

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF PENNSYLVANIA

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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SITE VISIT TEAM:

David A. Pearson, PhD, MPH, Chair
David H. Trump, MD, MPH, MPA

SITE VISIT COORDINATOR:

Maraquita L. Hollman, MPH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at the University of Pennsylvania (Penn). 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 October 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.

Penn is located in Philadelphia, PA and traces its heritage to 1740 when it began as an educational trust fund. Through the years Penn has obtained a collegiate charter (1755), graduated its first class (1757), established the first medical school in the American colonies (1765) and become the first American institution of higher education to be named a university (1779). Today Penn offers degrees in four undergraduate schools and 12 graduate and professional schools with an enrollment of 25,007 students as of fall 2010.

The MPH program began at Penn in 2002 and admitted its first class of students in fall 2003. The MPH program is located within the Perelman School of Medicine (SOM), and is the academic arm of the Penn Center for Public Health Initiatives (CPHI) which was established in February 2007 as an interdisciplinary provostial center that engages constituents from all the schools that comprise Penn. The MPH program collaborates with a total of eight schools including the SOM, the School of Nursing, the School of Arts and Science, the School of Social Policy and Practice, the School of Veterinary Medicine, the School of Education, the Wharton School of Business and the School of Dental Medicine.

The MPH program was first accredited by CEPH in 2006 for a five-year term with interim reporting due in fall 2008. This is the program's second review for accreditation.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the Penn MPH program. Penn is accredited by the Middle States Commission on Higher Education. The university has been accredited since 1921. The MPH program has the same rights, privileges and status as other professional programs in the university. All MPH degrees offered by the program are structured with an ecological perspective. The Center for Public Health Initiatives (CPHI), multidisciplinary faculty and cross-fertilization between eight schools at Penn are evidence of the program's aims to promote multidisciplinary collaboration and foster professional public health values. The program currently receives funding from tuition, application fees, endowment, SOM contributed tuition, SOM in-kind space renovation support and SOM in-kind administrative support. 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 eight schools.

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 University of Pennsylvania MPH program is to leverage the resources and environment of a premier research university to prepare the next generation of public health leaders through instruction, research and community service. The MPH faculty guides a culturally inclusive body of superior students with diverse educational backgrounds and experience in the acquisition of innovative methodologies designed to assess, plan, implement, evaluate and disseminate strategies to address population health needs, inform public debate and policymaking and optimize conditions for healthy living locally, nationally and globally.

Six goals are in place for each major function: instruction, research and community service and provide grounding for the program's activities. In addition, a seventh goal regarding diversity is in place for the program. Two goals reflect a strong commitment towards instruction so that students may acquire skills and competencies and disseminate public health interventions that will improve society's health. Two goals reflect a desire to have faculty and students engaged in research locally, nationally and globally. The service goals outline a commitment to build collaboration and interaction with government agencies, academic and professional organizations, and non-profit organizations to improve public health in an atmosphere of social justice and trust. Finally, the diversity goal strives to recruit a student body diverse in training and experience that will graduate with the MPH degree and be employed in public health practice, education and research. Thirty objectives quantify and support the goal statements.

The mission, goals and objectives were formed via collaborative discussion and input from faculty, students and staff. The MPH program mission, goals and objectives are published on the program website and listed in the MPH program student handbook and advising manual.

The program's values were formed via collaborative discussion and input from faculty, students and staff. Currently, the MPH program is guided by the following public health values:

- Integration of a diversity of disciplines toward the identification, investigation and resolution of health problems at the local, national and global level.
- Recognition that community health is a public good, to be valued as highly as individual health.
- Respect for diversity, self-determination, empowerment and community participation in collaborative, multi-disciplinary efforts to promote health as a public good.

Site visitors learned from students that they “feel the MPH program’s flexibility and accessibility allows them to be successful and take an inter-disciplinary approach to pursuing their own special interest areas.”

1.2 Evaluation and Planning.

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

This criterion is met with commentary. The program uses a systematic approach with continuous review of quantitative and qualitative evaluation data and takes action on an ongoing basis to address problems and achieve excellence. The program administration works with the program’s standing committees to identify relevant data elements, assess data and recommend actions. Data of particular interest include student assessments of courses, student and faculty assessments of attainment of public health competencies, student assessment of overall program quality, alumni assessment of program quality, publications and awards, recruitment and retention of students, student and faculty diversity and community involvement.

The program has outcome measures with established targets for each program goal. Except for new outcome measures identified for academic year 2011-2012, most outcome measures present data for the past four academic years. In most cases, targets for the 30 outcome measures were met or exceeded.

The program provided a comprehensive and analytical self-study document. Development of the self-study was primarily the work of the program director, director of educational development and the associate director. Core MPH faculty, core CPHI faculty and external advisors provided input. Draft sections of the self-study document received review, comment and input by core faculty. The final document was posted for viewing by students, alumni and community partners. During the site visit, several alumni reported receiving and/or reviewing the self-study document, but not being asked to provide input.

The program has addressed all recommendations from the last accreditation review. The CPHI was created as an institutional home for the MPH program. The Curriculum Committee strengthened the integration of public health practice into the capstone experience. The program established a strong set of outcome measures with targets and documented consistent assessment of those measures.

The program does identify the workgroups facilitated by the CPHI as local area community advisors that “help to include community organization suggestions into future program efforts at Penn,” but the workgroup’s contribution to program evaluation and planning could not be confirmed during the site visit. No local non-faculty preceptors, public health leaders or community organization leaders participated in

the site visit sessions. One international practicum preceptor did participate by conference call: only one MPH student had completed her capstone fieldwork at this site.

The commentary is the program did not present evidence of meaningful engagement of non-faculty community partners, including community preceptors and leaders of the public health practice community, in program evaluation and improvement. The program has made a commitment to a continued process of refinement and realignment of the goals and objectives in the upcoming year. The planned engagement of the larger teaching constituency in providing input for program evaluation, planning and improvement is appropriate, but not sufficient, to demonstrate engagement of the community and local public health practice constituencies. The program's response to the team's report indicates that, starting September 2012, community professionals and alumni will be serving on MPH standing committees, participating in the governance process, increasing efforts to partner with relevant community advisory boards and other community entities.

An additional commentary relates to the objectives that the program has developed and implemented. Although the objectives are measurable and aid in gauging process, many of them are binary (yes/no). The current objectives provide grounding and a general sense of direction to the program; however, they do not provide a tool to truly measure the success of the program. The planned realignment should include revising the objectives so that they look forward with specific suggestions for improvement that can be measured on a regular basis.

1.3 Institutional Environment.

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

This criterion is met. The University of Pennsylvania is accredited by the Middle States Commission on Higher Education. The university has been accredited since 1921. The university is located in Philadelphia, PA and traces its heritage to 1740. Penn offers degrees in four undergraduate schools and 12 graduate and professional schools. Figure 1 presents the Penn organizational structure.

