

FINAL CEPH REACCREDITATION SELF-STUDY DOCUMENT

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INTRODUCTION TO SELF-STUDY

This documentation is respectfully submitted by Dr. Jennifer Pinto-Martin, Director of the University of Pennsylvania Master of Public Health Program.

In preparation for the review by the University of Pennsylvania Office of Masters Programs, the MPH program undertook a self-study to evaluate the program as it is currently managed and configured. While the program was felt to have substantial strengths, areas of challenge were also identified.

The major strength of Penn's MPH program remains the interdisciplinary nature, with faculty from nearly all of the 12 schools at the University actively engaged in teaching, mentorship or committee work for the program. Given the complexity of health problems facing our nation and the world, this approach is both essential and practical, as it reflects the manner in which these problems must be addressed outside the walls of academia.

However, this very interdisciplinary nature also presents challenges in that it is difficult to identify and maintain a stable, core faculty to teach and guide the program as it grows. Currently, the program has 5 core faculty members, only two of whom are hired full-time by the Department of Family Medicine explicitly for covering the extensive teaching and administrative tasks of the program. The other faculty, both core and affiliated, have their primary appointments elsewhere and must balance their effort across two schools or departments. In addition, funding support from deans and department chairs is variable. Faculty in some departments and schools (such as the School of Nursing) have their MPH teaching recognized as part of their "teaching load." Other faculty must teach above their load and thus commitment to the course will waiver with increasing research or other teaching responsibilities that conflict with the overload in the MPH program. Without sustained MPH financial support to support dedicated core faculty, this will remain an ongoing challenge.

The ability of students to easily combine the MPH with a degree in medicine, nursing, social work, law or a PhD in another discipline (with only one year of additional coursework) is another clear strength of the Penn MPH program. The reduction of the required credits from 16 to 14 was accomplished in 2009 and has facilitated this process for students seeking a dual degree. As the first program to receive accreditation from the Council on Education in Public Health as an interdisciplinary program, this is a unique niche that must be marketed, nurtured and developed.

The program has made an effort to differentiate itself from the other many masters of public health programs in the Philadelphia area through the development of specialized tracks in global and environmental health, started in 2009. The goal is to grow these into signature areas for Penn's MPH program through encouraging faculty to utilize funded research activities as training ground for MPH capstone projects. This will require continued support and development to be fully realized.

The program's internal Advisory Committee has recently articulated a desire to embrace the idea of the translation of research into public health practice as a distinct and relevant part of its

overall mission. As the program is situated in a premier research institution and as the requirement of the articulation of this translation becomes a requirement of most federally funded research, this is an important area for growth and development.

The program continues to attract increasing numbers of students of increasingly high caliber and is currently stable with approximately 55-60 students (full and part-time). Decisions about further growth will be made in the context of faculty resources and will be carefully evaluated in the coming 1-2 years.

LIST OF ABBREVIATIONS

The following is a list of abbreviations used throughout this self-study document:

AACSB = Association to Advance Collegiate Schools of Business

ACGME = Accreditation Council for Graduate Medical Education

APHA = American Public Health Association

APTR = Association for Prevention Teaching and Research

AVMA = American Veterinary Medical Association

AY = Academic Year

BGS = Biomedical Graduate Studies

C-ChIPS = Center for Child Injury Prevention Science

CADDRE = Center of Excellence for Autism and Development Disabilities Research and Epidemiology

