not always clear who was involved in the decision making process, how there would be follow up on action items and how this information was conveyed to committee members who were not present.

The self-study noted that many program objectives did not result in data that would help to evaluate the outcome measure in a meaningful way and others were written in a way that was not attainable. For example, objectives in section 1.1 (mission) did not align with outcome measures in 1.2 (evaluation and

planning). Also, in response to student evaluations of the practicum and capstone the program made a number of changes but reviewers could not verify that the process included a clear identification of the problem, or whether the change was sufficiently monitored as curricular revisions occurred quite frequently. Some inconsistencies in student performance outcomes – such as the percentage of students receiving a “B” or higher on the capstone- are reported to be related to instructors expectations being different from that of the program, suggesting that there may need to be better communication among all program administration and teaching faculty.

The third concern is that objectives should be closely linked to program goals and data collected on program outcomes should be evaluated over a sufficient period of time to thoroughly assess and carefully consider the changes that need to be made in order to ensure that program goals are being met. The program has found that some objectives are not clearly worded or target levels may not be attainable and is in the process of revising objectives at this time. Targets for 65% of all MPH faculty members to develop an externally funded research track and for 80% to submit a minimum of one manuscript to a peer-reviewed publication each year were not met and may need to be linked to specific measures to ensure there is time, resources and support for faculty to accomplish these. While it is recognized that teaching is the primary role of many faculty, advancement of knowledge is an important aspect of the MPH program and for students to have faculty mentors skilled in research.

The final concern related to on-site conversations with program students, alumni, community stakeholders and preceptors regarding their experiences with the program. It was clear that the program has undergone many changes rapidly and the experience for each cohort of students has been quite different, sometimes also based on institution they are primarily affiliated with and the track in which they are enrolled. One community representative noted that the program has grown rapidly, and needs to “stay still and catch up at this time.” Conversations with the adjunct faculty - the majority of whom also are an experienced and recognized group of community public health leaders - and program alumni and preceptors, indicate that the program would greatly benefit from their regular and consistent input such as that provided by a community advisory board. This would help the program ensure that the program is producing graduates that meet workforce needs. The program’s response to the draft report indicated steps to address this issue have begun, with the re-establishment of a Community Advisory Board, which met in April 2012.

1.3 Institutional Environment.

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

This criterion is met. The program is a joint collaborative effort between EVMS and ODU. The 2009 MOA articulates the continued commitment of both institutions to offer the program. EVMS is the school of record for the program and handles its administrative functions. The epidemiology and health management/policy tracks are coordinated at EVMS and the environmental health and health promotion

tracks are coordinated at ODU. The program is physically housed in a new health professions building on the EVMS campus. Administratively, the program is an academic unit in the EVMS School of Health Professions. The ODU-coordinated tracks function within the School of Community and Environmental Health, within the College of Health Sciences on the ODU campus. In speaking with community representatives, it is clear the program is valued and serves as an important role in producing public health professionals. In fact, one community representative noted that “the area would be underserved” without the presence of the MPH program.

EVMS operates under a charter from the Commonwealth of Virginia to advance health care in Eastern Virginia. It is governed by the Board of Visitors, which is composed of 17 members representing regional and medical school foundation constituencies. EVMS is accredited by the Liaison Committee on Medical Education (LCME) to award doctor of medicine degrees and by the Southern Association of Colleges and Schools (SACS) to award masters degrees, doctoral degrees, and certificates in medicine and the health professions. In addition to 400 medical students and 300 residents and fellows, there are nearly 400 students in health profession programs. Figure 1 presents the organization of EVMS.

ODU was founded in 1930 as a division of the College of William and Mary and became an independent institution in 1962. It attained university status in 1969 and is accredited by SACS. The college enrolls approximately 24,000. It awards bachelors, masters, education specialist and doctoral degrees. The ODU School of Community and Environmental Health offers undergraduate, graduate and certificate programs leading to careers in health services research, public health, health care administration, environmental health, health education and long-term care administration. The ODU undergraduate program includes a concentration in public health, which is not part of the accreditation unit for the joint program at this time. Figure 2 presents the organization of ODU.

There are clear and well-defined reporting lines. The program is administered by the program director, who is based on the EVMS campus. He works closely with the associate program director, appointed by ODU and housed on their campus. Each is supported by program staff.

The Program Oversight Committee was chartered in September 2009 as part of the MOA signed by the EVMS dean and provost and the ODU provost. The Program Oversight Committee is composed of the EVMS Dean of the School of Health Professions, the program director appointed by EVMS, the associate program director appointed by ODU and the Norfolk Health District director who serves as a community representative of the committee.

Figure 1. Eastern Virginia Medical School Organizational Structure

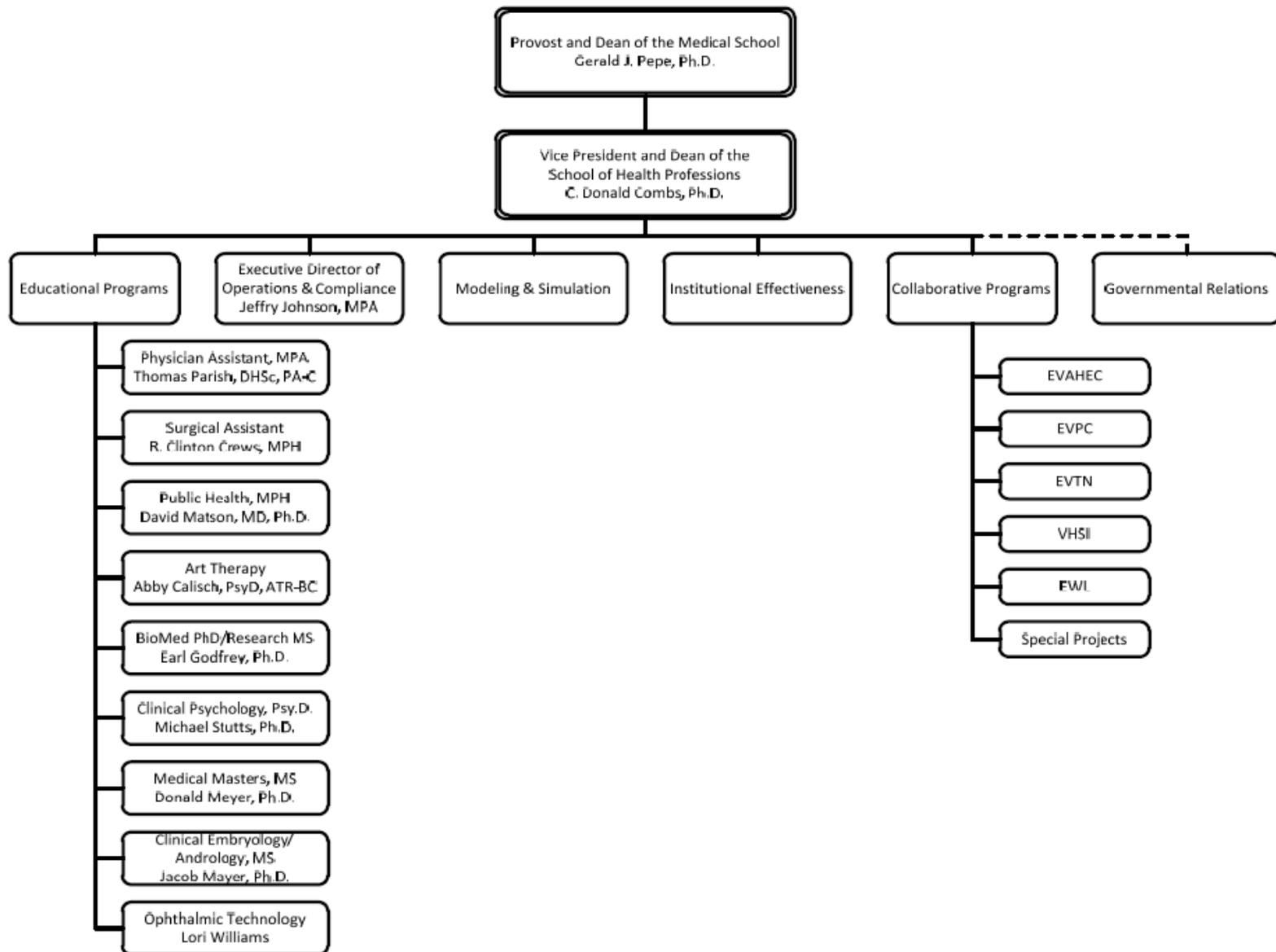
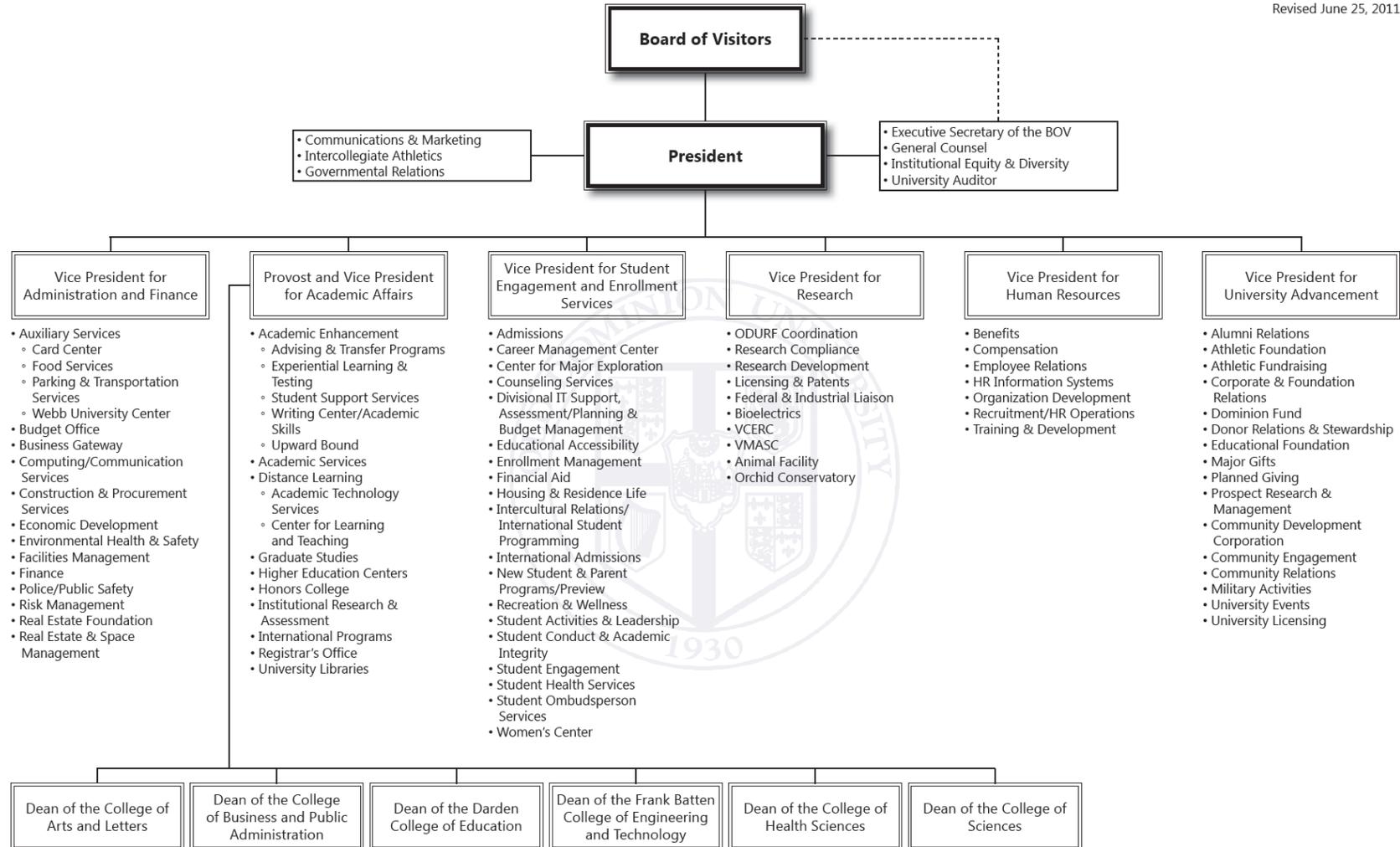