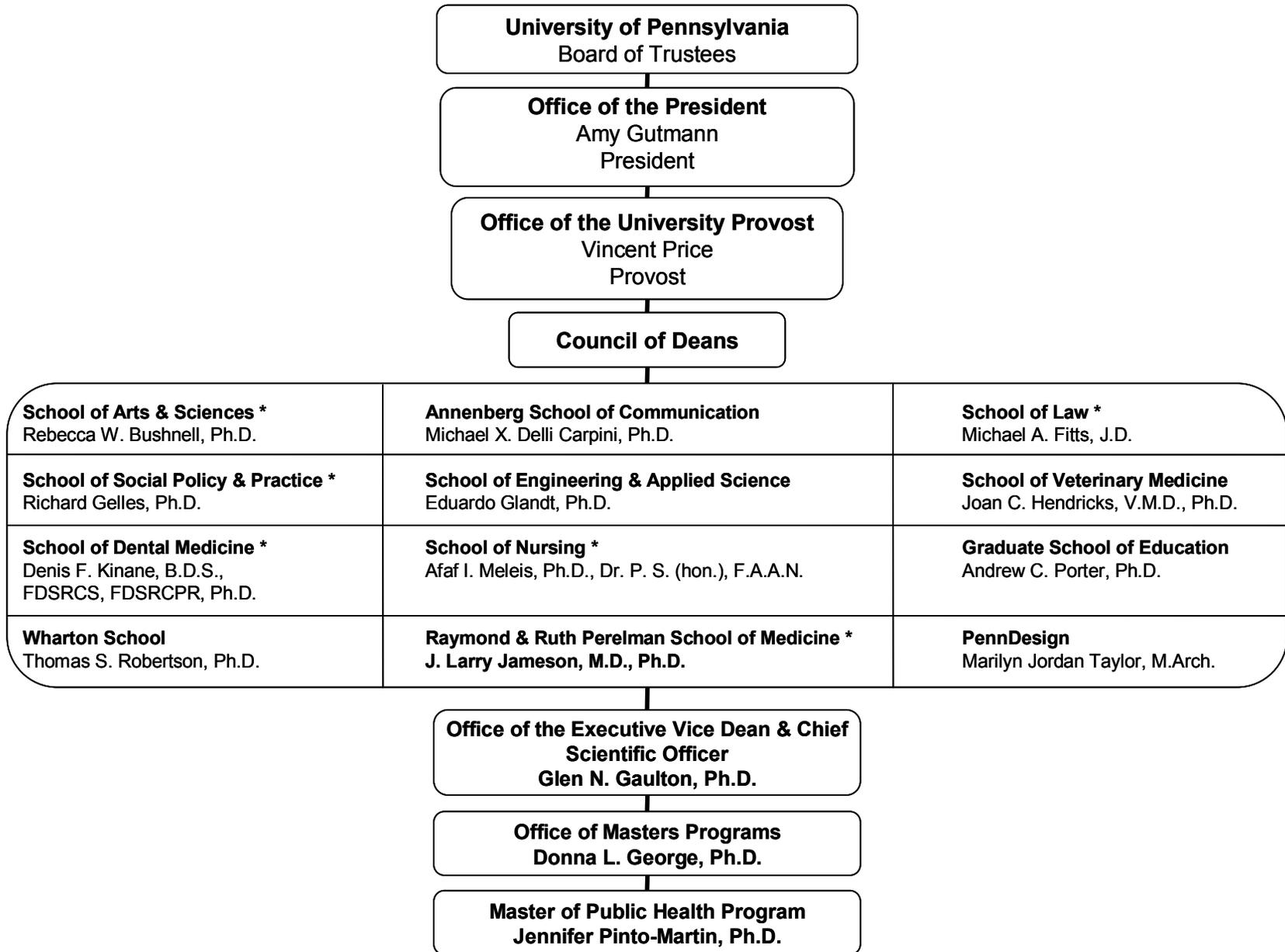
The MPH program began at Penn in 2002 and admitted its first class of students in fall 2003. The MPH program is located within the Perelman School of Medicine (SOM); and is the academic arm of the Penn Center for Public Health Initiatives (CPHI) which was established in February 2007 as an interdisciplinary provostial center that engages constituents from all the schools that comprise Penn. The MPH program collaborates with a total of eight schools which includes the SOM, the School of Nursing, the School of Arts and Science, the School of Social Policy and Practice, the School of Veterinary Medicine, the School of Education, the Wharton School of Business and School of Dental Medicine.

The president is the university's chief executive and has responsibility for the operation of the university in conformity with the purposes and policies determined by the Board of Trustees. The provost reports directly to the president of Penn and is the officer responsible for the conduct, coordination and quality of the university's academic programs and for future development. The provost also oversees academic program standards and the admissions process. All deans at Penn report to the provost. Since the MPH program is the academic arm of the Penn CPHI, the MPH director reports to the CPHI director and the Office of the Chief Scientific Officer for the SOM through the Director of the Office of Masters Programs. The MPH director also reports to the dean of the School of Nursing since she is chair of the Department of Biobehavioral Health Sciences in the School of Nursing.

The budgetary process at the university is driven by the university wide formula of tuition dollars that is based on the teaching school, the home school and the provost's office. The provost, with guidance from the president, has ultimate authority for all academic budgets.

The program, as part of the university, has a well-specified governance structure which includes bylaws that delineate roles, responsibilities, rights and obligations of all parties. All university academic standards and policies, and recruitment and advancement procedures apply to faculty who participate in the MPH program and staff are hired via university human resource procedures and policies.

Figure 1. University of Pennsylvania Organizational Structure



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.

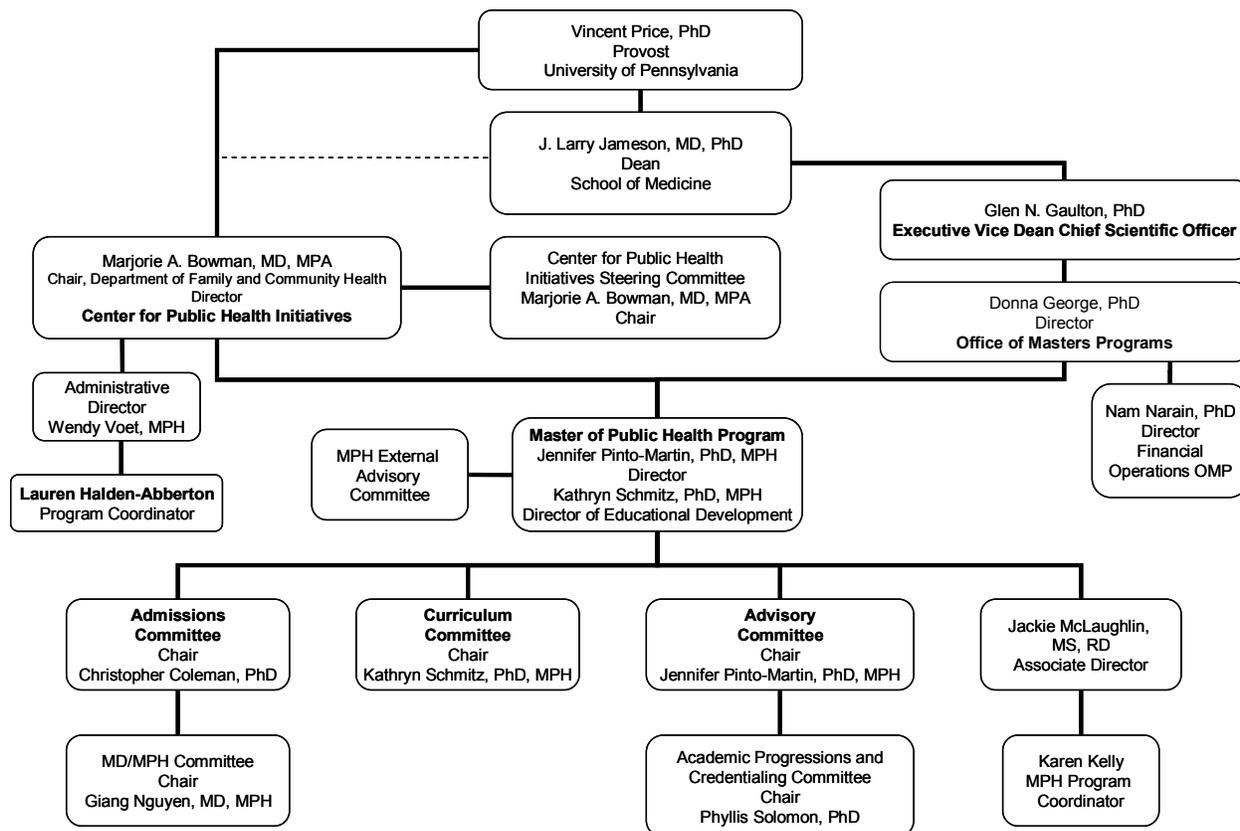
This criterion is met. Figure 2 presents the MPH program's organization within the CPHI. As discussed in Criterion 1.3, the MPH director has multiple lines of accountability through the CPHI's director, the Office of the Chief Scientific Officer for the SOM and through the director of the Office of Masters Programs. This reporting structure is to provide overall academic leadership and accountability of the MPH program. The MPH director is also the chair of the department of Biobehavioral Health Sciences in the School of Nursing and, as such, reports to the dean of the School of Nursing. In this role she provides academic and fiscal responsibility for the Department of Biobehavioral Health Sciences.