CBPR = Community-Based Participatory Research

CCEB = Center for Clinical Epidemiology and Biostatistics

CCNE = Commission on Collegiate Nursing Education

CCP = Netter Center for Community Partnerships

CDC = Centers for Disease Control and Prevention

CDRD = Community Driven Research Day

CEET = Center of Excellence in Environmental Toxicology

CEPH = Council on Education in Public Health

CHER = Center for Health Equity Research

CITI = Collaborative Institutional Training Initiative

CMHPSR = Center for Mental Health Policy and Services Research

CML = Cartographic Modeling Laboratory

COEC = Community Outreach and Engagement Core

CPH = Certified in Public Health Exam

CPHHD = Center for Population Health and Health Disparities

CPHI = Center for Public Health Initiatives

CSWE = Council on Social Work Education

DHHS = Department of Health and Human Services

EH = Environmental Health Track
EPA = Environmental Protection Agency
GEN = Generalist Track
GH = Global Health Track
GIS = Geographic Information Systems
GSE = Graduate School of Education
HIAS = Hebrew Immigrant Aid Society
HIPAA = Health Insurance Portability and Accountability Act
HRSA = Health Resources and Services Administration
HSOC = Health and Societies Scholars Program
MAPS = Minority Association for Pre-health Students
MPH = Master of Public Health
N/A = Not Any / Not Applicable (in Tables)
NIH = National Institutes of Health
NPHW = National Public Health Week
OIP = Office of International Programs
OMP = Office of Masters Programs
PCVPC = Philadelphia Collaborative Violence Prevention Center
Penn = University of Pennsylvania
PPHS = Penn Public Health Society
PUBH = Public Health
SAS = School of Arts and Sciences
SOD = School of Dental Medicine
SOIL = Sustainable Organic Integrated Livelihoods
SOM = School of Medicine
SON = School of Nursing
SP2 = School of Social Policy and Practice
SUMR = Summer Undergraduate Minority Research Program
UPHS = University of Pennsylvania Health System
URM = Underrepresented Minorities
YMCA = Young Men's Christian Association

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1.0 THE PUBLIC HEALTH PROGRAM

During the 2008-2009, 2009-2010, and 2010-2011 academic years, the University of Pennsylvania MPH Program engaged in an ongoing self-study process which included the following: a review of the program mission, goals and objectives; development of a set of values which guide the program; a thorough curriculum review; and establishing a strategic plan for the next three years. (See resource file for strategic plan.) That process and the outcomes are detailed below.

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.

Required Documentation:

a. A clear and concise mission statement for the program as a whole.

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.

The mission is designed to carry out the vision of the MPH program which is to generate a cadre of graduates who are informed in the translation of research into public health practice. These individuals will serve as the conduit through which research on issues of population health will be disseminated. They will identify stakeholders of the health research in question and determine how best to communicate those results in settings, formats, and language that are understandable, compelling and persuasive.

b. One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.

The overarching goals for the University of Pennsylvania MPH program are as follows:

1. The Penn MPH Program provides excellence in the quality of interdisciplinary instruction and scholarship which fosters critical reflection on the application of the public health paradigm, as well as skill acquisition and competency in key areas of public health practice and research, both current and emerging.
2. Penn MPH students acquire a comprehensive understanding of health promotion and disease prevention approaches, and obtain a solid grounding in methods to become innovators in conceptualizing, researching, implementing, evaluating, translating, and disseminating public health interventions that will inform public debate and policy making.
3. Penn MPH program faculty demonstrate critical interdisciplinary analysis and adaptation of the public health paradigm through research and scholarship that seeks to (a) find

- innovative ways of improving population health at various system levels, and (b) influence public policy development about local, national, and global health priorities.
4. Penn MPH program students demonstrate research knowledge through the application of basic principles and methods of population health research to advance scientific knowledge of the health of human populations locally, nationally, and around the world.
 5. The CPHI, MPH faculty, and MPH program stimulate interactions and collaborations across sectors, including government agencies, academic and professional organizations, as well as commercial and not-for-profit community agencies toward the goal of sustained commitment to the construction of healthy communities, locally, regionally, nationally, and globally.
 6. Penn MPH program students engage in collaborative public health approaches in community-based activities that foster equity, social justice, and relationships of mutual trust, toward the goal of enhancing and optimizing conditions for healthy living.
 7. The Penn MPH recruits 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.

C. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

As part of the ongoing self study process the MPH revised the original set of objectives which were established in 2005 and served to guide the program development in its early years. This set of original objectives (Appendix 1.1) were used as a springboard to launch a series of discussions and the development of the current set of objectives which guide the ongoing planning and evaluation process.

Educational objectives based on the first two goals:

1. The Penn MPH Program provides excellence in the quality of interdisciplinary instruction and scholarship which fosters critical reflection on the application of the public health paradigm, as well as skill acquisition and competency in key areas of public health practice and research, both current and emerging.
 - a. Curriculum committee conducts ongoing reviews and tracking of core competencies to provide an ongoing assessment of quality and assure relevance of the curriculum to current and emerging population health research, practice and policy issues.
 - b. Each incoming class will include interschool/interdisciplinary dual degree students.
 - c. Integrate evidence-based and problem-based learning across the core curriculum by AY 2010.
 - d. Core courses will be evaluated each academic year for “overall quality of the course” and “quality of the course director.” (Oasis scale of 1-5 with 5 as best).
2. Penn MPH students acquire a comprehensive understanding of health promotion and disease prevention approaches and obtain a solid grounding in methods to become innovators in conceptualizing, researching, implementing, evaluating, translating, and disseminating public health interventions that will inform public debate and policy making.
 - a. APHA code of ethics will be discussed in core PUBH courses.