Figure 2. Old Dominion University Organizational Structure

OLD DOMINION UNIVERSITY ORGANIZATIONAL CHART

Revised June 25, 2011



The program director reports to the EVMS Dean for the School of Health Professions, who oversees several academic units, including the MPH program. The dean reports to the EVMS dean and provost. At ODU, the associate program director reports to the Chair of the School of Community and Environmental health, who in turn, reports to the dean of the college, and in turn to the provost.

The EVMS dean and provost and the ODU provost report to the presidents of the respective institutions. The dean and provost is the chief academic officer of EVMS and are responsible for academic affairs within the institution including budgeting, strategic planning and maintaining contact public contacts. The responsibilities for academic programs and policies are carried out by associate deans, directors and other academic administrators. The ODU provost's authority and responsibilities are derived and executed in similar manner. The presidents of each institution serve as the principal link between the Board of Visitors and the administrators of each institution.

Faculty members from each campus are represented by their respective faculty senates, which represents their concerns and input for polices, programs and proposed changes.

Students are admitted into the program through EVMS, the school of record, but are admitted to both schools – access, ID cards and email given for both schools. The students are governed by a student constitution which describes the roles and responsibilities of class officers, student committee activity, and a process for class meetings, class officers and fundraising. The by-laws of the alumni association are approved and ratified by EVMS.

Students are governed by EVMS and program student handbooks. There are some policies in the student handbook specific to ODU students, and part-time students and distance learning students.

Academic standards and policies are taken from both institutions and are shared in the MPH student handbook. Policies are reviewed by program director and associate program director. Issues are presented to the Oversight Committee.

Degree candidates graduating from the program must be submitted to the EVMS leadership. Graduates can walk in either graduation and their diplomas are signed by both presidents.

The program director develops the budget, which is reviewed by the dean, and is approved by the dean and provost and the EVMS Board of Visitors. A similar mechanism occurs at ODU.

Faculty recruitment is based on the track. The faculty member is employed by the institution in which their track is located and follows the policies and procedures of that institution. However, the faculty hired at ODU are also appointed by EVMS.

Faculty from each of the respective institutions is hired in accordance with university personnel policies. This includes salaried faculty, adjunct faculty and faculty whose appointments are within other departments of each institution or in other institutions of higher education. All core faculty within the program have academic appointments at both institutions. Policies for tenure and promotion are detailed in the faculty handbooks of EVMS and ODU.

The 2009 MOA articulates the governing relationships between the two collaborating institutions and provides a standardized approach for students at either institution. EVMS provides the administrative support for the program including admissions and registration data, financial aid, occupational health, human resources support and student affairs. Students apply under a single admission system, pay a standard tuition rate, complete coursework under a uniform scoring system and follow a unified 46 credit hour curriculum.

Overall, the program enjoys the same prerogatives provided to other schools and colleges within the two institutions and has similar autonomy. It is clear that the program is viewed by senior administrators at both EVMS and ODU as a valued and integral part of their institutional mission.

1.4 Organization and Administration.

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

This criterion is met with commentary. The EVMS-ODU MPH Program Oversight Committee was chartered in September 2009 through an MOA signed by the EVMS dean and provost and the ODU provost. This committee is made up of the EVMS dean of the School of Health Professions and the ODU dean of the College of Health Sciences, the program director (appointed by EVMS,) the associate program director (appointed by ODU) and a community member, the Norfolk Health District Director. The MPH program director reports to this committee. This committee reviews the program's progress toward meeting the vision and mission established in the MOA. The site visit team had the opportunity to meet many of the individuals on the committees, and it is clear that they are all committed to the growth and quality of the program. Figure 3 presents the organization of the EVMS-ODU MPH program.

The MPH program director oversees fiscal management, plans and coordinates the academic program and supervises the faculty and staff. The program director meets and coordinates with faculty and

administration at EVMS and serves as an advocate and spokesperson for external constituents. In addition, the program director is responsible for the supervision and coordination of the two EVMS tracks, epidemiology and health management/policy. The EVMS track coordinators report to the program director. The program director is supported by three administrative staff members at EVMS including an MPH program supervisor, special projects coordinator and an administrative support coordinator. The duties of these staff members are provided in the self-study.

The associate program director supervises the two ODU tracks and track coordinators (environmental health and health promotion) and reports to the program director. Two administrative staff members support the associate program director, a special projects assistant and an administrative assistant. Duties of these staff members are listed in the self-study.

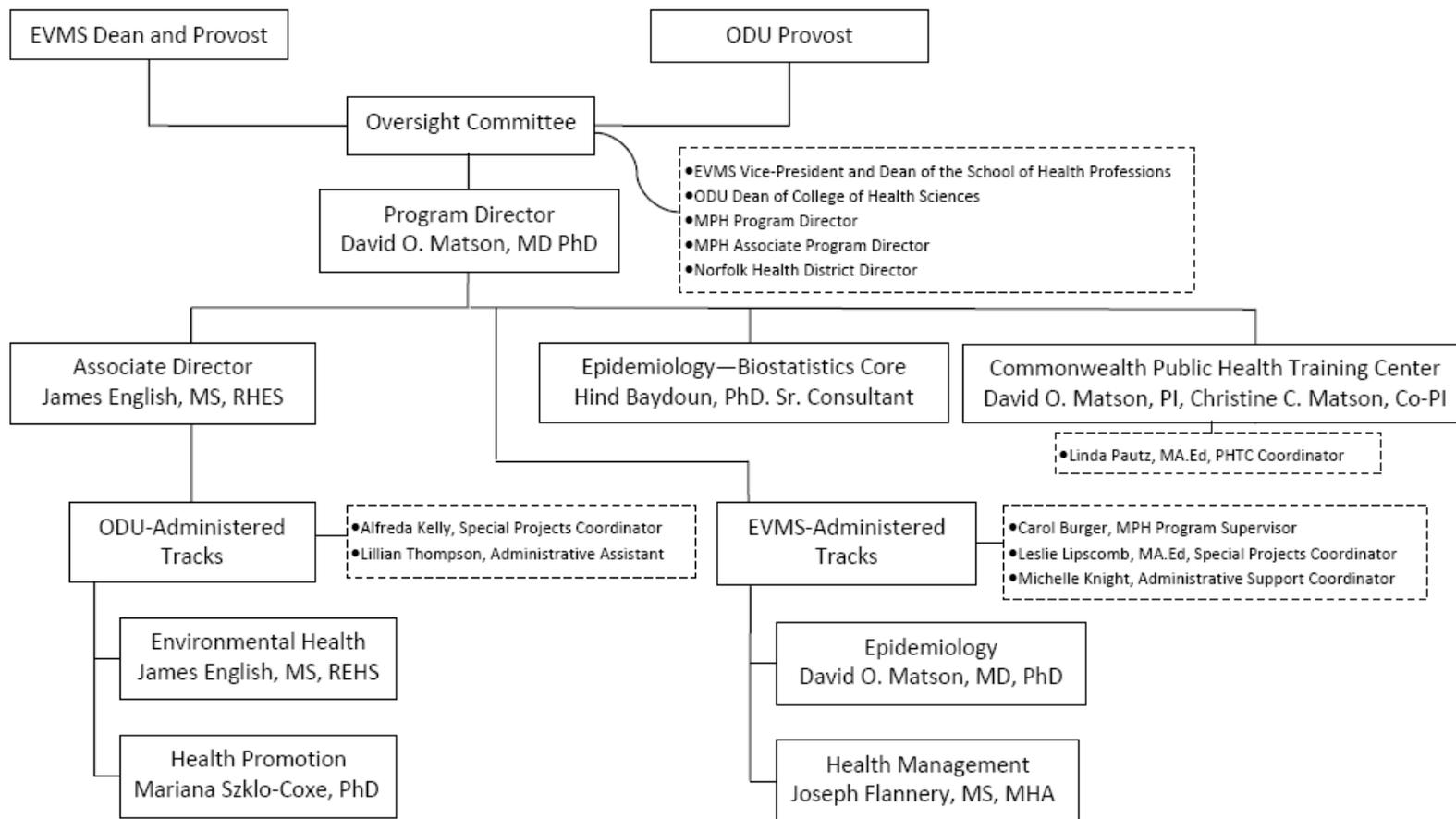
Each track (two at each location) is supported by a track coordinator. The track coordinators identify faculty to teach track courses, coordinate track curricula, admit students and advise and counsel students.