The MPH director provides overall leadership for the MPH program. She is assisted by the director for educational development, who has primary responsibility for curricular items, overall program implementation and student affairs. The director for educational development supervises the program coordinator, whose primary responsibility involves routine communication with potential applicants and students plus providing general administrative support. The associate director reports to the MPH director and manages key services and information related to administration of the MPH academic program; she also assists the director of educational development with curriculum-related issues.

The program facilitates interdisciplinary coordination, cooperation and collaboration via three areas: administration, curriculum and research. Administratively, the program's governance structure ensures cross-disciplinary effort as members of the MPH advisory committee come from eight different schools within the university and provide various training and disciplinary orientations. Similarly, the curriculum involves courses from faculty who are from various components of the university and yield a variety of disciplines and orientations. From a research standpoint, CHPI contributes ongoing support of interschool and interdisciplinary collaborations, and a target is that projects must have faculty from two or more schools; in academic year 2010-11, five projects were funded. The collaborative nature of the program also enables numerous research and service opportunities for students and faculty.

Appropriate written policies exist to ensure fair and ethical dealings for faculty, staff and students. These policies are readily available. A formal and structured process exists in which student grievances and complaints are addressed. There have been no formal grievances or complaints filed against the MPH program.

Figure 2. University of Pennsylvania MPH Program Organizational Structure



1.5 Governance.

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

This criterion is met. The program’s governance structure has three traditional standing committees (advisory, curriculum, and admissions) plus an external advisory committee consisting of faculty from other universities, and two ad hoc committees (academic progressions and credentialing subcommittee and the MD/MPH advisory committee).

Two students participate in both the Advisory Committee and the Curriculum Committee; students are non-voting members of standing and ad hoc committees, but they have a significant voice. Typically, students participate in the program’s planning and evaluation process in five ways: course and faculty evaluations, capstone logs, exit interviews, committee participation, and annual reports from the student government organization to MPH leadership.

The internal Advisory Committee is the central mechanism for planning and policy deliberations and decisions and provides program leadership with advice on all matters related to planning, implementation and evaluation of the program. Specifically, the Advisory Committee: 1) establishes policies to guide program implementation including approval of admissions criteria for free standing and joint MPH degree programs; 2) reviews and approves policies, procedures, and degree programs developed by the curriculum committee; 3) establishes criteria for faculty membership and membership renewal; 4) monitors the work of standing committees; 5) recruits faculty; and 6) develops liaisons with appropriate university centers and institutes. The committee is chaired by the MPH director. The Academic Progressions and Credentialing Subcommittee of the advisory committee provides guidance associated with monitoring student progress and related matters. The MD/MPH Advisory Committee is a subcommittee of the Admissions Committee and provides advice on the program's interface with the SOM including curricular integration, pre-screening and counseling of potential MD/MPH candidates.

Local area community advisors provide input into program policy through membership in workgroups convened by the CPHI and by participation in the annual CPHI retreat and the CPHI's community-driven research day.

The Admissions Committee reviews applications for admission and makes admission decisions. The MPH program director provides review and final accountability for admissions decisions. The committee consists of nine members from the schools of arts and sciences, nursing, veterinary medicine, medicine, dental medicine and education. The Curriculum Committee develops and evaluates the MPH program, develops curricular policies, develops and approves combined degree programs with other schools within Penn and provides guidance on student affairs and services. The committee consists of eight members and includes faculty and student representatives. The External Advisory Committee consists of three individuals from other universities who are viewed by the program as public health experts. They are appointed to review and comment on the ongoing evolution, development and implementation of the MPH program with an emphasis on mission and vision, quality of implementation, aligning the curriculum with accreditation standards, and advising on the accreditation process.

The program, in collaboration with the CPHI, convenes representatives from the practicing community within five workgroups each of which is aimed at enhancing public health program, service and research opportunities at the university plus improving community-academic partnerships. The workgroups also help to include community organization suggestions into the program.

A significant number of core and other program faculty have or currently hold membership on university committees. Many of these individuals hold multiple memberships on university-wide committees. These

considerable memberships provide the program with opportunities to contribute in a meaningful fashion to the university and enable the program to be recognized throughout the university.

1.6 Resources.

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

This criterion is met. The program's budget is provided by the SOM. The MPH program is located within the SOM's CPHI; the MPH director reports to the CPHI director. The program's budget is developed by the CPHI director with input from the MPH director, the associate director and the director of financial operations of the Office of Masters Programs.

Table 1 presents the program's budget for FY 2006 – FY 2011.