- b. MPH students graduate within 5 years of entering the program and combined degree MPH students complete both degrees.
- c. MPH students will have community-based practice experiences as part of the capstone project.
- d. MPH students will achieve a B or better in core MPH courses.

Research objectives based on the third and fourth goals:

- 3. Penn MPH program faculty demonstrate critical interdisciplinary analysis and adaptation of the public health paradigm through research and scholarship that seeks to (a) find innovative ways of improving population health at various system levels, and (b) influence public policy development about local, national, and global health priorities.
 - a. MPH faculty actively engages in public health research, specifically in community-based research (defined as research that occurs in communities as opposed to clinics or laboratories, and may include community-based participatory elements).
 - b. The CPHI will contribute to ongoing support of interschool and interdisciplinary collaborations. (See descriptions in criterion 3.1.c and resource file.)
 - c. The MPH program and CPHI will recruit core public health faculty whose work focuses on community and population health across multiple schools.
- 4. Penn MPH program students demonstrate research knowledge through the application of basic principles and methods of population health research to advance scientific knowledge of the health of human populations locally, nationally, and around the world.
 - a. MPH students will be involved in research efforts of MPH faculty or CPHI fellows.
 - b. MPH students will be trained in the protection of human subjects and confidentiality of health information (HIPAA and CITI)
 - c. Research opportunities will be publicized to matriculated MPH students. (See resource file for examples of the biweekly digest.)
 - d. MPH students will present or publish research findings in seminars, community forums; public health research and practice related local, national and international meetings each year and/or publish their work in a peer reviewed journal each year.

Service and outreach objectives based on the fifth and sixth goals:

- 5. The CPHI, MPH faculty, and MPH Program stimulate interactions and collaborations across sectors, including government agencies, academic and professional organizations, as well as commercial and not-for-profit community agencies toward the goal of sustained commitment to the construction of healthy communities, locally, regionally, nationally, and globally.
 - a. MPH faculty will be asked to submit an annual report of service activities.
 - b. MPH faculty will participate on external committees or boards related to public health as a primary public health resource for the University and the greater community.
 - c. The CPHI will engage the community through sustained outreach efforts to provide opportunity for linking with Penn's public health community.

- d. Sustainability of public health initiatives led by Penn faculty and students and the adoption of those initiatives by the communities they were designed to serve will be assessed by the CPHI beginning academic year 2011-2012.
 - e. Two continuing education institutes will be offered by the CPHI each year.
 - f. MPH program will support development of undergraduate education in public health.
6. Penn MPH program students engage in collaborative public health approaches in community-based activities that foster equity, social justice, and relationships of mutual trust, toward the goal of enhancing and optimizing conditions for healthy living.
- a. Community partners will provide input into the MPH program via surveys to assure the academic program is relevant to community needs.
 - b. Focus groups will be conducted with community preceptors to assess their satisfaction with their interactions and engagement with MPH capstone projects.
 - c. MPH program will offer continuing education for non-degree students.
 - d. To increase interdisciplinary training in public health, the MPH program will offer a Certificate in Public Health to qualified students enrolled in other degree programs at Penn.
 - e. MPH students will be recognized for outstanding leadership and the vision and ability to make a difference in the health of a community via the Shiriki Kumanyika award.

In addition to the educational, research and service goals, the MPH Program has one additional programmatic goal (goal #7), on which the objectives below are based:

7. The Penn MPH recruits 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.
- a. Employ diversity initiatives and strategies to recruit and advance the most talented students regardless of race, ethnicity, and gender.
 - b. Accommodate working professionals and combined degree professional students.
 - c. Sustain communication and engagement with program alumni through the alumni survey (administered every 2 years).
 - d. Fund scholarships annually with partial tuition support for students with demonstrated financial need.

d. A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

As part of our ongoing evaluation process the mission, goals and objectives have been refined over the life of the program through a collaborative review process to reflect the stakeholders' shared vision and to assure means to accurately monitor and measure stated program objectives. A discussion of revising the mission, goals and objectives of the MPH program was introduced by the Associate Director as a meeting topic for the Advisory Committee, the Curriculum Committee, and the CPHI advisory committee in summer 2010. The Director of Educational Development wrote a first draft of a revised mission, goals and objectives statement in October 2010. This was reviewed and revised in multiple iterative steps by the former program director,

program director, associate director, advisory committee, curriculum committee, and the MPH faculty at large at in-person meetings and via email leading up to the visit from the external advisory committee in November 2010. The associate director, program director, former program director, and other MPH and CPHI leaders continued to discuss and revise the Mission, Goals, Objectives, and Vision statements through April 2011, as there was recognition during the self-study process of the need for further revisions.