Two other groups/organizations report to the program director, the EVMS epidemiology and biostatistics core (a group that provides research consulting support for EVMS faculty) and the Commonwealth Public Health Training Center (CPHTC). The epidemiology and biostatistics core support group conducts about 30 consultations for program and EVMS faculty per year. The CPHTC is a well-funded workforce development initiative with EVMS and ODU faculty with family medicine, other MPH programs around the state, Virginia Public Health Association and other academic institutions.

Interdisciplinary coordination and collaboration are supported. The faculty demonstrate collegiality and easy communication. This has been demonstrated in the collaborative efforts of faculty from both campuses to work together to harmonize the curriculum at both institutions. Program committees are shared efforts. The program is connected to the EVMS formal service learning component – which includes the community gardens initiative.

Policies that illustrate the program commitment to fair and ethical dealings include the honor code and conduct policies in the faculty and student handbooks. There is an MPH student handbook and EVMS-ODU student handbooks. Program generated statements, such as the values statement are also important for guidance of the program faculty and students. The faculty handbooks from each institution review all relevant policies that demonstrate commitment to fair and ethical dealings. A faculty policy which provides guidance for dealing with students in various situations was published in 2009.

Figure 3. EVMS-ODU MPH Program Organizational Structure



Appropriate responses to student grievances and complaints are provided by institutional policies. A specific grievance would be directed to the program director and then the dean of the appropriate institution. There has only been one formal grievance filed – due to a dismissal from the program in 2006. The dismissal was upheld. Complaints are directed to appropriate administrative support individuals or to the program director. Efforts are made to accommodate student needs.

The commentary relates to the perceptions of the site visit team of the need for more transparency and more seamless movement for students between all tracks and courses within those tracks at both institutions. It is clear that there are still barriers to this goal. As students expressed concerns with billing matters, enrollment in classes and understanding requirements of the program.

1.5 Governance.

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

This criterion is met. The program administration and faculty have sufficient prerogatives to assure the integrity of the program. The 2009 MOA, with the supervision of the Oversight Committee and institutional guidance and policy, provide the program administration and faculty with the authority to engage in activities they need to move the MPH program forward which include:

- developing curriculum,
- determining the number of credit hours (over the CEPH minimum),
- choosing its competency guide,
- determining learning objectives,
- setting the course sequence,
- setting time and place and mechanism of teaching content delivery,
- defining the qualifications for admission of students,
- deciding which students meet the admission standard,
- interacting with students in the teaching setting and in advising,
- determining criteria for student progress,
- setting a graduation standard,
- conducting faculty research including choice of research topics,
- consulting and collaborate with internal and external persons and organizations,
- applying for external research support and
- establishing community partnerships with public health and non-public health organizations including faith-based organizations.

Students elect officers for each matriculating class who meet with program administration and serve on program committees as appropriate. Students also are represented at the level of the dean and provost and associate dean for academic affairs as members of the Pan Student Council (PSC).

Standing committees for effective engagement with faculty, students, alumni and public health community members have been developed. The program also routinely establishes ad-hoc committees. The program standing committees include:

- Program Oversight Committee – Provides general oversight of the MPH program and reports to the provost/dean of each institution regarding progress of the program.
- Academic Progress Committee – Recommends and monitors program policy as it affects student academic performance, including graduation requirements, termination criteria, student evaluation issues and honor code issues. Student handbooks are revised by this group.
- Program Evaluation Committee – Identifies and recommends evaluation processes for program, conduct surveys and evaluations to assess progress and recommend changes.
- Recruitment and Admissions Committee – Evaluates annual enrollment in the program, identifies and recommends methods for publicizing the program and recommends recruitment approaches for prospective students.
- Curriculum Committee – Ensures that the program follows the curricular and instructional criteria and procedures developed by CEPH for a public health program, reviews faculty teaching qualifications, ensures curriculum competencies are met and course syllabi are accurate.

Standing subcommittees within the Curriculum Committee include:

- Epidemiology Track Committee
- Health Management/Policy Track Committee
- Environmental Health Track Committee
- Health Promotion Track Committee

From time to time, the program establishes ad-hoc committees to develop and/or review matters that do not fall into the domains of the standing committees or that cross boundaries of the charges to those committees. Examples of ad hoc committees established by the program include:

- Accreditation Self-Study Committee
- Curriculum Integration Committee
- Distance Learning Review Committee

The self-study states that “all program committees and subcommittees include faculty from both EVMS and ODU. Program Standing Committees also each include two student representatives, and at least one representative from other primary stakeholder groups (core/community faculty, local health officers and alumni).”

1.6 Resources.

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

This criterion is met. The agreed upon budgetary processes currently in use were enacted as a result of the 2009 MOA signed by both institutions. Two budget proposals are developed. The program director office develops one budget for the EVMS coordinated tracks of epidemiology and health management/policy. The associate program director and the two track coordinators of ODU, for

environmental health and health promotion, propose a second budget. Both budgets are approved by the EVMS dean and provost and the ODU provost – followed by approval by the Board of Visitors of each individual institution.

Both programs contributed funds for start-up costs of the program. As it has matured, the program has relied on a combination of tuition and fees, faculty grant support, retained revenues and state appropriations. Effective fall 2010, tuition is paid to EVMS and then allocated between the campuses, based on track, with 10% of ODU funds being retained by EVMS for administration. Indirect costs are retained by the respective institutions.

A single credit hour cost is charged for the four MPH tracks. EVMS receives all applications, registers students for all courses, generates invoices for tuition and fees and receives payments. EVMS manages financial aid and disbursements. Credit for the tuition generation is given to the track in which student is matriculated. ODU receives 90% of the tuition revenue collected for their tracks, 10% is retained by EVMS to administer the collaborative program. State appropriations are paid as a lump sum to EVMS and ODU receives a capitated payment, based upon a formula determined by the Commonwealth of Virginia. Clinical revenues, if generated, are to be credited to the EVMS budget or the ODU budget depending on faculty home.

Indirect cost recovery differs at the two institutions. At EVMS, no indirect costs are recovered by the investigator, department or college. At ODU, a portion of the revenues go to the principal investigator and chair.

The program budget revenues for both campuses have increased substantially over the last five years, due primarily to an increase in enrollment. One important cost increase is the growth in number of staff, from one to five on the two campuses. The EVMS program office has three support staff, and the ODU office has two support staff. The staff are critical to the program; however the costs have increased expenditures significantly. Travel costs have also increased.

Program revenues support salaries and fringe benefits, supplies, equipment, contractual services and general expenses such as travel, recruitment, rent and shared services. The EVMS epidemiology biostatistics core group is supported by core revenues, but the faculty time is still partially a drain on the program resources since the fees are collected in an account separate from the EVMS MPH program. Revenues for the biostatistics core group do pay for graduate assistants, who support faculty consultants, and software. All consultants are epidemiology track faculty. The CPHTC is funded through a five year HRSA grant. Eighty percent of the budget passes through to subcontractor institutions in the Commonwealth. The salary of the CPHTC coordinator is paid by the grant. Tuition revenues generated by instruction under the CPHTC are credited to the program budget.

Table 1 present's the program's budget for FY 2007 – FY 2011.

Table 1: Sources of Funds and Expenditures, FY2007 Through FY2011					
	2007	2008	2009	2010	2011
Source of Funds					
ODU Tuition & Fees	---	\$ 12,315	\$ 166,350	\$ 337,544	\$ 381,930
EVMS Tuition & Fees	\$ 590,200	\$ 693,113	\$ 703,186	\$ 983,558	\$1,078,618
State Appropriation	---	\$ 281,734	\$ 331,557	\$ 245,257	\$ 275,738
Indirect Cost Recovery*	---	\$ 45,493	---	---	---
Clinical Revenue	\$ 30,000	\$ 35,000	\$ 37,897	\$ 28,737	\$ 30,000
Total Revenues	\$ 620,200	\$1,067,655	\$1,238,990	\$1,595,096	\$1,766,286
Expenditures					
Faculty Salaries & Benefits	\$ 339,559	\$ 761,538	\$ 896,831	\$1,004,420	\$1,097,107
Staff Salaries & Benefits	\$ 89,975	\$ 142,029	\$ 262,576	\$ 233,954	\$ 328,791
Operations	\$ 102,900	\$ 112,771	\$ 83,332	\$ 82,539	\$ 84,212
Travel	\$ 8,618	\$ 5,919	\$ 19,021	\$ 24,095	\$ 18,276
Total Expenditures	\$ 541,052	\$1,022,257	\$1,261,760	\$1,345,008	\$1,528,386

* For research grants of the Program Director retained when he took up his position in 2006.

State appropriation specifically designated to the Program began in 2008.

The new MOA negotiated in 2009 has fostered program development but has created challenges for faculty to meet. There are multiple activities underway to strengthen the program across both institutions and faculty will need to continue to dedicate their time and energy to these program improvement efforts. While both parent institutions are committed to moving forward with public health and supporting the community, it is not clear how the time the current faculty complement has dedicated to the program will be able to drive all of these initiatives.

The headcount of faculty has increased from 14 in 2007 to 17 in 2010. The site visit team learned that the majority of faculty members are on 10 month contracts. Faculty FTE calculation is based on a 12 unit semester. According to the faculty and administrators, this is usually operationalized as six units of teaching/service and six units of research. According to the administrators, newer and research productive faculty are given the six credits of release for research. Faculty do receive release time for research, though some faculty members report a heavy teaching and advising load across programs (not just the MPH program). Administrators are given release time for service to the program.