Source of Funds	Year1 (06-07)	Year 2 (07-08)	Year 3 (08-09)	Year 4 (09-10)	Year 5 (10-11)
Tuition & Fees	\$356,574	\$549,348	\$807,612	\$744,948	\$1,013,065
State Appropriation	NA	NA	NA	NA	NA
Grants/Contracts	NA	NA	NA	\$13,630	NA
Indirect Cost Recovery	NA	NA	NA	\$1,263	NA
Endowment (spent)	NA	NA	NA	\$10,000	\$20,000
Gifts	NA	NA	NA	NA	NA
Application fees	\$2,475	\$3,665	\$7,415	\$7,000	\$10,510
School of Medicine contributed tuition	\$119,049	\$98,030	\$153,487	\$90,980	\$114,870
School of Medicine in-kind space renovation support			\$45,000	\$55,000	\$180,000
School of Medicine in-kind administrative support (estimated)	\$115,000	\$115,000	\$115,000	\$115,000	\$115,000
Expenditures	Year1 (06-07)	Year 2 (07-08)	Year 3 (08-09)	Year 4 (09-10)	Year 5 (10-11)
Faculty Salaries & Benefits	\$23,160	\$156,841	\$444,411	\$436,628	\$485,327
Staff Salaries & Benefits	\$110,879	\$173,897	\$192,344	\$192,485	\$200,272
Operations	\$35,770	\$34,345	\$49,349	\$45,075	\$73,503
Travel	\$3,500	\$5,000	NA	\$8,447	\$4,556
Student Support (mostly supported through employee benefits, also fellowships, TA's, scholarships)*	\$259,973	\$224,920	\$396,142	\$262,052	\$396,661
SOM Office Masters Program Staff Salary & Benefits (estimated)	\$115,000	\$115,000	\$115,000	\$115,000	\$115,000
Ongoing Space Renovations for MPH/CPHI	NA	NA	\$45,000	\$55,000	\$180,000

*Student support that comes from employee benefits is not directly in the MPH budget. This money is also a portion of the tuition dollars that comes to the MPH program.

Funds that support the program have increased rather substantially over the past five years, more than doubling from \$593,098 in 2006-07 to \$1,453,445 in 2010-11. The main source of program income

derives from tuition revenue which, over the past five years, has increased almost three times from \$356,574 in 2006-07 to \$1,013,065 in 2010-11.

The program has 16 primary faculty plus 14 secondary and adjunct faculty active during the 2010-11 academic year. Of the 16 primary faculty, four are associated with the global health specialty area, four with the environmental health specialty and eight with the generalist area. Of the 14 secondary faculty active in 2010-11, nine are associated with the generalist degree, three with environmental health and two with global health. The student-faculty ratio (SFR) related to primary faculty for the generalist degree is 7.3 in 2010-11 and 4.9 when total faculty is considered. The SFRs for the global health specialty for the same time period was 3.2 and 2.8 respectively; it is noted that the environmental health specialty area began in 2009-10, but no students specialized in that concentration during that academic year or in 2010-11. The interdisciplinary mix of the faculty is viewed as a program strength by faculty, students and senior school and university administrators.

The MPH program has offices in the CPHI, and there is ongoing renovation that will provide additional space for core CPHI faculty. During the site visit, students noted that they do not have a space (eg, student lounge) where they can get together for discussions, or group projects. Students and faculty interviewed during the site visit indicated that computer and related resources were adequate to their needs as were library/information resources, though students stated a need to have required software readily available. The program has significant relationships with numerous community, national and international resources for teaching, research and service. Faculty, students, and alumni view these relationships as a strength of the program.

The site visit team noted a concern relating to faculty resources in the global health and environmental health concentrations, which were thought to be only minimally compliant. According to the self-study, Table 4.1.a. identified four individuals associated with global health, but the full-time equivalency equals only 2.2 faculty. Similarly, Table 4.1.a. showed that the environmental health concentration has four individuals but only two full-time equivalents. It was also noted that one of the primary faculty listed for the generalist concentration in Table 4.1.a. is shown as contributing 40% time. However, upon recalculation and additional information provided by the program, faculty resources were deemed adequate. The global health concentration has 4 faculty with 3.0 FTE; the environmental health concentration has five faculty with 3.1 FTE.

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 three MPH concentrations. Table 2 presents the program's degree offerings. The MPH generalist degree requires the following requirements: 24 credits of public health core courses (the five core areas of public health and PUBH 500 Introduction to Public Health, PUBH 506 Methods for Public Health Practice and PUBH 507 Ethics, Policy and Public Health), six credits of approved public health electives (PUBH prefix-sub list); six credits of university-wide MPH approved electives and six credits of integrative field experience/capstone. Generalist students are required to seek the approval of all electives from their program advisor or academic advisor. The MPH global health concentration requires the following requirements: 24 credits of public health core courses, nine credits of concentration-specific courses, three credits of approved public health electives (PUBH prefix-sub list) and six credits of integrative field experience/capstone. During 2009 and 2010 global health students completed PUBH 519 Issues in Global Health as their basic introduction to public health instead of PUBH 500 Introduction to Public Health. As of the fall 2011 semester this concentration has been modified as global health students are now required to complete PUBH 500 Introduction to Public Health as their basic introduction to public health. The MPH environmental health concentration requires the following requirements: 24 credits of public health core courses, 12 credits of concentration-specific courses and six credits of integrative field experience/capstone. The program also offers eight joint degrees further described in Criterion 2.10.

Table 2. Degrees Offered		
	Academic	Professional
Masters Degrees		
Generalist		MPH
Global Health		MPH
Environmental Health		MPH
Joint Degrees		
School of Medicine		MPH/MD
School of Medicine		MPH/MSCE
School of Social Policy and Practice		MPH/MSW
School of Law		MPH/JD
School of Nursing		MPH/MSN
School of Dental Medicine		MPH/DMD
School of Medicine		MPH/MBE
Various		MPH/PhD

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 three concentrations requires the completion of 42 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 course unit as one course that meets three hours per week of class time or four hours of lab time, over a 14 week semester. This course unit is equivalent to three academic credits.

The MPH program allows students to transfer up to two graduate level credits from an accredited program outside of the university. Transfer credit may not be applied to the public health core courses but may be applied to the electives if approved by the MPH advisor. Only classes awarded a letter grade of B (3.0) or better and completed within three years or less are considered for transfer credit. In the last three years, four students received approval to transfer a total of 5.5 course units.

2.3 Public Health Core Knowledge.

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

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

- PUBH 501: Introductory Biostatistics
- PUBH 502: Introductory Epidemiology
- PUBH 503: Environmental and Occupational Health
- PUBH 504: Social and Behavioral Sciences in Public Health
- PUBH 505: Public Health Policy and Administration

The four required courses are PUBH 500 Introduction to Public Health, PUBH 506 Methods for Public Health Practice, PUBH 507 Ethics, Policy and Public Health and PUBH 508 Integrative Field Experience (capstone). No waivers are given for core courses.

The commentary relates to the required basic public health knowledge area of health services administration which consists, of “planning, organization, administration, management, evaluation and policy analysis of health and public health programs.” PUBH 505, Introduction to Public Health Policy and Management, (sometimes referred to as Introduction to Public Health Policy and Administration) is identified by the program as meeting this requirement, but a review of its syllabus plus Blackboard presentations reveals that overwhelmingly the course content focuses on health policy.

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 practicum experience identified by the program, which is required of all MPH students, is structured as PUBH 508 Integrative Field Experience (Capstone), a sequential 2.0 unit course over two semesters. The program describes criteria, procedures and required documentation for the practicum. The student handbook devotes one page to the capstone integrative experience that is described as “a guided research or service project that incorporates the MPH student’s non-didactic practice (field) experience with their culminating project.” The student handbook identifies a requirement of no less than 108 hours of fieldwork in a community setting: students must keep a project journal and document their hours in the field. A sample capstone approval form and a capstone summary form are in the student handbook. The course syllabus for PUBH 508 identifies course objectives, teaching methods, evaluation methods, specific expectations, assignments, and requirements for class presentations and written reports. The information in the course syllabus focuses exclusively on the capstone project.