The MPH program mission, goals and objectives are published on the program website at <http://www.publichealth.med.upenn.edu/> and listed in the MPH Program Student Handbook (Appendix 1.2) and Advising Manual (See resource file.)

e. A statement of values that guide the program, with a description of how the values are determined and operationalized.

The values statements for the MPH Program were determined through the same iterative process as were the mission, goals, and objectives, through collaborative discussion and with input from faculty, students, and staff.

These program values are consistent with the University's Penn Compact, to propel faculty, students, and staff at Penn to achieve worldwide distinction in path-breaking research, interdisciplinary scholarship and collaborative engagement locally and globally. The following values are operationalized through introduction in the core courses of the curriculum and through their application in the field experience and culminating experience.

Value #1: Integration of a diversity of disciplines toward the identification, investigation and resolution of health problems at the local, national, and global level.

Critical interdisciplinary analysis of the public health paradigm is an essential component of an MPH program that seeks to (a) find innovative ways of improving population health at various levels, and (b) influence public debate about local, national, and global health priorities. Penn's MPH Program encourages interdisciplinary thought and development of innovative solutions to address public health challenges through a variety of mechanisms, all at the core of the program, which include program administration, faculty and school engagement, student recruitment, public health partnership development, interdisciplinary, public health-focused events, and availability of multiple combined degrees. Participating schools include: Perelman School of Medicine, Nursing, Arts and Sciences, Social Work, Veterinary Medicine, Education, Wharton School of Business, and Dental Medicine. The MPH Advisory Committee includes representatives from each of these schools.

Value #2: Recognition that community health is a public good, to be valued as highly as individual health.

It is recognized that health-related research is disproportionately biomedical, focused on the health and health problems of individuals. We seek to promote funding and incentives for population-level research and community-based prevention research and to develop criteria for recognizing and rewarding faculty and student scholarship related to service activities that strengthen public health practice.

MPH graduates have enriched their existing discipline with interdisciplinary thought and made a strong impact on public health programming at Penn. For example, Dr. Joel Fein, a former MPH student at Penn who is also trained as an emergency physician, went on to start the interdisciplinary, interagency Philadelphia Collaborative Violence Prevention Center (PCVPC) (<http://stokes.chop.edu/programs/pcvpc/>) after he graduated from the program. This Center has raised the level of collaboration around violence prevention research across the city and in doing so has used a community-based participatory research approach that has enhanced community-academic relationships at the University.

Value #3: Respect for diversity, self-determination, empowerment and community participation in collaborative, multi-disciplinary efforts to promote health as a public good.

It is recognized that for communities to be healthy, there will need to be collaborative efforts on the part of government, academic, commercial and not-for-profit community organizations. Efforts on behalf of promoting healthy people in healthy communities must respect diversity, self-determination, and empowerment of the community and the individuals who live within the community. This focus is evident across the MPH curriculum, and reflected in CPHI sponsored public health events as well. One example is the CPHI Community Driven Research Day, which highlighted the research agenda of 24 local Philadelphia agencies. (See Appendix 1.3.) This initiative has contributed to strengthening the research skills of community members and has led to increasing the development of several new community oriented research teams and expanded the MPH Program's regional network of possible capstone sites for students.

Community Driven Research Day (CDRD) relates to diversity in a number of ways. First, priority was given to presenters who were representatives of small, grass-root community-based organizations in either the North or West Philadelphia regions. Thus, presenting organizations tended to serve low resource communities of color or diverse ethnicities, with a strong focus on meeting the needs of women. Examples of organizations that presented include:

- Black Women in Sport Foundation
- Community Ambassadors
- Philadelphia Area Black Radical Congress
- Women's Health and Environmental Network
- Nationalities Service Center

A full list of the 24 presenting organizations can be found in the resource file.

CDRD is an annual occurrence, so although the activity cited was the inaugural event, it will be held every year and is already in the planning stages for 2011. Also, a key part of the overall activity is a workshop, which precedes it, that is entitled "Research Readiness Training" and focuses on preparing community-based organizations to develop research questions, posters and related proposals. Additionally, as a follow up to CDRD, a call for proposals was issued to those organizations who presented and funding was dispersed to two of the projects exhibited at CDRD. The titles of the funded projects, which commenced activities on July 1, 2011 are:

- The Role of Money-Power-Respect in Teen Dating Violence (led by the Asia Adams Save OUR Children Foundation, <http://www.asiaadamssaveourchildren.org>)
- The Contribution of the Built Environment and Social Interventions to Reduce Violence and Enhance Health in Low Income At-Risk urban Families (led by ACHIEVEability, <http://www.achieveability.org>)

f. Assessment of the extent to which this criterion is met.