The site visit team noted potential issues related to the SFR and the number, dedication of and availability of faculty (for program development and working with students) to the program and each track. First, the number of full-time faculty and SFR varies greatly across tracks. The epidemiology track has only 3.0

FTE core faculty (and .07 FTE other faculty) with 42 FTE students – it has the lowest number of faculty and the largest number of students. However, the epidemiology track is searching to fill two faculty lines, and offers have been made. The overall SFR (approximately 12 core faculty FTE and 16 total FTE faculty and 92 FTE students) is 5.9, which normally would be considered adequate. However there is a lack of faculty dedicated full-time to the program and tracks.

The demand by students for the individual concentrations varies significantly. The heavy demand for the epidemiology concentration noted above could potentially be countered by the health promotion track's interest in actively recruiting students. This points to a potential need to move toward limits on the number of students in certain program areas, as was suggested by the program director. It is important to also consider the impact of the increasing number of students and the increasing burden of practica and the capstone changes being considered. It is also important to effectively recruit students to tracks that are small in size.

The EVMS program office recently moved into a new four story Education and Research Building. The program space at EVMS is 1500 square feet in 11 offices. State of the art classrooms for small and large groups are also provided. The office space is registered with the US Green Building Council. The ODU program offices are located in the new College of Health Sciences. There are nine faculty offices, an administrative suite and laboratory. The laboratory space is available for teaching and research. The teaching capacity is augmented by high tech distance learning capacity at the ODU campus and satellite sites across North America. This allows deployed military personnel to receive special attention worldwide. Computer and software access is exceptional. Classrooms are well equipped. Students have ID cards from both campuses and can use common space at either institution. There are student lounges and network access points throughout the campuses. Workstations are available across campus with VPN connections for off campus access.

The EVMS and ODU libraries have state of the art equipment and electronic networks and data hubs to facilitate retrieval and dissemination.

The community practicum will be a vehicle for service learning teams in the workforce and primary care efforts of the CPHTC. As part of the implementation of this training center, six to 10 teams will be built for MPH programs, family medicine residencies and the Virginia Public Health Association. Subcontracts exist for the resources of this grant. The CPHTC is an important vehicle to move public health practice forward in the Commonwealth of Virginia.

The community-based site preceptors for the community practicum experience and the guest lecturers for didactic instruction are a major, valuable source of in-kind support. Practicums are conceptualized as

being supported by teams of students, program faculty and site preceptor. Twenty community organizations provide this opportunity each year. Blanket agreements exist with the Virginia Department of Health, the military public health centers, etc.

Within the ODU and EVMS faculty, many adjunct faculty members guest lecture, others have been teaching specific courses for the program for years. Students and alumni praised many of these adjunct professors. The program faculty also teach in the medical school, graduate medical programs and other health professions programs, ODU undergraduates and in other campuses.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. The program currently offers four MPH concentrations. Table 2 presents the program’s degree offerings. Each area of concentration requires 15 credits of public health core courses, 13 credits of public health required courses, 15 credits of concentration-specific courses and three credits of selectives for the epidemiology and health management/policy concentrations or three credits of concentration electives for the environmental and health promotion concentrations. The five required courses are MPH-610 Introduction to Public Health Practice, MPH-767 Introduction to Public Health Project Methods, MPHE-722 Methods of Program Evaluation OR HPHO-660 Program Planning and Evaluation, MPH-768 Community Practicum and MPH-770 Culminating Experience/Capstone. Students enrolled in the epidemiology and health management concentrations complete MPHE-722 and students in the environmental health and health promotion concentrations complete HPHO-660.

A review of curriculum requirements shows an appropriate depth and level of required coursework in each concentration. The program currently offers one joint degree, a MPH and Doctor of Medicine (MD) degree for students admitted to Eastern Virginia Medical School and to the MPH program.

Table 2. Degrees Offered		
	Academic	Professional
Masters Degrees		
Epidemiology		MPH
Health Management/Policy		MPH
Environmental Health		MPH
Health Promotion		MPH
Joint Degrees		
Eastern Virginia Medical School		MPH/MD

2.2 Program Length.

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

This criterion is met. The program of study for all MPH concentrations requires the completion of 46 credit hours. Over the last three years, no MPH degrees were awarded for fewer than 42 credit hours of coursework.

The MPH program defines one credit hour as the equivalent of 12-15 contact hours in the classroom. The program offers courses during fall, spring and summer terms. Fall and spring terms are 15-16 weeks in length and summer term is 12-13 weeks in length.

The MPH program has a well-defined policy to accept up to six credits of previously earned graduate credits from an accredited institution outside of EVMS/ODU. Site visitors learned that from academic years 2008 to the present fall 2011 semester that three students received approval to transfer a total of 15 credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. All students enrolled in the MPH program are required to complete five core courses. The core courses address core knowledge in public health and total 15 credits. These courses are the following:

- MPHE-611: Social and Behavioral Sciences for Public Health
- MPHE-612: Statistical Reasoning in Public Health
- MPHE-613: Principles of Environmental Health Science
- MPHE-614: Principles of Epidemiology
- MPHE-615: Public Health Administration and Management

MPH students are required to maintain an overall grade point average of 3.0 (on a four-point scale). Students who do not maintain this GPA receive a written notification and are placed on academic probation. Students are required to achieve a 3.0 GPA or better within one term of being placed on academic probation or termination from the program results. Site visitors learned that in the last three years six students have been placed on academic probation and zero students have been expelled from the program. No waivers are given for core courses due to the importance of public health knowledge that is found in the core courses and that every MPH student must attain to complete the program and retain for their career in public health.

2.4 Practical Skills.

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

This criterion is partially met. The MPH program requires students to complete either a 100-hour internship experience at a public health site, a hypothesis-based research or management project at a public health site and a practicum experience. Sites for the practice experience include state health departments, military health centers, local hospital centers and non-profits. Students must have completed MPH-767, Introduction to Public Health Project Methods, before beginning their practicum experience. The course number for the practicum is MPH-768. All practicum requirements are explained in the Community Practicum Manual that all students receive at the beginning of the course. No students receive waivers for the practicum experience.

Students work with the MPH practicum course director/MPH practicum advisor and site preceptor during the practicum experience. The MPH program provides a list of suitable projects; however, a student may also find a project of special interest and request program approval. Practicum projects: (1) should relate to the student's specialty track; (2) require the student to demonstrate knowledge and skills gained from MPH courses; (3) permit the student to blend theory and practice in depth; (4) permit the student to work as a member of a work team; (5) have a specific timeline that allows the student to accomplish the project within the timeframe of the practicum; and (6) encompass work that has been requested, by and will be useful to the site.

The MPH program director and practicum course director have identified and established written agreements with acceptable community practicum sites. To be a practicum site an organization must: sign a formal affiliation agreement with the MPH program; designate a preceptor who will provide guidance to the student, meet regularly with the student and provide feedback on student performance; and identify a project that meets the criteria for the practicum. Students have the option to conduct a practicum experience at a site that is not on the established list including an organization located outside of the Commonwealth of Virginia and may request that an agreement be negotiated with that site. All practicum sites must complete a Practicum Memorandum of Agreement (MOA) form, describing the goals of the practicum and delineating the responsibilities of each involved party. Students may complete a practicum experience at their place of employment if it meets the requirements for a practicum project, is outside of the scope of normal job responsibilities and is completed outside of normal work hours.

Preceptors whether at established or new placement sites must be experienced professionals in the field of public health or related science and must be approved by the MPH practicum course director. Expectations between a student and preceptor are clearly delineated via the Practicum Cover Sheet

which both parties sign, and which describes the project and stipulates that the project will be performed at a certain site. A student's practicum advisor also reviews and approves the project by signing the cover sheet.

The practicum experience has a three-term sequence of courses; however, if the student desires, and receives approval from the MPH practicum course director/MPH practicum advisor and site preceptor a fourth term may be included. The first-term course deliverables are accomplished while students are enrolled in MPH-767. Students are required to complete the Human Subjects Protection (CITI) training and prepare an annotated bibliography of peer reviewed literature that acts as a grounding source of knowledge and reference for their chosen project. Students also prepare three sections of their project proposal during the first term. Finally, during the first term students begin the application for Institutional Review Board (IRB) approval of their project and establish their portfolio.

The portfolio (a hard binder with tabs) is a repository of student effort and work accomplished that is both analytical and reflective in nature and joins both student academic and experiential learning. It contains the following: (1) all practicum assignments; (2) project notes; (3) meeting notes with preceptors and others; (4) record of observations regarding the knowledge, skill and abilities developed related to the practice of public health; (5) self evaluation; (6) competency self-assessments; (7) emails and correspondence concerning the project; and (8) for management students, the secondary goal related to management and leadership observed at the site and the results/discussion of that goal. Students complete and enter a self evaluation in the portfolio at the end of each term. The self-evaluation focuses on how well students think they have managed their projects. As part of the self-evaluation students complete a competency self-assessment at the beginning of the practicum, at the end of each semester and at the completion of the practicum. Students are required to compare the beginning and ending assessments and comment on the competencies that they gained during the practicum.

Students update one section of their project proposal and complete the last section of the proposal during the second term course. During this term, students are required to give a 10 minute oral presentation consisting of 10 slides which is a synopsis of the four parts of their proposal. Students also submit and receive approval of their Institutional Review Board (IRB) package and update their portfolio during this time period.

Students complete a final paper of publishable quality, project presentation and portfolio updating during the third-term. The final paper should be no more than 20 double spaced pages of narrative, with additional pages for references, data display or other appendices. The project presentation is 20 minutes in length, including a period of questions, and consists of 15 to 20 Power Point slides. If students complete a four-term practicum the final paper and presentation are interim work products and reflect the

status of the project at that time. Students complete the final paper and presentation under MPH 795-Research Project (elective for extended Practicum Project).

Both students and preceptors complete an evaluation of the field experience upon its completion. Students record their level of agreement with 26 statements via a Likert scale; provide a reflection on any area for which they were not well prepared regarding their practicum; describe positive aspects of the experience, organization or preceptor; and suggest ways to improve the practicum. Preceptors rate students in 10 performance areas using a rating system of one to three, reflect on the overall impression of the student's work on the practicum project, discuss any areas where the student's academic preparation could be improved and how the results from the project will be used for the organization.