Through CPHI seminars, brown bag lunches with faculty, program faculty, community partner-identified projects, and lists of previous successful sites, students are exposed to a range of opportunities. Practicum placements are tailored to the students' needs and long-term career objectives and to meet the needs of the community partners. The capstone course directors have the primary responsibility for evaluating the appropriateness of a practice site and for assuring that the student has a capstone plan that meets the needs of the host agency or organization. The capstone course director and a capstone mentor, who are both MPH faculty, advise the student and supervise the practice placement. There is a field or community preceptor identified at the practice site.

During the past two academic years, 45 students were placed in practice sites. Each student had a unique placement. The practice sites included placements with local or regional community service organizations, city and state agencies and national and international agencies and organizations. Several students had practice sites out of the local area (eg, Wake County, North Carolina and Managua, Nicaragua). Based on site name alone, only four practice sites appeared potentially to be limited to activities within clinical or research programs at the university. One student has requested and received a waiver of the requirement to integrate the practice and culminating project experience. The student's culminating experience was a public health epidemiologic research project without a related practice placement. The student did complete an independent study of 150 hours of supervised fieldwork with the Philadelphia Department of Public Health.

The capstone director and capstone mentor have an end-of-semester conference to review each student's fieldwork log and assess their fieldwork experience. Evaluation of the practice placement sites is conducted through: student weekly updates in capstone seminar, fieldwork log, and "documentation of development in public health competencies through the process of peer-mentorship and coaching from capstone course directors, capstone mentor and community preceptor." On the capstone summary form, the community preceptor is asked to "please use the back of this form to briefly describe this student's performance during the capstone experience." After the student successfully completes all capstone requirements and presents the work to the MPH community, the student receives one letter grade for both semesters of the PUBH 508 course. In the syllabus, the fieldwork experience has no identified weighting in determining the letter grade. The student evaluation of the fieldwork placement form asks students to provide narrative descriptions of assigned responsibilities and duties, the public health impact or benefit of the project, lessons learned, public health competencies gained and recommendations. The program provided no well-delineated structure for the student, capstone course director, capstone mentor or fieldwork preceptor to evaluate the student's fieldwork experience and the student's ability to demonstrate practical skills in the expected MPH core public health competencies.

The first concern relates to the minimal time required of students at the practice placement site itself. During the site visit, the program provided four fieldwork logs for review. Two logs primarily documented fieldwork that related to the capstone project, such as time spent on literature reviews, protocol development and data analyses. One student documented fieldwork that was completed at home. One fieldwork log documented experience shadowing Peace Corps volunteers in Nicaragua. During the meeting with students, one student reported that students understand that their fieldwork hours are to include the time required to meet with faculty and advisors to develop the project, develop a protocol, prepare an institutional review board application and perform analyses. The self-study provided one example of a student evaluation of fieldwork placement that documented the practice experiences, but this example was for the student who had the waiver of the fieldwork component of the capstone and did the field work as an independent study.

The program does include practice-based learning as components of two additional courses that are core courses for all three tracks: PUBH 500 Introduction to Public Health and PUBH 506 Methods for Public Health Practice. During these courses, students work in teams to gain experience in identifying, analyzing and evaluating prevention and population health problems from a practice perspective.

The second concern relates to the overall policies and procedures of the fieldwork/practice component of the capstone experience, PUBH 508 Integrative Field Experience, which does not clearly define or require a planned, supervised and evaluated practice experience that would allow a student to demonstrate skills in basic public health concepts. The program identifies and students participate in

range of capstone projects with organizations that appear to have the potential to offer a significant practice experience. While some students successfully achieved integration of their capstone project with significant practice experiences at their field sites, other students appear to have fieldwork that is limited to completion of the capstone project. The practice component of the experience lacks well-defined learning objectives, procedures and criteria for evaluation of the each student's practice experience, including supervision and evaluation of that practice experience by a qualified preceptor who is a public health professional.

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. All MPH students are required to complete the culminating experience. Students are required to develop a project that is related to their fieldwork placement. Students are required to present the project idea to their capstone mentor (a MPH faculty member who agrees to work with the student and advises the student until the project is complete) and the capstone course instructor for approval. MPH students are encouraged to plan their capstone projects early in their courses of study and to discuss possibilities with their faculty advisories.

The culminating experience in the MPH program has the following components: 1) capstone seminars; 2) key literature review; 3) capstone project protocol oral presentation; 4) written capstone project protocol; 5) capstone progress report oral presentation; 6) final written capstone project report; and 7) final capstone project oral presentation.

Capstone seminars meet weekly for 14 weeks in both the spring and fall semesters and provide students with an environment for collaborative learning with the capstone instructor and fellow students completing their projects. Students are required to prepare a key literature review that has influenced their thinking, research question and approach to their capstone project and present it to the class during the seminar sessions. MPH students in their first semester of the capstone seminars are required to prepare and present a project protocol and progress report to their fellow students. Students are required to prepare and submit a formal protocol to the IRB and capstone instructor. Guidance and instruction for submitting protocols is provided to students. Students provide a capstone progress report oral presentation during their second semester which updates their instructor and fellow students on the progress of their project. Capstone students complete a final written capstone project report which may take the form of a case analysis, scientific paper or journal manuscript. The capstone instructor provides guidance and consultation regarding the best format for the written report. Finally, students prepare and give a final capstone project oral presentation to the capstone instructor, MPH faculty, fellow MPH students, community preceptors and capstone mentors.

Students receive a final letter grade at the completion of all the capstone requirements. The final grade is determined by the student's capstone mentor and capstone course instructor and grade determinations are based on: seminar attendance and participation; field study; oral presentation; written project and quality of peer review.

Students enrolled in the joint degree programs are required to complete a culminating experience in order to meet the 42 credit requirement of the MPH program. Students receive guidance from both faculty advisors in the joint degree programs.

The first concern relates to the evaluation of competencies for the culminating experience. In the present format of the capstone experience, students are only required to integrate the core competencies of the MPH program in their experience and there is no mention of track-specific competencies. The second concern is the lack of a standard rubric for the evaluation of the components of the capstone experience. The third concern relates to the ambiguity of the capstone experience that site visitors heard from alumni, who stated that it was difficult to understand the requirements of the capstone experience. The fourth concern relates to the planning of the capstone experience as site visitors learned from alumni that more guidance, explanation and expectations of the capstone should be furnished earlier in the MPH program so that students have more time to conceptualize and carry out their capstone experience. The site visit team also learned from alumni that clearly defining the practicum and capstone experiences as individual requirements would potentially aid future students in their learning experience and completion of these two requirements of the MPH program. At present, it is difficult to distinguish the two requirements. The final concern relates to the need for more formalized communication between the capstone instructor, capstone mentors and community preceptors, which their program mentions in the self-study as an area in need of improvement.

2.6 Required Competencies.

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

This criterion is met. The program has eight core public health competencies that are in common across the generalist, global health and environmental health tracks. The generalist concentration uses individualized competencies. In addition, there are seven competencies specific for the global health track and eight competencies specific for the environmental health track. Matrices cross-reference each competency with the program goals and with the required courses for the generalist, global health and environmental health tracks. Both the competencies and the matrices are in the student handbook and are reviewed by the associate program director at the students' first advising session. During the site visit, students and alumni reported that they were introduced to the competencies on the first day in the

program and recognized that competencies were implicitly or explicitly referenced throughout their time in the program.