This criterion is partially met. The self study process brought out areas where the goals and objectives can be better aligned. A process for doing this will be undertaken in AY 2012.

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.

The MPH program's evaluation process occurs with input from the standing committees who oversee the overall assessment activities.

Required Documentation:

a. Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.

The MPH program adheres to a systematic approach with continuous review of the quantitative and qualitative evaluation data and takes action on an ongoing basis to address problems and achieve excellence. This process is guided by strategic planning and informed by the underlying set of values, mission and goals for the MPH program. The program administration works in tandem with the MPH standing committees to identify relevant data elements, assessing data, and recommending actions. Of particular interest are data on student assessment of courses (and course instructors), student and faculty assessments of attainment of public health competencies, student assessment of overall program quality, alumni assessment of program quality, publications and awards (students, faculty and staff), the recruitment and retention of students, student and faculty diversity, and community involvement.

In the fall of 2008 at the MPH faculty retreat, the faculty and program administration collectively embarked on a visioning exercise designed to inform the MPH program self assessment and 3-year planning process. Key areas of consideration included program implementation (vision, mission, goals, and values); admissions, recruitment and retention of students; curricular directions; faculty development; financial development; and student support (Appendix 1.4). A subsequent review of the curriculum was led by the curriculum committee to identify strengths and weaknesses across the curriculum. Two new tracks were added to the curriculum: global health and environmental health. Specialty training in global health was developed in response to student demands for global health content, and the environmental health track was developed in response to shortages in the workforce. The curriculum committee also approved a certificate in public health, which is available to graduate and professional students enrolled in other degree programs at Penn, as a means of increasing public health training across disciplines.

In most cases the Associate Director of the program is the point person for data collection regarding the evaluative process for ensuring outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. The manner in which these data are collected includes review of meeting minutes for all MPH committees, and discussion with MPH faculty and leadership (verbal and electronic) to clarify points that may relate to this process. Though the Associate Director collects data, it is the faculty in the committees who decide which data is to be collected and articulate the directions of change and growth for the program. The minutes of committee meetings include a record of decisions made by faculty regarding actions taken to ensure that the program is meeting its mission, goals and objectives. Faculty receive these minutes, and they are approved at the following meeting after an opportunity for revision.

All evaluation data are reviewed by the MPH program leadership and the appropriate committees. Course evaluations and student evaluations of faculty are reviewed by the MPH Program Director, the CPHI Director, and the curriculum committee with the Associate Director. Student comments on the course content and instruction are also shared with the individual course directors. Summaries of the exit interviews with graduating students and the alumni survey are also shared with the program leadership.

b. Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

The course evaluations are used to determine places where there is merit for course revisions in order to better meet our mission, goals and objectives. An iterative process is undertaken by the Chair of the Curriculum Committee, who is also the Director of Educational Development, to review core courses to ensure high academic rigor, responsiveness to student evaluations, and review of course materials with regard to mission, goals, and objectives. For example, in AY 2009, the Introduction to Public Health, Introduction to Principles and Methods of Epidemiology, and Methods for Public Health Practice courses were all reviewed. The process for this review started with student evaluations, review of syllabi, meetings with instructors, discussions of mission, goals and objectives, vetting the issues with instructors and the curriculum committee, and multiple meetings with course instructors to revise these courses. For AY 2010, three more courses will be reviewed and revised in a similar manner.

c. Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program’s performance must be provided for each of the last three years.

Table 1.2.c Outcome measures below provide an outline of the MPH Outcome Measures By Academic Year.

Outcome Measures for Goal #1: The Penn MPH Program provides excellence in the quality of interdisciplinary instruction and scholarship which fosters critical reflection on the application of the public health paradigm, as well as skill acquisition and competency in key areas of public health practice and research, both current and emerging.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
1.a Curriculum Committee conducts ongoing reviews and tracking of core competencies to provide an ongoing assessment of quality and assure relevance of the curriculum to current and emerging population health research, practice and policy issues.	100% of core courses and targeted electives are systematically reviewed by 2012.	4 meetings/year Courses reviewed: 508 522 598 501	5 meetings/year Courses reviewed: 506 525 526 527 537	3 meetings/year Courses reviewed: 508 507 538 529 500 502	4 meetings/year Courses reviewed: 508 501 500 502 506 520
1.b Each incoming class will include interschool/ interdisciplinary dual degree students.	Minimum 10% Dual degrees annually.	16%	14%	23%	22.5%