Students enrolled in the dual MPH/MD program are required to complete a practicum experience in order to meet the 46 credit requirement of the MPH program. The procedures to identify and carry out a practicum experience for a dual degree student are the same as a stand-alone MPH degree student. Students receive guidance from both faculty advisors in the dual degree programs.

Currently there is no maximum number of students that faculty members may be the practicum advisor for in a given semester. Given the target of increasing enrollment in all four tracks this may become an issue for faculty workload given other faculty responsibilities.

At the time of the site visit there was concern related to clarity regarding the options for the required practice experience. Students have the option of completing a research question project experience or an internship, plus the required practicum. Currently, the research question experience does not have an hour requirement associated with being on-site at an organization, nor does it involve tracking the hours that the student may be present on-site. Due to this fact, there may be very little interaction between a student and a preceptor, greatly reducing the student's ability to apply practical skills in a real world experience.

The Council's first concern relates to the fact that students are not required to complete a practicum experience in their track; they may elect to complete a field experience in another track that interests them. Criterion 2.4 specifically states that "all professional degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to the students' areas of specialization." The program's response to the draft report indicates plans to address this concern starting in academic year 2012-13 when assignments will be track specific.

The Council's other concern relates to the need for better definition of preceptor roles and responsibilities with hosting students. Site visitors learned that some preceptors do not receive clear direction in what students are to accomplish while on site regarding timelines of completion, project purpose and what they are to provide to students as preceptors. One alumna shared that in her role as preceptor, she needed to rely on her experience as a student and mirrored what her preceptor provided to her throughout the practice experience. Site visitors learned from discussion with preceptors that one past preceptor is currently not accepting students for practicum experiences until clearer roles are defined; and this individual remarked that future students need to increase their caliber of research questions and analysis for field work. Development of a MPH Preceptor Handbook would greatly increase the amount of direction that preceptors currently receive from the MPH program and would add more clarity to their role as is listed in the MPH Student Practicum Handbook. The program's response to the draft report indicated initial efforts are underway to address these issues.

2.5 Culminating Experience.

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

This criterion is partially met. The current structure as outlined in the self-study document requires MPH students to complete the three-credit culminating experience during their final term of study. The course has the same contact hour expectations as other three-credit courses. The culminating experience is a combination of individual and team effort. The cornerstone of this MPH requirement is the case study which is used to analyze real-world problems in the field of public health.

The culminating experience has three components. First, students attend case presentations from local public health practitioners and faculty on current public health topics. Students are required to complete selected background readings and evaluate the case development and presentation. Faculty members provide feedback to students on their individual evaluations. Second, students work in teams of three or four organized by course directors. Students are required to analyze retrospective and prospective case topics in public health; review available data to aid in making an informed analysis; and prepare and present one retrospective and prospective case. Finally, students are required to prepare a written report to accompany the case study and to evaluate other team members. Students follow a standard outline for the report structure for a maximum page limit of 20 single-spaced pages. The course reinforces the concept of teamwork and focuses on how it affects not only the work of public health but them individually, since teams share the grade assigned for the shared work.

Students enrolled in the dual MPH/MD program are required to complete the culminating experience in order to meet the 46 credit requirement of the MPH program. The requirements of the experience for a dual degree student are the same as a stand-alone MPH degree student.

The first concern relates to the fact that the current design of the culminating experience is still undergoing development of structure, required elements, organization and implementation. The current design is set to be implemented across all four tracks in May 2012 and site visitors learned there is also discussion of implementing a culminating experience that would be completed entirely via distant learning.

The second concern relates to the fact that the current design of the culminating experience lacks a standard evaluation tool to evaluate student mastery of competencies and completion of the culminating experience.

The final concern relates to site visitor discussions with current students in which they were unsure of what the design or requirements would be for them to complete the culminating experience and could only share what they had heard from discussion among themselves. The program's response to the draft report indicated initial efforts to address each concern are planned.

2.6 Required Competencies.

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

This criterion is partially met. In 2007 the MPH program developed a set of competencies for all students. These were synthesized from the ASPH core and cross-cutting competencies. During the 2009-10 academic year, and after the MOA was revised, the faculty and staff began to revisit this process. Discipline-specific and cross-cutting competencies were cross-walked with the core courses offered at both campuses. The self-study appendix provides evidence of this process.

The primary concern at the time of the site visit was that the epidemiology and health management/policy tracks have no track-specific competencies. The program's response to the draft report indicated that track-specific competencies were approved for the epidemiology and health management tracks in April 2012; however, they were not provided in the response. While the self-study provides a list of competencies for the environmental health and health promotion tracks the site visit team was also concerned the competencies had not been effectively used to develop the courses and assess the students. Site visitors did not find evidence that the learning objectives presented on the syllabi were linked to the competencies.

It appears that competency development in the program is in a state of flux. The program director noted that due to their involvement with the CPHTC they have decided to consider the revised Council of Linkages competencies and re-examine track competencies. This will require a new curriculum mapping

process and may require course changes/deletions/additions. This will also require the track faculty and program leadership to revise their vision of the practicum, internships and capstone activities. These will need to be designed so that the program faculty can engage in quality assurance to learn what is successful and what is in need of attention. Curriculum development expertise would be helpful to support this process.

Every three years the program conducts the periodic assessment of public health workforce members (last accomplished in 2009) to understand job skills and competencies needed by the public health workforce. These assessments provide guidance for development of selective courses. The Curriculum Committee reviews the competencies and compares them to those recommended by the workforce.

The second concern relates to the fact that the practice experience is to include both core and track-specific competencies in the design and evaluation of the practical experience. Currently, the only evaluation that occurs regarding competencies is students' self-assessment of competencies three times during their practice experience. The competencies they are asked to assess themselves on are all of the ASPH competencies. At the time of the site visit, students in the epidemiology and health management/policy tracks were unable to assess themselves on track competencies since these competencies did not exist.

The final concern relates to the fact that the culminating experience is intended for MPH students to demonstrate the application and mastery of core competencies and track-specific competencies however, since at the time of the site visit the epidemiology and health management/policy tracks did not have track-specific competencies, this could not occur.

2.7 Assessment Procedures.

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

This criterion is met with commentary. Monitoring and evaluation of student progress in meeting learning objectives and achieving competencies is assessed by course instructors, specialty track directors, the program director and the Academic Progress Committee. While assessments within courses vary, grades are based on the quality of written assignments, class participation, examination grades and in-class presentations. The practicum field performance is evaluated by the site preceptor and the written and oral reports by the students' practicum advisor. All students are assigned an academic advisor in their chosen track.

Outcome measures include: the percentage of students who receive less than a B in each core course, the percentage of students maintaining an overall GPA below 3.0 each term, the number of students who receive an unsatisfactory evaluation in the community practicum, the number of students who have not

completed the program within four years, the percentage of students that complete all degree requirements within four years, the number of students who are terminated for academic reasons and the number of students who withdraw.

Overall, the program is attracting and admitting a well-qualified student body. Approximately 75% of applicants are offered admission and, on average, about half of the applicants matriculate. Graduation rates have improved from 83% in 2008 to an average of 93% in 2009 and 2010. One to two students per year (average 4.4%) have been dismissed for academic reasons, although no students have been dismissed in the past three years.

While data for 2008 were incomplete, graduate job placement data for 2009-2010 shows approximately 84% of respondents are employed across a variety of settings or are seeking higher education. Many students (over 40%) have jobs when they enter the program and may not change employers upon graduation, although their position may change. In reviewing the most recent alumni survey from 2010, 92% of respondents were satisfied that their MPH helped them achieve their goals. While questions ask how useful the various courses and competencies were, alumni the site visit team met with stated that the additional skills they have gained have helped them obtain new positions or increased responsibilities. A number of the community representatives and preceptors at the site visit have hired program graduates into their organizations.

The commentary relates to how assessment data is evaluated and is used to provide input for modifying the program. The data for the past five years on the number of students receiving a "B" or better in the capstone seminar show that in 2007, 2009, and 2010 that the goal of 90% was not met. In fact, the average attainment in those years was 53-56% in contrast to 2006 and 2008 where the percentages were 96 and 100% respectively. The program notes this is due to a different instructor teaching than when the course was created and states that it has responded by bringing students up to the standard expected by the capstone instructor. In speaking with program students and alumni, it is clear that their experiences in this course have differed, depending on the institution in which they were based and during which year they took the course. Students noted that while there are many excellent teachers, particularly those with practical experience, some assigned faculty have not been effective teachers. Students did feel that the program has been responsive to these concerns and has tried to address them. None of the current students has taken the capstone course since it has been revised to encompass students from all four tracks working together in teams. There also was an inconsistent grade distribution in the practicum course in 2008 compared to the years 2006, 2007, 2009 and 2010. In 2008 only 75% of students received a "B" or higher in the practicum, thereby not meeting the target of 90%. This is compared to 91% or greater in the other years. The program notes that the practicum was revised in 2009 and 2010 but, as discussed previously in this report, changes often are implemented before a thorough evaluation

of the problem has been explored. Assessment procedures for all aspects of the program need to be clearly defined, evaluated and systematically monitored before additional changes are made.

2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is met. The program currently offers one joint degree, the MPH/MD in collaboration with the Eastern Virginia Medical School. Currently there are nine students in the MPH/MD program (one student began studies in 2007, two students in 2008, two students in 2009, three students in 2010 and one student in 2011). The MPH/MD program is a five-year program in which students meet the admission requirements for both degree programs. Students may choose to complete any of the four MPH concentrations. Currently, seven students are enrolled in the epidemiology concentration, one student in the health management/policy concentration and one student in the environmental health concentration. MPH/MD students complete the same requirements for the MPH degree as students in the stand-alone MPH program. Joint degree students complete the entire MPH curriculum in their first year of medical school which is divided into two years of part-time medical school instruction. The third through fifth years of the five-year program are devoted solely to the medical school curriculum, which includes clinical rotations. MPH/MD students are exempt from completing epidemiology and biostatistics instruction in the medical school curriculum (a total of 12 contact hours) since they complete MPHE-614 Principles of Epidemiology and MPHE-612 Statistical Reasoning for Public Health for the MPH degree. Site visitors learned that although enrollment remains low in the joint program, mainly due to cost, the plan is to continue this degree offering. Site visitors also learned from discussions with adjunct faculty that the joint program is seen as a strength of the MPH program and allows students to pursue an integration of public health and medical learning.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is met. The MPH program offers two of its four specialty tracks as distance learning options. Students enrolled in the environmental health or health promotion tracks coordinated by ODU, including those enrolled in the MD/MPH program, may complete all MPH course work by distance learning. Students enrolled in epidemiology or health management/policy tracks based at EVMS complete the majority of their instruction in the classroom, but may take a maximum of 11 credit hours via distance learning with approval of the advisor or program director.