The Curriculum Committee developed, and the Advisory Committee approved, the original competencies. On an annual basis, the director of educational development, associate director and director review the competencies. They obtain feedback from program leaders and community partners to help determine if revision of the competencies is required to maintain a responsive and current educational program. The Curriculum Committee would consider any proposed revision of the competencies and submit their recommendation to the Advisory Committee for final approval.

The site visit team had commented to the lack of track-specific competencies beyond the eight core public health competencies for students in the generalist track. Faculty and students report that more specific competencies are developed individually for each student based on extensive discussion between the student and the faculty advisor and/or faculty mentor which the team saw evidence of via documentation. These individual sets of competencies allow the student to focus their learning to best meet their career goals. The commentary related to the ability of the program and its faculty to sustain this commitment to planned individualized learning as the program grows. Especially if there is the expected growth in enrollment of dual degree students (e.g., MD-MPH students), development of generalist track-specific competencies for dual degree students may guide program planning and evaluation and student assessment. However, the program's response to the team's report documented the program's individualized approach to establishing generalist track competencies and the program's ability to meet student needs.

2.7 Assessment Procedures.

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

This criterion is partially met. The program uses various methods of assessing student performance: exams, oral presentations, group project participation, written papers and projects, class discussion, practicum and capstone experience. MPH students are required to maintain an overall grade point average of 3.0 (on a four-point scale). The Curriculum Committee instituted a new policy in fall 2011 that prohibits students from counting a C or lower in any course towards the MPH degree. Also, if the course is a required course, students need to repeat the course until a B- or better is achieved to complete the degree. These grade requirements are common to all tracks. Site visitors learned that in the last three years one student has been placed on academic probation and no students have been expelled from the program.

Faculty advisors monitor student progress. Students are assigned a primary academic advisor based on their MPH program track. Student progression of degree requirements is monitored every semester by

the program office. Also, the Academic Progressions Committee monitors student degree completion by:
1) observance by the program office that a student is having a problem with timely completion of degree
and 2) review of progression to approve graduation.

The program assesses student progress in achieving competencies during coursework, during the practicum and capstone and via self-assessment in an exit interview with the associate program director one month from graduating from the program.

The self-study provides graduation information for the time period of 2007 – 2011. The MPH program has achieved its target of 90% of MPH students graduate within five years of entering the program and combined degree MPH students complete both degrees.

The self-study presents summaries of data on graduate employment for the years 2007 – 2011. The top three destinations for MPH graduates during this time period were university/research, healthcare and further education.

The MPH program does track pass rate data for students who complete the Certified in Public Health Exam (CPH). To date there have been four alumni who have taken the exam. The alumni survey asks only if alumni have taken the exam. The survey shows that interest in taking the exam remains low due to cost, not being necessary for career or the plan to consider taking it at a later date.

The MPH program contacts graduates on a yearly basis and surveys their employment status and their perception of professional life since attaining the MPH. Twenty-three alumni responded to the 2010 survey. 76% of respondents reported that they are working in the field of public health. Twenty-one alumni responded to the question of a rating of the MPH program's impact on their ability to do current job. On a scale of one to 10, 17 alumni rated the program between a six and 10. Twenty-one alumni responded to the question of overall satisfaction with the MPH program since graduation; and 20 alumni rated the program between a five and 10.

The concern related to the lack of a system to perform a periodic assessment of employer feedback on graduates' ability to effectively perform the competencies in a practice setting. Site visitors learned that the Advisory Committee will develop a tool for collection of these data and that the tool will be implemented in 2012. As the program continues to grow and improve, it is paramount that employer feedback be gathered and analyzed in a systemic manner to effectively implement possible changes and allow for growth in the program. Also, due to the close proximity of several other MPH programs in the geographic area, it is vital that Penn survey employers so that it may learn of needed changes to the program to help with further recruitment of qualified MPH candidates. In the program's response to the

site visit team's report, data from the 2010 Training Needs Assessment of Local Health Departments in Pennsylvania was provided. However, the program still needs to implement appropriate training to address the identified needs and implement a plan for ongoing assessment.

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 eight joint degrees. All students in the joint degree programs are required to enroll in the generalist MPH degree. All applicants must apply to each degree program separately and be accepted to both the primary degree program and the MPH program in order to be eligible to complete the joint degree.

The joint degrees are as follows:

- An MPH with Doctor of Medicine (MD) degree granted from the Perelman School of Medicine
- An MPH with Master of Science in Clinical Epidemiology (MSCE) degree granted from the Perelman School of Medicine
- An MPH with Master of Social Work (MSW) degree granted from the School of Social Policy and Practice
- An MPH with Doctor of Jurisprudence (JD) granted from the School of Law
- An MPH with Master of Nursing (MSN) degree granted from the School of Nursing
- An MPH with Doctor of Medicine in Dentistry (DMD) granted from the School of Dental Medicine
- An MPH with Master of Bioethics (MBE) degree granted from the Perelman School of Medicine
- An MPH with PhD degree granted from any of the 12 schools at University of Pennsylvania

All joint degree students are required to complete the five core MPH courses, four required MPH classes and four course units of electives for a total of 42 credits for the MPH degree. MPH joint degree students may request a waiver of up to two MPH core courses when the primary program offers courses that are equivalent in terms of level, intensity, content and scope. All decisions about equivalences are made by the MPH Curriculum Committee after reviewing the course syllabus and in consultation with the MPH

course coordinator and curriculum committee member for the content area. The capstone experience cannot be waived.

The selection of the four course units of electives is approved by the MPH program advisor. Electives must be strongly related to the core disciplines of public health and provide the student with specialized knowledge in public health. Also, selection of electives is based on the individualized competencies that faculty and students agree upon which are outside of the eight core public health competencies found in the generalist track. The site visit team reviewed several individualized competencies that seemed appropriate for elective choices. The MPH four course units of electives requirement can also be met by the required or elective courses of the primary (home) program and MPH program advisor approval. Requirements for the home program (master's thesis, service project) may overlap the MPH capstone experience. The MPH program advisor and home program advisor must grant approval for this integration to occur in the capstone project.

Currently, there are 16 joint degree students and two pending approval. Students are enrolled in the following joint degree programs: MPH/MD, MPH/MSN, MPH/MSW, MPH/JD, MPH/PhD and MPH/DMD.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The university provides substantial resources to support faculty research, and MPH program faculty participate in the activities. New faculty are provided relief time from teaching and/or other responsibilities, and related financial support is provided by the individual schools that participate

in the MPH program. Indirect costs from grants and awards are frequently returned to individual departments per school policies which may or may not be provided to individual faculty for other research support depending upon departmental policy.

The program has an active research effort with grant awards increasing from over \$2.7 million in 2007-08 to over \$3.4 million in 2010-11, an increase of over 25%. A significant percentage of core faculty have grants from federal agencies (eg, HRSA, NIH, AHRQ, CDC, USDA, NIEHS), philanthropic organizations (eg, Avon Foundation, RWJ Foundation), plus the state government among other sources. The self-study described a number of community-based research endeavors that were verified during the site visit. Over 330 externally funded projects were reported by all MPH faculty (primary and secondary) over the past three years; of this number, 45% were community-based.

Students have the opportunity to become involved in research through independent study with a faculty mentor or through a research-based capstone experience.