Outcome Measures for Goal #1: The Penn MPH Program provides excellence in the quality of interdisciplinary instruction and scholarship which fosters critical reflection on the application of the public health paradigm, as well as skill acquisition and competency in key areas of public health practice and research, both current and emerging.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
1.c Integrate evidence-based and problem-based learning across the core curriculum by AY 2010.	Integral to at least 50% of the core courses.	N/A	N/A	500, 502, 503, 504, 506, 507, 508 completed	500, 502, 503, 504, 506, 507, 508 completed
1.d Core courses will be evaluated each academic year for “overall quality of the course” and “quality of the course director”. (Oasis scale of 1-5 with 5 as best).	Quality of course and course directors will be 3.0 or above in 100% of core courses.	Oasis implemented 2008	100% core courses above 3.0/100% of course directors above 3.0	100% core courses above 3.0/100% of course directors above 3.0	100% core courses above 3.0/100% of course directors above 3.0

Outcome Measures for Goal #2: Penn MPH students acquire a comprehensive understanding of health promotion and disease prevention approaches, and obtain a solid grounding in methods to become innovators in conceptualizing, researching, implementing, evaluating, translating, and disseminating public health interventions that will inform public debate and policy making.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
2.a APHA code of ethics will be discussed in core PUBH courses.	At least 3 core courses.	500	500 502	500 502 506	500 502 506
2.b MPH students graduate within 5 years of entering the program and combined degree MPH students complete both degrees.	90% graduate within 5 years and 90% of dual degree students complete both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.
2.c MPH students will have community-based practice experiences as part of the capstone project.	100%	100% (One waiver granted)	100%	100%	100%
2.d MPH students will achieve a B or better in core MPH courses.	90%	97%	100%	100%	98%

Outcome Measures for Goal #3: Penn MPH program faculty demonstrate critical interdisciplinary analysis and adaptation of the public health paradigm through research and scholarship that seeks to (a) find innovative ways of improving population health at various system levels, and (b) influence public policy development about local, national, and global health priorities.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
3.a MPH faculty actively engage in public health research, specifically in community-based research (defined as research that	50% of the MPH faculty research efforts will be community based.	25/43 = 58%	27/43=63%	28/43= 65%	36/43= 84%

Outcome Measures for Goal #3: Penn MPH program faculty demonstrate critical interdisciplinary analysis and adaptation of the public health paradigm through research and scholarship that seeks to (a) find innovative ways of improving population health at various system levels, and (b) influence public policy development about local, national, and global health priorities.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
occurs in communities as opposed to clinics or laboratories, and may include community-based participatory elements).	Outcomes are based on a 66% response rate from faculty (43/65).	25/65 = 38%	27/65 = 42%	28/65 = 43%	36/65 = 55%
3.b The CPHI will contribute to ongoing support of interschool and interdisciplinary collaborations. (See descriptions in criterion 3.1.c and resource file.)	Projects must have faculty from 2 or more schools across the University.	2 funded projects	5 funded projects	6 funded projects	5 funded projects
3.c The MPH program and CPHI will recruit core public health faculty whose work focuses on community and population health across multiple schools.	50% of the teaching core will have cross-school appointments by 2012.	19% Cannuscio Pinto-Martin Bourgeois	25% Cannuscio Pinto-Martin Bourgeois Grisso	38% Cannuscio Pinto-Martin Bourgeois Grisso Glanz Schmitz	50% Cannuscio Pinto-Martin Bourgeois Grisso Glanz Schmitz Frasso Klusaritz

Outcome Measures for Goal #4: Penn MPH program students demonstrate research knowledge through the application of basic principles and methods of population health research to advance scientific knowledge of the health of human populations locally, nationally, and around the world.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
4.a MPH students will be involved in research efforts of MPH faculty or CPHI fellows.	50% of completed capstone projects directly involved with MPH faculty research.	3/7 capstones 43%	5/9 capstones 56%	9/21 capstones 43%	11/17 capstones 65%
4.b MPH students will be trained in the protection of human subjects and confidentiality of health information (HIPAA and CITI).	100%	100%	100%	100%	100%
4.c Research opportunities will be publicized to matriculated MPH students. (See resource file for examples of the biweekly digest.)	100% of MPH students receive a digest which lists opportunities, job postings, and events.	N/A	N/A	Implemented October 2009, biweekly	biweekly
4.d MPH students will present or publish research findings in seminars, community forums, public health research and practice related local, national and international meetings each year and/or publish their work in a peer reviewed journal each year.	10% of the current student body and alumni within 1 year of graduation (per student report).	6% public health meeting presentations 17% published in peer reviewed journals	0% public health meeting presentations 13% published in peer reviewed journals	4% public health meeting presentations 9% published in peer reviewed journals	7% public health meeting presentations 15% published in peer reviewed journals