ODU has a history of teaching by distance learning since the 1980s, and offers many degree programs by this method of instruction. The distance learning instruction for the environmental health and health promotion tracks was developed to increase access to Virginia residents who may not be able to travel to campus. Surveys administered to Virginia Department of Health employees document a need to receive educational programs at their place of work.

The sequence of the course instruction for students in all tracks became unified in 2009 when a single curriculum was developed. Each student typically completes a 46 credit hour course of study scheduled in six successive terms over two calendar years. Core courses, experiential courses and culminating courses have a single set of competencies and learning objectives that are uniform across both campuses. Three jointly administered courses, Introduction to Public Health Practice, Community Practicum and the Capstone Seminar include students from all four tracks, although students in the current cohort have not yet completed their practicums and capstone courses. These courses are offered as hybrid, classroom-based lectures with synchronous video-streaming and corresponding web-based assignments, allowing for interaction between students across all disciplines and locations.

Distance learning courses are offered via ODU's TELETECHNET, video streaming or asynchronous methods. The latter two types of delivery methods are available on both campuses. TELETECHNET offers synchronous delivery of course lectures via satellite-transmitted two-way video and audio to remote classrooms or synchronous IP video-streaming via the Internet to any logged on computer, and

asynchronous web-based delivery of documents and data. TELETECHNET courses are typically broadcast up to 50 different sites, located in or outside of Virginia. Students may meet in a traditional classroom located at a site where the broadcast is received, offering instruction that is interactive and real-time. On-line, asynchronous courses utilize Blackboard as the primary course management system. The Center for Learning and Teaching offers support services to all students taking distance learning courses. Both students and faculty involved in distance learning felt that it works well and that the interactive nature of the instruction allows learners at remote sites to be active participants in team work or group discussions.

The standards for course quality, evaluations, student outcomes and academic effectiveness measures are identical to those for formal classroom courses. Each student has an academic advisor and faculty teaching on-line receive training on technology and instructional design. University-developed operational procedures ensure identification of participants and integrity of the instruction and testing processes. Course and faculty evaluations are systematically collected each semester, reviewed by the program director and forwarded to faculty. ODU faculty periodically travels to distance instruction sites to meet with students, course facilitators and administrative staff. In addition, ad-hoc and end-of-program surveys identify potential student issues. The distance learning option for program students has been in place since 2007 and faculty have seen no difference in the student performance or outcomes. The student satisfaction of distance learners is high. One faculty member felt this option added diversity to the program as students from a wider variety of areas and states could participate. A student we spoke with at the site visit that chose the distance learning option to accommodate her full-time job said she felt like she always got what she needed from the program and the faculty, but added that she was assertive. She had formed a “study group” with other distance learning students in her area. Both classroom and distance learning students are comfortable interacting with each other in this venue. Additionally, distance learning students have the option to attend class on campus if they choose.

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 with commentary. The MPH program reports an active research agenda for faculty and students. The MPH program’s goal for research is to facilitate opportunities for faculty to develop their research. This goal is consistent with the mission statements of EVMS and ODU. The faculty and staff believe developing knowledge is essential to the research mission, but also to the teaching and service mission. A research component that can enhance the educational mission and can provide MPH faculty and students with opportunities to pursue “academic excellence” is essential.

The MPH program administration encourages faculty and student research through the following:

- Student practicum projects that address identified public health needs
- Responding to grant/contract requests suitable for faculty and students
- Fostering collaborative research through the epidemiology biostatistics core
- Encouraging presentation and publication of research
- Encouraging participation in forums, seminars within the public health community

Research policies, procedures and practices are split by institution. EVMS's MPH program faculty members follow the policies in the EVMS faculty handbook. Standards of excellence in research by academic rank are also specified in the handbook. Explanations of promotion and tenure policies related to research are clearly defined. Faculty with primary appointments in other departments who teach in the program follow the guidance of their departments.

Program administration explained that the newer faculty workloads support the development of more research at EVMS. It is not uncommon for faculty to receive 6 credits of release to support their research. It is also possible for faculty to "buy out" of courses with salary money from grants. Community faculty members are not required to conduct research, but may need to demonstrate excellence for advancement in rank. ODU policies state the research, publication and other scholarly activities are basic to the objectives of the faculty and the institution. Protected time for research is available to ODU program faculty to pursue research and publish as this helps to increase the educational experience of the students. Policies on patent and copyright are available in the ODU faculty handbook. In addition, this handbook provides information about grants, awards, fellowships and priority for external funding.

Research support services are clearly spelled out in the self-study. The Office of Research at EVMS provides basic support on use of human subjects, animals, biohazards, intellectual property and potential conflicts of interest. Fiscal support for grants is provided through Grants Accounting. Faculty can establish a research incentive fund when core dollars are provided. The ODU Research Foundation also provides research administration and is the fiscal agent for sponsored programs. They support proposal development, submission, grant management, accounting and human resource needs.

Faculty and students at each institution are informed by the program administration of their individual institution/school policies on conduct of scholarly activity. Ethical standards are clearly defined. Students are taught about ethics in the introduction class. Both EVMS and ODU have developed IRBs in accordance with federal policies. Two program faculty members at EVMS have been involved with the IRB. Students must use the IRB at the institution where their academic practicum advisor is employed.

The self-study provides examples of research projects conducted as part of a community partnership in rural and urban areas of Hampton Roads. These projects are described as responsive to the social and economic needs of the area.

The self-study describes a community garden project developed by a faculty member. Other community projects are listed in the grant update.

The commentary refers to the uneven distribution of research among faculty. Currently, only a few primary faculty members are involved in research. Students and alumni did not report involvement in faculty research. Students and alumni who met with the site visit team did not know of more than a few people who were given that opportunity. It is important that students in the program benefit from faculty research activities.

The new CPHTC is expected to provide multiple opportunities to expand faculty and student research. In addition community members noted missed opportunities; especially in the area of environmental health, for faculty and student research.

The program identified various outcome measures to determine the effectiveness of their research efforts. Faculty CVs are reviewed annually to determine progress on meeting the outcomes.

3.2 Service.

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

This criterion is met with commentary. Service, along with teaching and research, is considered a cornerstone of the MPH program. Both EVMS and ODU were established as community-based educational institutions, with community service a tenet on which both were founded. Service is recognized in the vision statement of each institution. In reviewing faculty curriculum vitae and speaking with most faculty, it is clear that service is viewed as an integral part of their role, even though there is minimal “protected” time for service activities.

Both EVMS and ODU program faculty have policies in their respective faculty manuals that include service criteria and expectations for standards of excellence for promotion and tenure where appropriate. Within the MPH program, service is emphasized as part of the goals and objectives. Specifically, goal five is to “Collaborate and consult with community agencies and other organizations that are committed to improving the public’s health.” Faculty are surveyed annually to assess their service activities.

Faculty provide service through a variety of local, regional, state, national and international community and professional venues, while student service is primarily delivered through practicum experiences. Faculty provide local and community presentations deliver professional consultation and technical assistance and maintain membership on non-academic local and regional boards and committees. They are active members of professional societies and organizations, provide peer review of manuscripts and serve on editorial boards. Over the past three years, faculty have reported over 90 presentations, and 50 consultations to local, regional, national and international organizations. They hold membership on 45 non-academic boards and committees and in 51 professional organizations. Eight of 21 core faculty have contributed to 85 professional books, journals and other media. Faculty also provide service to the workforce through delivery of selective courses and non-credit coursework such as the seminar series.

Student service is largely provided by a community practicum that all students complete. These are available in a wide variety of disciplines and organizations, including some projects which occur in an international setting. The list of practica completed by program students during 2007-2010 is impressive in its depth and scope. One preceptor the site visit team met stated how important the MPH practicum students are, noting that her agency would not be able to conduct many of the special projects and evaluations that the students contribute through their work. She relies on having several MPH student placements each year. It is evident that, as a group, students actively provide community presentations and teaching, get involved in community projects, provide leadership and hold memberships in local and national organizations focused on public and community health. Faculty reported seven students and or recent graduates will be attending the annual APHA conference this year, many to present their work.

As identified in the self-study, the program would benefit from a single data system to collect complete information on service of faculty on both campuses and to have a systematic measure in which to assess the service activities of both campus-based and distance learning students. Although the program has an outcome measure that all faculty provide at least one consulting service every three years, it was not met as stated, though with consideration given to a broader array of activities such as faculty involvement in practicum projects, it is met. An objective that clearly and accurately assesses service activities of all faculty on an annual basis and benchmarks for measuring the percentage of faculty engaged in service in each program track would document trends over time.

The commentary relates to the recent experiences at both EVMS and ODU with the review of health profession faculty being reviewed for tenure and promotion. The self-study indicates there has been a need to educate and include instruction to the Appointment and Promotions Committees to develop appropriate measures about the equal importance of service to research and teaching in evaluation of candidates. This would also enhance the ability of mentors to be more explicit about the attributes of excellence in service. In meeting with senior administrators at both institutions, it is clear they endorse

the importance of service to the community and support equal consideration of service in the promotion and tenure process. Decisions of the promotion and tenure committees will need to be monitored over time to make sure that this is occurring as intended.