One of the program's outcome measures associated with the research objective is the percent of MPH faculty actively engaged in community-based public health research. The program's target is 50%. Data presented in the self-study reveals that over the past four years the percentage has consistently increased from 58% (2007-08) to 84% (2010-11).

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. Community service is a component of the MPH program's mission statement. One of the MPH program's goals and its six objectives focuses on community service and outreach by program faculty, the program and the CPHI. A second program goal and its five objectives focuses on community service and outreach by and for MPH program students. Both goals have defined outcome measures.

For 2010-2011, 13 (87%) of 16 primary faculty reported participation on "external committees or boards related to public health as a primary public health resource for the university and the greater community." Nine primary faculty members specifically identified one or more public health service activities with local or state governmental or community organizations. Faculty reported similar levels of community service activities in 2008-2009 and 2009-2010. The CPHI is an additional platform for community service by the program and its faculty. CPHI worked with medical students to establish ServiceLink, which links Sayre Health Center clients with public benefits and specialty care services. CPHI facilitated the agreements that established a refugee health center staffed by global health residents.

In the admission process, the program requires “evidence of sufficient work or volunteer experience related to public health (eg, two years or more of post-baccalaureate experience in a health-related field)” but does not actively look for a history of community service. In addition to the community engagement and service that is part of the academic requirements; MPH students participate in organized service activities. The Penn Public Health Society, the MPH student government organization, organizes National Public Health Week activities on campus. The Penn Public Health Society submits an annual report of its activities. Students have volunteered at or participated in Give Kids Sight Day events, World Water Day, Jewish Relief Agency’s Philadelphia Cares, Walk Against Hunger and Philabundance. During the site visit, some students reported that it was difficult to participate in community service activities because of the need to balance their academic and full-time employment responsibilities.

3.3 Workforce Development.

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

This criterion is partially met. Through the CPHI, the program has provided continuing education opportunities for faculty, students and the community. CPHI facilitates an annual seminar series of research or other presentations by university faculty and/or community partners. These seminars regularly attract 40-100 attendees from across the university and the community: 30-40% of attendees are from public health or community organizations, such as the Philadelphia Department of Public Health, the Food Trust, the Maternity Care Coalition, the Public Health Management Corporation, and others. CPHI also offers the GIS and Public Health Summer Institute and the Winter Institute on Qualitative and Mixed Methods Research. Each of the past seven institutes averaged 16 attendees, including attendees drawn for public health and community service organizations. CPHI regularly seeks to evaluate the effectiveness of its continuing education programs and identify future needs through paper-based evaluations and web-based surveys during and after its continuing education and research day activities.

The program offers a public health certificate program, but it is open only to graduate or professional students at the university. PhD students in the biomedical graduate studies program of the SOM have been the primary participants in the certificate program. Certificate program students must successfully complete five core courses and one public health elective, or alternatively complete an independent study. A student who completes a certificate program may apply four courses toward the MPH degree, if he/she subsequently is accepted into the program.

The MPH program does allow non-degree students, who have a bachelor’s degree with a 3.3 minimum GPA, to take public health courses. Over the past three years, an average of 14 non-degree students

took a public health course each regular term. The program does not offer any non-degree distance learning opportunities.

The concern is that the program has not completed a formal needs assessment, or alternatively identified a needs assessment conducted by another organization, that assessed current competencies and training needs of the public health workforce in local and state government or with community organizations. As a result, the program does not know if it is addressing the needs of the large numbers of personnel engaged in public health practice without formal training and the needs of previously trained professionals who seek to maintain and advance their knowledge and skills. The new outcome measure “community partners will provide input into the MPH program via surveys to assure the academic program is relevant to community needs” during academic year 2011-2012 is appropriate, but not sufficient, as a needs assessment. The program may wish to partner with other MPH programs in the metropolitan area to complete the baseline workforce assessments and to develop, implement and evaluate the effectiveness of appropriate and accessible professional development activities for the public health workforce in the programs’ service area. The MPH director reported that the MPH programs in the region have worked collaboratively, most recently to offer a history of public health course that is co-taught by faculty from three MPH programs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has a clearly defined, multidisciplinary faculty with appropriate qualifications and relevant backgrounds including formal training in public health. Faculty are recruited and selected based on their academic preparation, teaching experience or potential for teaching, demonstrated research activity or research potential, and career experience. Of the 16 primary core faculty, 15 have doctoral degrees and one has an MPH degree. Five faculty members have the rank of professor, three are associate professors, four are assistant professors and four are lecturers. Seven faculty members are tenured, one is on the tenure track and eight are non-tenured. Of the latter, four are clinician educators (an academic title approved by the university) all of whom spend at least 50% time in the MPH program, three are lecturers and one currently has adjunct status and is undergoing review for promotion. The majority of the doctoral prepared primary core faculty have terminal degrees in an area related to public health.

The program integrates perspectives from the professional field of practice through: 1) relationships and partnerships with public health professionals who precept MPH student field experiences; 2) experienced

public health practitioners who teach or guest lecturer in public health courses; 3) CPHI retreats, speaker series and events such as community driven research day; and 4) research collaborations and CPHI workgroups.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The program does not have its own faculty policies and procedures, but is subject to the rules and regulations of the school of medicine and nursing along with six other schools depending on the primary appointment of the faculty member. The site visit team repeatedly heard that school policies and procedures vary in relation to teaching, research, and service and, therefore, there are no absolute or specific policies for the MPH program.

Policies and procedures along with operational guidelines have been established at each of the schools to recruit and appoint faculty, and to provide ongoing evaluation of faculty performance regarding promotion and tenure. These policies and practices are well defined and readily available to faculty. In addition, for those faculty who devote at least 50% time to the MPH program and have full-time appointments in the Department of Family Medicine in the SOM or in the Department of Biobehavioral Health Science in the School of Nursing, the respective department chairs provide an annual review of faculty performance and address performance specific to the MPH program; the review involves teaching, research and service.

Faculty services for development, instructional support, etc. range wide and include “Advance,” a program designed to mentor faculty in the essential skills needed to advance professionally including teaching excellence, research, and scientific writing among others. In addition, the medical school has a Center for Teaching and Learning to help faculty by providing insight via planned discussions with colleagues, instructional workshops, and individual consultation among other approaches.

Student evaluation of MPH courses is managed through the medical school, which uses the Oasis online student evaluation service. The results are reported to faculty and department chairs through the online system, HAMPSTER. The MPH program curriculum committee reviews the evaluation data and makes recommendations to relevant faculty and to the MPH advisory committee. Summary data are made available to students.

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. Of the 16 primary faculty members, two (13%) are from underrepresented minority groups. Considering the total faculty complement (16 primary plus 50 others), 53% are male and 47% are female. Of all males, six (17%) are from underrepresented minority groups. Considering all female faculty members, five (16%) are from underrepresented minority groups. Considering all 66 faculty members (primary plus others), 11 (17%) are from underrepresented minority groups. The site visit team verified that overall; the program's proportion of underrepresented faculty equals that of the university. Of the four full-time staff members, all are female and there are no underrepresented minority staff members.

The team noted that because many faculty in the program have their primary appointments in other department and schools, the program has little direct influence concerning the diversity of their faculty. The university recently developed a campaign to improve the diversity of its overall faculty which requires all schools to develop a specific plan to improve diversity in both hiring and retaining faculty.