Outcome Measures for Goal #5: The CPHI, MPH faculty, and MPH Program stimulate interactions and collaborations across sectors, including government agencies, academic and professional organizations, as well as commercial and not-for-profit community agencies toward the goal of sustained commitment to the construction of healthy communities, locally, regionally, nationally, and globally.

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
5.a MPH faculty will be asked to submit an annual report of service activities.	100%	50% response rate	35% response rate	64% response rate	38% response rate
5.b MPH faculty will participate on external committees or boards related to public health as a primary public health resource for the University and the greater community.	80% of "core teaching" faculty	3/5 core teaching faculty 60%	6/7 core teaching faculty 86%	13/14 core teaching faculty 93%	13/15 core teaching faculty 87%
5.c The CPHI will engage the community through sustained outreach efforts to provide opportunity for linking with Penn's public health community.	8 CPHI seminars per year (See Criterion 3.2.b.)	N/A	(7) Unnatural Causes: Exploring Equity through the PBS series	(11) Creative Action: The Arts in Public Health	(8) Crisis as Catalyst series
5.d Sustainability of public health initiatives led by Penn faculty and students and the adoption of those initiatives by the communities they were designed to serve will be assessed by the CPHI beginning academic year 2011-2012.	N/A	N/A	N/A	N/A	This will be assessed by the CPHI beginning academic year 2011-2012.
5.e Two continuing education institutes will be offered by the CPHI each year.	N/A	GIS = 23 attendees Winter = 14 attendees	GIS and Public Health = 18 attendees	GIS and Public Health = 13 attendees	GIS and Public Health = 10 attendees Winter = 22 attendees
5.f MPH program will support development of undergraduate education in public health.	Develop and teach an undergraduate course in public health.	N/A	N/A	Course development	HSOC 251 taught fall 2010 with 22 undergraduates enrolled.

Outcome Measures for Goal #6: Penn MPH program students engage in collaborative public health approaches in community-based activities that foster equity, social justice, and relationships of mutual trust, toward the goal of enhancing and optimizing conditions for healthy living.

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
6.a Community partners will provide input into the MPH program via surveys to assure the academic program is relevant to community needs.	This will be implemented for the 2011-2012 academic year.	N/A	N/A	N/A	N/A

Outcome Measures for Goal #6: Penn MPH program students engage in collaborative public health approaches in community-based activities that foster equity, social justice, and relationships of mutual trust, toward the goal of enhancing and optimizing conditions for healthy living.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
6.b Focus groups will be conducted with community preceptors to assess their interactions and engagement with MPH capstone projects.	Capstone course directors targeted this for the 2011-2012 academic year.	N/A	N/A	N/A	N/A
6.c MPH program will offer continuing education for non-degree students.	Yes, we screen and approve qualified non-degree students for PUBH courses.	17 non-degree students/course units taught	39 non-degree students/course units taught	42 non-degree students/course units taught	33 non-degree students/course units taught
6.d To increase interdisciplinary training in public health, the MPH program will offer a Certificate in Public Health to qualified students enrolled in other degree programs at Penn.	Yes, we screen and approve qualified students for the certificate in public health.	6 certificate students	13 certificate students	14 certificate students	19 certificate students
6.e MPH students will be recognized for outstanding leadership and the vision and ability to make a difference in the health of a community via the Shiriki Kumanyika award.	One award annually.	Shiriki Kumanyika Award Winner – Joanna Holsten	Shiriki Kumanyika Award Winner – Shally Iyer	Shiriki Kumanyika Award Winner – Adrienne Wallace	Shiriki Kumanyika Award Winner – Aqsa Durrani