3.3 Workforce Development.

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

This criterion is met. The program has progressed significantly in this area since the last site visit and continues to maintain a high priority on community outreach and continuing development of the community workforce. In 2007 and again in 2010, a workforce needs assessment was conducted via survey to ascertain the current job responsibilities and activities and continued training and education needs. The most recent survey included 124 community health professionals in Hampton Roads area. Sixty-one professionals completed the survey, for a response rate of 49%. Key findings identified for additional training included leadership skills, quality assurance and performance, health promotion and disease prevention, group facilitation, data analysis and utilization and grant writing. Preferred venues included both on-site and web-based learning.

In response to the most recent survey, the program developed two new certificate programs in fall 2010, Public Health Leadership (eight credits) and Public Health Core Competencies (18 credits). In addition, ODU offers an on-campus certificate program in Occupational Safety. Regional professionals who are academically qualified and not matriculated in the program also may enroll in any core or track specific program courses with the exception of the culminating courses. This includes a wide offering of one-credit selective courses, developed after the initial survey, to meet workforce needs. These courses are offered at a reduced tuition rate for non-matriculated students, and a number of travel scholarships for Virginia Department of Health employees are available. Between 2007 and 2010, 64 non-matriculated students enrolled. On average this is three to four students per term, with the exception of spring 2010 when 39 students enrolled for a global health course. Non-credit seminar and lecture forums are offered on both campuses. Over the past three years, 25 topics were presented, with an average of 20 people attending. The program continues to work with ODU's Center for Learning and Teaching and the Virginia Information Technologies Agency (VITA) to enhance current offerings.

Particularly noteworthy is the creation of the CPHTC in 2010, a statewide public health training center to develop a highly trained public health workforce. This was funded through a \$2.5 million, five-year grant to the EVMS-ODU MPH Program from the US Department of Health and Human Services' Health Resources and Services Administration (HRSA). It brings together a partnership of the state's graduate programs in public health, the Virginia Department of Health, the Virginia Public Health Association and all family medicine residency programs in the Commonwealth. The co-directors are the director of the MPH program and the chair of the EVMS Department of Family and Community Medicine.

All of the CPHTC's training activities include education on health equity to ensure focus on populations that experience poorer health outcomes. The goal of the center is to advance health equity throughout the state, including racially and ethnically diverse populations and those with few economic resources. It has five core initiatives which can be summarized as: 1) training for all Virginia Department of Health employees 2) enhancing the public health knowledge of family practice residents, 3) strengthening the pipeline for the future public health workforce 4) integrating the needs of the medically underserved into training initiatives and 5) hosting of statewide training conferences to promote education and collaboration.

The workforce initiatives implemented by the program have great potential to strengthen the public health workforce and to enhance collaboration between schools and training programs, public health agencies and workforce professionals. In speaking with community representatives and faculty, it is clear they are excited about the increased collaboration and potential community research opportunities across the academic, public health and medical communities. The CPHTC may also provide a venue to recruit new practicum placements that will be mutually beneficial to the program and community partners.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The faculty is reflective of the multidisciplinary nature of the program as documented by the diverse educational preparation. One observation is the heavy reliance on masters trained faculty. Clearly these individuals have great knowledge and commitment, as commented on by students. Their backgrounds and practice-based approach is critical to public health. However, additional faculty with doctoral preparation are needed to complement their practice based expertise, especially in the health management/policy track, to facilitate a greater emphasis on public health and healthcare services translational research.

There are a significant number of "other" faculty and preceptors with public health practice and healthcare experience. This group is an incredible asset. It is clear that this group of faculty and master and doctoral level community stakeholders could play a greater role in the program – both for shared research opportunities and to foster and for program development. They appreciate their engagement with the program, are an incredible resource and their vision and connectedness to the region will greatly increase the capacity.

Efforts need to be made to ensure that the faculty see and embrace their roles in the larger efforts that are planned for the program. Communication is an important part of this effort given that the program is undergoing current and future change.

Track coordinators identify best-qualified faculty to teach program courses. New faculty members teaching in the program are suggested to the program and the Office of Faculty Affairs – decisions are made at this level.

All MPH faculty members must meet one of the following two criteria:

1. The individual must have one of the following types of faculty appointments:
 - faculty appointment at EVMS;
 - community faculty appointment at ODU; or
 - faculty appointment at an institution of higher education.

The program director or associate director reviews the faculty status of faculty members with primary appointments in departments at EVMS or ODU other than the MPH program.

2. The individual must contribute to the program by serving as instructor or co-instructor for an MPH course or provide regular guest lecturers in an MPH course. Other individuals who may participate in the program include:
 - those who teach courses at ODU in which program students enroll;
 - those who serve as site preceptors; and
 - those who serve on program committees.

These individuals may seek a community or adjunct faculty appointment to the program. The EVMS standard for a community faculty appointment is 50 or more hours per year of service to the institution. Their participation in the program is based upon the teaching of specific classes at EVMS and ODU. Their roles with their employed organization may be the qualification that draws them to guest lecture or to serve as a site preceptor.

4.2 Faculty Policies and Procedures.

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

This criterion is met. Faculty handbooks for each institution are provided and are easily accessible to faculty. Faculty policies and procedures emphasize continual improvement of teaching. EVMS and ODU each offer a professional development center to enhance teaching skills. The ODU emphasis on distance education and online learning has provided an important resource to both improve their teaching capacity online and to foster change in the quality of online learning at EVMS.

Faculty receive support from the program to attend professional meetings and continuing education courses. Professional association memberships, journals and software are also supported.

Course evaluations are a tool for assessing student satisfaction. Written feedback from students is welcome. Concerns about teaching from students are directed first to the faculty member. Epidemiology biostatistics core consultation is another support for faculty interested in expanding their research.

Formal procedures for evaluating faculty competence and performance are clearly stated. Criteria for appointment and promotion in the program faculty are explicit in the institution's handbook. Percent effort is defined by the academic supervisor. Percent effort provides mechanism to evaluate performance. The site visit team clarified from faculty their expectations of faculty workload.

Criteria used by the program director or associate program director to evaluate program faculty include (but are not limited to):

- Scholarly activity as evidenced by publications, presentations, patents, mentoring students, scholarly involvement in professional societies and organizations, and peer recognition;
- Expertise in teaching as demonstrated by advising, development of original teaching tools and methods, curriculum development, and funded educational projects;
- Originality in clinical practice, such as development of unique clinical pathways, clinical programs, evaluation of clinical practice, advancement of clinical knowledge;
- Research as indicated by current and past research activities, dissemination of knowledge, support received, mentorship, and
- Service as evidenced by evaluation of administrative service, development of new programs, level of responsibility, outcomes of leadership, and community service. Standards of Excellence for each rank are specified in the faculty handbooks.

The annual review guides advice for future allocation of effort, goals plans and performance expectations.

Student course evaluation processes have remained consistent for 10 years. All courses are evaluated each semester. Each faculty member receives a summary of all evaluations.

Emphasis given to community service activities in the promotion and tenure process has been improving. Both campuses consider service as important for promotion and tenure. Service is defined by the discipline. Faculty from EVMS and ODU MPH program believe that the promotion and tenure process does not recognize their service adequately. The Appointment and Promotions Committee is being given training in service as a criteria for promotion and tenure assessment.

4.3 Faculty and Staff Diversity.

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

This criterion is met. Faculty diversity is well demonstrated both in demographics provided in the self-study and through the site visit experience. Faculty are diverse in gender and race. It is clear that the program has a diverse faculty and that this is representative of the diverse student body. The staff of the program is also diverse with 50% of the staff being African American. It is important to note that the staff members work closely with both program faculty and students.

The policies for supporting and monitoring diversity in staff and faculty are well defined at both of the partner institutions. Faculty recruitment and hiring processes comply with all policies that could guide these activities. Advertising is broad-based and ample to attract a diverse pool. Recent international initiatives help them to attract an international pool as well.

In addition to the faculty and staff, the program has adjunct faculty and community preceptors who are very diverse. The site visit team had the opportunity to interact with many of these individuals. It is clear that the students have diverse role models throughout the program.

4.4 Student Recruitment and Admissions.

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

This criterion is met. The program has a designated recruitment coordinator, who in conjunction with the Recruitment and Admissions Committee oversees strategies for student recruitment. The recruitment plan has multiple approaches to reach potential students which include the program's web pages, brochures, attendance at college and graduate fairs and professional meetings; sending course announcements to local health departments and community agencies; and opportunities for participating in community service and workforce development events to stimulate interest. While the initial focus of the program was to provide a professional MPH program to area residents with full-time employment, as the program has grown and expanded its specialty tracks, it anticipates expanding its recruitment efforts to a broader audience. There also is a targeted effort to notify all potential candidates interested in medical education at EVMS about the availability of the MD/MPH dual degree program, and incoming medical students are notified of the program in their admission letter. Additional dual degree programs are being explored with Norfolk State (MPH-MSW) and Hampton University (PharmD-MPH), though there are no definitive plans to move forward with either at this time.

Admission occurs only in the fall term. Admission standards are consistent with graduate academic standards at both sponsoring institutions. Admission requirements for US students include completion of a bachelor's degree from a regionally accredited institution, an undergraduate grade point average (GPA) of 2.5 or higher with preference given to those whose GPA is 3.0 or higher; GRE* taken in the past 5 years with a score of 800 or higher on the verbal and quantitative section with preference given to those with a score of 1000 or higher and at least 3.5 on the analytic section (*may substitute GMAT or MCAT); a personal statement and three letters of recommendation. Requirements for international students are similar except for the addition of TOEFL scores of 108 or higher on the internet test or 610 or higher for the paper based test for applicants whose native language is not English. International students must also be in compliance with US Immigration laws throughout enrollment.

The program director reviews each applicant's file when completed. A standardized application evaluation is used. Students whose scores fall into the range of "admit" and have no unscored items are admitted, while those with a score in the "reject" range are denied. Exceptions are made in select instances such as supporting a prospective student in the military's "Enlisted to Officer" program, although this program has been discontinued. Students who have not completed a bachelor's degree can be conditionally admitted, pending completion of the degree. Students with deficiencies may be advised to take additional courses to qualify for admission.