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 an overarching goal to recruit "a culturally inclusive body of superior students with diverse training and experience who will attain the MPH degree and seek employment in public health practice, education and research." Admissions policies are detailed in the MPH program bylaws.

The MPH program shall seek students who have leadership potential and outstanding academic credentials. The ideal Penn MPH student shall have a well-defined concept of public health. It is preferred that each applicant have already chosen a career path involving a profession or discipline that is related to public health.... Priority shall be given to mid-career professionals and potential joint degree candidates from other Penn professional programs. The program will seek to admit a small proportion of exceptional recent graduates at the baccalaureate level.

The Admissions Committee is a standing committee of the program. The committee meets monthly January through June to review applications and make admission decisions on a rolling basis. The Admissions Committee also recommends changes in admissions policy and application requirements to the program directory for subsequent review and approval by the advisory committee.

Detailed application guidance and application forms are available by email and on the program website. The MPH program brochure and website serve as the primary recruitment resources. The program has various marketing items, including pens, water bottles, lanyards and tote bags, which are used at recruiting fairs and exhibits. The associate program director has primary responsibility for recruitment and

attends events at various schools within the university, at career fair events at other institutions of higher education in the region, and meetings of the American and Pennsylvania Public Health Associations.

The program did not identify enrollment goals for the MPH program overall or for specific program tracks. From 2007 through 2009, the program averaged 117 completed applications, 34 acceptances (29%) and 19 enrolled students (16%) students annually. In 2010, there were 105 completed applications: 80 students (76%) were accepted into the program and 33 students (31%) matriculated. In both 2009 and 2010, four students applied and four students were accepted and enrolled into the global health track. No students have applied for the environmental health track. For the past two academic years, approximately equal numbers of students have been enrolled as full-time students as were enrolled as part-time students.

The program's measures for success in recruiting a qualified student body are 1) a target of 90% of students graduating within five years of entering the program and combined degree students completing both degrees and 2) a target of 90% of students achieving a B or better in core MPH courses. The program has met those targets for each of the past four years. The program placed no students on academic probation in the last three academic years.

Site visitors learned from faculty of their belief that "public health at Penn is bringing together the best of all 12 schools to produce public health practitioners who are knowledgeable, well-trained, realistic, highly skilled, interdisciplinary in thought and prepared to change the world."

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 with commentary. The MPH program adheres to university policies, procedures and affirmative action plans. Penn does not discriminate on the basis of race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability or status as a Vietnam era veteran or disabled veteran in the administration of educational policies, programs or activities admission policies; scholarship and loan awards; athletic or other university administered programs; or employment. The seventh overarching goal for the MPH program includes "the Penn MPH recruits a culturally inclusive body of superior students with diverse training and experience..." with an objective to "employ diversity initiatives and strategies to recruit and advance the most talented students regardless or race, ethnicity and gender."

The program works with partner schools and programs across the university for recruiting a diverse student body. The program's associate director presents to the university's Minority Association for Pre-

health Students. The program waives application fees for the university's McNair Scholars and Gates Millennium Scholars and for applicants from historically black universities. Program leadership reported some success in identifying scholarship funds to assist underrepresented minorities who wish to matriculate.

The program has experienced an upward trend in the number of applicants for admission who self-identified as black or African American or as Asian Pacific Islander. Over the past three years, 8% of applicants, 7% of acceptances and 8% of enrolled students self-identified as black or African American; 10% of applicants, 11% of acceptances and 10% of enrolled students self-identified as Asian Pacific Islander. Students self-identified as Hispanic represented only 1.9% of applicants, 1.5% of accepted students and 1.6% of enrolled students over the past three years. During the three-year period, 7% of applicants were categorized as "unknown or other" with respect to race and ethnicity. For the past three academic years, 18% of applicants, 16% of acceptances and 18% of enrolled students were males.

The commentary relates to additional efforts needed by the program and the university to attract more Hispanic students to public health. While Hispanics represent 5% of Pennsylvania's population and 16% of the nation's population, only one Hispanic student was enrolled during the past three years.

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. During new student orientation, all students receive the student handbook and other resources. The student handbook briefly describes general guidelines on advising and identifies the primary advisor for each program track. There is a structured, well-documented advising manual for faculty advisors. The program director, associate director, all program faculty and program office staff have an open door policy for students to present student affairs issues and concerns at any time. During the site visit, students and alumni reported easy and frequent individual access to a range of faculty and program staff to assist them with program planning.

A representative from the university's career services attends new student orientation, and career services is listed in the handbook as one of the university's services and resources. Students receive a biweekly email digest of job listings from the CPHI. Both students and alumni reported easy and productive access to program faculty as resources and advisors for career planning. Several alumni reported that their faculty advisors continued to be important as mentors in their professional careers.

The commentary relates to the program's lack of a more structured evaluation of students' satisfaction with advising and career counseling services either during the students' time in the program, at exit

interviews, or through alumni surveys. The program does plan to add a question(s) on advising and career planning to the students' exit survey in spring 2012.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Pennsylvania MPH Program

October 10-11, 2011

Monday, October 10, 2011

- 8:00 am Site Visit Team Pick-Up from Hotel
Jackie McLaughlin
- 8:30 am Site Visit Team Request for Additional Documents and Resource File Review
Jackie McLaughlin
- 9:45 am Break
- 10:00 am Meeting with Program and Department Administration
Jennifer Pinto-Martin
Marjorie Bowman
Katie Schmitz
Shiriki Kumanyika
Jackie McLaughlin
- 11:15 am Resource File Review
- 11:45 am Break and Transition
- 12:00 pm Meeting with Institutional Academic Leadership/University Officials
Vincent Price
J. Larry Jameson
Glen Gaulton
- 12:30 pm Break and Transition
- 12:50 pm Lunch with Students
Nishika Vidanage
Sydney Axon
Michael Wu
Merlin Chowkwanyan
Laura Pollen
Vishnu Potluri
Lara Lechtenberg
- 1:50 pm Break
- 2:00 pm Meeting with Core Teaching Faculty and Part-Time Adjunct Faculty
Fran Barg
Charles Branas
Edward Emmett
Karen Glanz
JA Grisso
Giang Nguyen
Michael Blank
Arnold Rosoff
Susan Sorenson
Chanita Hughes-Halbert
Barrett Bridenhagen
Rosie Frasso
Wendy Voet
Neal Nathanson
Carolyn Cannuscio

3:30 pm Break

3:45 pm Meeting with Alumni
Erin Johnson
Vanessa Karamanian
Michael Harhay
Carly Chornobil
Wenjia Chen
Nicole Martin
Adrienne Wallace

4:45 pm Meeting with Jennifer Pinto-Martin

4:55 pm Resource File Review and Executive Session

5:30 pm Adjourn

Tuesday, October 11, 2011

8:00 am Site Visit Team Pick-Up from Hotel
Jackie McLaughlin

8:30 am Meeting with Community Representative and Preceptors
Belinda Forbes
Fran Barg
Anne Teitelman

9:30 am Executive Session and Report Preparation

11:15 am Break

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

12:15 pm Exit Interview
Jennifer Pinto-Martin
Marjorie Bowman
Katie Schmitz
Jackie McLaughlin
Shiriki Kumanyika
Arnold Rosoff
Giang Nguyen
Rosie Frasso