Program enrollment has increased over time, with an average of 57 students admitted each of the past three years compared to 40 students in 2007. Currently, 95 students are enrolled in the program (per self-study, although faculty report it is 105), for a student FTE of 92. With the rapid program growth in recent years, the program does not plan further increases in the number of students at this time. With the change in the curriculum, most students now complete the program on a full-time basis in a cohort over two years. This represents a change from earlier years when most students were enrolled part-time. Over the past three years, enrollment in epidemiology, health management/policy and environment health tracks have been approximately equally distributed, with a smaller number in the newer health promotion track. The target goal for five years in the future is to have approximately 20 students per track, so the teaching responsibilities are distributed evenly across both institutions. There have been no students applying to or enrolling in the general program since 2006, which is a result of the increased number of specialty tracks. The general track remains open, however, since the program envisions a specialty certificate or concentration in global health in future years.

The program has defined outcome measures to evaluate its success in enrolling a qualified student body. This includes the number of applicants, the percentage of applicants offered admission, the percentage of applicants matriculating and the percentage of students who receive less than a B in each core course, the percentage of students maintaining an overall GPA below 3.0 each term, the number of students who

receive an unsatisfactory evaluation in the community practicum, the number of students of students who have not completed the program within four years, the percentage of students who complete all degree requirements within four years, the number of students who are terminated for academic reasons and the number who withdraw.

The program did not meet its goal to enroll four MD/MPH students but did increase from baseline of one to three students in both 2009 and 2010. The financial burden and extra year to complete the program are barriers that are hard to overcome as the program is not able to offer scholarships to offset this cost. However, faculty feels that the “added diversity” that the medical students bring is well worth the effort to maintain the dual degree program.

Overall, the program is attracting and admitting a well-qualified student body. Approximately 75% of applicants are offered admission and on average, about half of applicants matriculate. Graduation rates have improved from 83% in 2008 to an average of 93% in 2009 and 2010. One to two students per year (average 4.4%) have been dismissed for academic reasons, though none have been dismissed in the past three years. The one observation that community representatives and preceptors made is that many of the incoming students lack strong writing skills, perhaps because overall they are younger and less experienced. The program may want to target students who have acquired these skills as part of their undergraduate preparation, or may provide resources to ensure that there is good support for enhancing these skills as they progress through the program.

The Recruitment and Admissions Committee evaluates annual enrollment in the program and program visibility. They review the admissions process and applications.

4.5 Student Diversity.

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

This criterion is met. The EVMS five-year vision articulates the desire for “an institution where students and faculty reflect the rich cultural diversity of the Hampton Roads community.” Old Dominion University includes a statement in Objective #1 that the institution “seeks to attract and serve a culturally and ethnically diverse student body.” Furthermore, it acknowledges a “special commitment to serve those students who have been academically, socially or economically disadvantaged, but who have the potential for academic success.”

The MPH program follows the anti-discrimination and affirmative action policies and procedures of EVMS. Their Equal Employment Opportunities (EEO) statement is as follows: “Eastern Virginia Medical School does not discriminate on the basis of race, color, national origin, sex, age, sexual orientation, or handicap

in its programs, activities or employment practices, as required by Title VI, Title IX and section 504.” These policies and procedures are detailed in admission recruitment materials in the EVMS catalog and the program bulletin and include a statement as to where inquiries about the anti-discrimination policies and procedures should be directed.

The program is committed to attracting a diverse student population as evidenced by participation in a Graduate Fair at Hampton University, a historically black university, and by inclusion of minority students participating in recruitment and community relations events with faculty. There are also programs in place to help retain minority students. One international student said she felt the specific needs of international students could be better addressed, such as how to navigate financial aid resources, but overall, students felt that the program was well-rounded in terms of student diversity.

The MPH program tracks the demographic characteristics of applicants, acceptances, and matriculates. It evaluates its success in achieving an ethnically diverse student body by measuring the percent of minority students relative to their representation in the Hampton Roads population. Approximately 59% of the population in the program’s catchment area is White, 32.8% is African American, 3.3% is Hispanic and 2.9% is Asian/Pacific Islander. Applicants are largely reflective of this population.

The program has been successful in achieving diversity of its enrolled students, although it shows a disproportionately higher representation of women and African Americans compared to regional population. Over the past five years, matriculates, on average, have been 41% White, 41% African American, 3.4% Hispanic and 11% Asian/Pacific Islander. Entering classes over the past five years have been 73% women, which is reflective of the Virginia Department of Health work force.

Eighty-three percent of students have been Virginia residents; however both faculty and students see the distance learning option as a way that may further enhance geographic diversity of students entering the program. Due to the military closing the “Enlisted to Officer” program in 2007, the number of matriculates with a military background has declined to 10.4%. In speaking with faculty though, it is clear that military students are valued and bring a unique diversity to the program. Over time, the age trend of students in the program shows a decrease in the percentage of students aged 32-49 enrolling. The average age of matriculates in 1997 was 49 and currently it is 24. As a result, there are fewer students entering who already hold graduate degrees. Since the majority of those applying accepted and enrolling are women, the program plans to develop a strategy to recruit qualified men into the program, as well as to continue to maintain an overall diverse student body.

4.6 Advising and Career Counseling.

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

This criterion is met with commentary. The program provides a full-day orientation program on the first day of class for each semester. Incoming MPH students have the opportunity to meet the MPH program director MPH associate director, faculty, program staff, current students and alumni. During orientation the following are reviewed: academic expectations, MPH program requirements, procedures, library resources and university resources. Since January 2011, students access orientation materials online prior to attending orientation; before 2011 orientation materials were mailed to students. Orientation is also available via video streaming for distance learners to attend. All students have access to the MPH program student handbook.

Students are assigned a faculty advisor at matriculation who may be the MPH program director, concentration coordinators, core faculty or selected community faculty. Students receive instruction at orientation regarding academic advisement. All MPH students are required to meet in person with their faculty advisors prior to course registration for each term. Distance students and deployed military students are exempt from in-person meetings, and faculty advisement is achieved via phone calls, email communication and Skype. Faculty advisors discuss academic progress, issues that might affect student educational plans and short- and long-term career goals during advisement sessions. Although students are assigned a faculty advisor, they may seek assistance from any faculty member while in the MPH program. Additional advisement occurs in the MPH program during the practicum and culminating experience since students receive guidance and evaluation from the MPH practicum advisor/director, preceptor and capstone course director.

The ODU Career Management Center (CMC) provides career resources and assistance for all MPH program students. A CMC representative provides a yearly presentation regarding career development to MPH students. Faculty members provide career advisement to students through discussions, sharing professional network contacts and affiliations, distributing internship information and employment opportunities. In December 2010 the MPH program hosted the Second Annual Career and Internship Fair of the Virginia Public Health Association with 138 people in attendance, including vendors from 19 organizations and 14 speakers.

The MPH program has outlined procedures in place to provide students with a venue to file complaints or voice their concerns. The procedure starts with their professor, proceeds to their faculty advisor, next to the two advisors at the College of Health Sciences, subsequently to the department chair and finally to the dean if needed.

The first point of commentary refers to site visitors learning from alumni that it was difficult to connect with faculty in-person during regular office hours being between the hours of nine to five, since at the point of

enrollment they were employed full-time. These students' ability to communicate with faculty was narrowed to arriving early on the night of class to meet in person or to communicate via phone or email.

The second point of commentary refers to the absence of evaluation of satisfaction with academic advisement and career counseling on the yearly alumni survey. Currently the program does not collect information on academic advisement and career counseling.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Eastern Virginia Medical School and Old Dominion University (EVMS-ODU) MPH Program

September 26-27, 2011

Monday, September 26, 2011

- 8:00 am Site Visit Team Pick-Up from Hotel
Richard Vroman
- 8:30 am Site Visit Team Request for Additional Documents and Resource File Review
Leslie Lipscomb
Laura Armstrong
- 9:30 am Break
- 11:30 am Meeting with Program and Department Administration
David O. Matson
A. James English
Richardean Benjamin
Joseph Flannery
Charlene D. Brassington
Leslie M. Lipscomb
Emmanuel M. Rudatsikira
- 11:15 am Break
- 11:30 am Meeting with Public Health Core Teaching Faculty
James Alan Neff
Hind Baydoun
Kay Cherry
Richard Vroman
Mariana Szklo-Coxe
Harry Qi Zhang
James Blando
- 12:30 pm Lunch with Students
Patricia Birungi
Victor Camargo
Jamal Deji
Latrese Johnson
Maryanne Koech
Carol McCammon
Christopher Norris
Maureen Okafor
Mona Saniei
- 1:30 pm Meeting with Part-time/Adjunct Faculty
Debra Anderson
Donald Buckley (via phone)
Benjamin D. Dobrin
Ken McLennan
Nathan Worley
Christopher P. Rennix
- 2:30 pm Break
- 2:45 pm Meeting with Alumni
Heidi Kulberg
Kelly MacLaurin
Ava Marrow
Erin Patterson

Beth Poitras
Drew Web
Leigh Ann Diggs
Fonia Davis

- 3:45 pm Meeting with Community Representatives and Preceptors
S. William Berg
Cheza Collier Garvin
Laura Gwathmey
Thomas Orsini
Agatha C. Parks-Savage
David Trump
Nancy Welch
Erin Zabel
- 4:45 pm Meeting Regarding Practicum and Capstone Experiences
Joseph Flannery
Richard Vroman
- 5:30 pm Adjourn

Tuesday, September 27, 2011

- 8:00 am Site Visit Team Pick-Up from Hotel
Richard Vroman
- 8:30 am Tour of Classroom Space and New Building
Richard Vroman
- 9:00 am Meeting with Institutional Academic Leadership/University Officials
C. Donald Combs
Gerald J. Pepe
Richardean Benjamin
Carol Simpson
Demetria Lindsay
- 9:30 am Executive Session and Report Preparation
- 11:30 am Working Lunch, Executive Session and Report Preparation
- 12:30 pm Exit Interview
David O. Matson
A. James English
Richardean Benjamin
Joseph Flannery
Charlene D. Brassington
Leslie M. Lipscomb
Emmanuel M. Rudatsikira