Outcome Measures for Goal #7: The Penn MPH recruits 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.					
Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
7.a Employ diversity initiatives and strategies to recruit and advance the most talented students regardless of race, ethnicity, and gender.	Participate in a minimum of 3 recruiting events per year.	5 events	6 events	7 events	8 events
7.b Accommodate working professionals and combined degree professional students.	Aim to schedule most classes late afternoon to early evening.	90% of class times scheduled after 4:00 pm.	90% of class times scheduled after 4:00 pm.	90% of class times scheduled after 4:00 pm.	87% of class times scheduled after 4:00 pm.
7.c Sustain communication and engagement with program alumni through the alumni survey (administered every 2 years).	65% response rate	N/A	Alumni survey introduced with 36% response rate.	Survey refined and repeated with 49% response rate.	N/A
7.d Fund scholarships annually with partial tuition support for students with demonstrated financial need.	2 to 4 per year	n/a	4 awards (Addyson, Bleckman, Dewan, Iyer)	3 awards (Karamanian, Chornobil, Richardson)	2 awards (Tente and Fyda)

d. An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all

accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation criteria.

The regular committee meetings serve as opportunities to review mission, goals and objectives, including assessment of strengths and weaknesses. If there are weaknesses to address, decisions as to action items toward addressing these weaknesses are made at these meetings with follow-up by the associate director and decisions made either via email vote or at the subsequent meeting. As an example, course evaluations for two core courses revealed that there was overlap that had not been obvious based on syllabi and course materials. This weakness was addressed by meetings between the course instructors and the chair of the curriculum committee, further discussions about possible course changes that might resolve the issues, and eventually, approval of the revised course materials by the curriculum committee.

e. An analysis of the program's responses to recommendations in the last accreditation report (if any).

The MPH program has addressed all recommendations from the last accreditation period. The Center for Public Health Initiatives was created as an institutional home for the MPH program within the university. In addition to serving as an institutional home, the CPHI also creates opportunities for leadership in public health across the university, provides continuing education opportunities and service opportunities for faculty and students, creates greater community access, and provides community input into public health across the university and specifically to the MPH program. All of these activities contribute to a formal public health identity at Penn. Opportunities to integrate public health practice into the capstone have been strengthened by the curriculum committee and an expanded community partnership network with the CPHI. MPH faculty may now be hired directly through the Perelman School of Medicine's Department of Family and Community Medicine and the School of Nursing's Department of Biobehavioral Health Science. The MPH program has been successful in obtaining HRSA funds to provide partial support for students who are interested in environmental health, and the MPH program offers 2-4 scholarships per year to MPH students, plus a level of funding to support travel for at least one MPH student in global health. These changes have brought stability and improved teaching capacity and advising capacity to the program. Together with the acquisition of on-campus space for the program, this has led to improved visibility and a sense of belonging for the students and faculty.

f. A description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.

The preliminary self study document was drafted by the Director, Director of Educational Development, and Associate Director with input from core MPH faculty, core CPHI faculty, External Advisors, and MPH students. Sections of the draft were circulated to core faculty for input and comment, and a final document was posted for input from administration, students and external advisors.

g. Assessment of the extent to which this criterion is met.

This criterion is met. However, as mentioned above, there will be a continued process of refinement and realignment of the goals and objectives in the upcoming year. The self-study will be used as a living document to assist in program development moving forward, as was done with the last self-study. Issues that have been raised as areas of concern by faculty, students and administration have already begun to be addressed by existing committees, and plans for remediation and change are being put into place. The challenges of securing input from a diverse and widely dispersed associated faculty will be addressed by initiating more frequent all-faculty meetings for the MPH program. These meetings have tended to include mainly core faculty, and it is necessary to engage the larger teaching constituency to ensure adequate input in the discussions and decisions. Students have established a strong voice in the program, and a representative is always invited to attend administrative meetings and faculty meetings to provide student input.

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

Required Documentation:

a. A brief description of the institution in which the program is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

The University of Pennsylvania is fully accredited by the Middle States Commission on Higher Education in the state of Pennsylvania. In addition, the Perelman School of Medicine, the home school for the MPH Program, is accredited by the Liaison Committee on Medical Education; the School of Social Policy and Practice is accredited by the Council on Social Work Education (CSWE); School of Veterinary Medicine is accredited by the AVMA Center for Veterinary Education Accreditation; the Wharton School of Business is accredited by AACSB International - The Association to Advance Collegiate Schools of Business (AACSB); the School of Nursing is accredited by the American Association of Colleges of Nursing (CCNE); and the School of Dental Medicine is accredited by the American Dental Association Commission on Dental Accreditation.

The School of Medicine offers an accredited (ACGME) residency in Occupational and Environmental Medicine (<http://www.med.upenn.edu/oem/residency/>).

b. One or more organizational charts of the university indicating the program’s relationship to the other components of the institution, including reporting lines.

Figure 1.3.b.1 University of Pennsylvania Organizational Chart

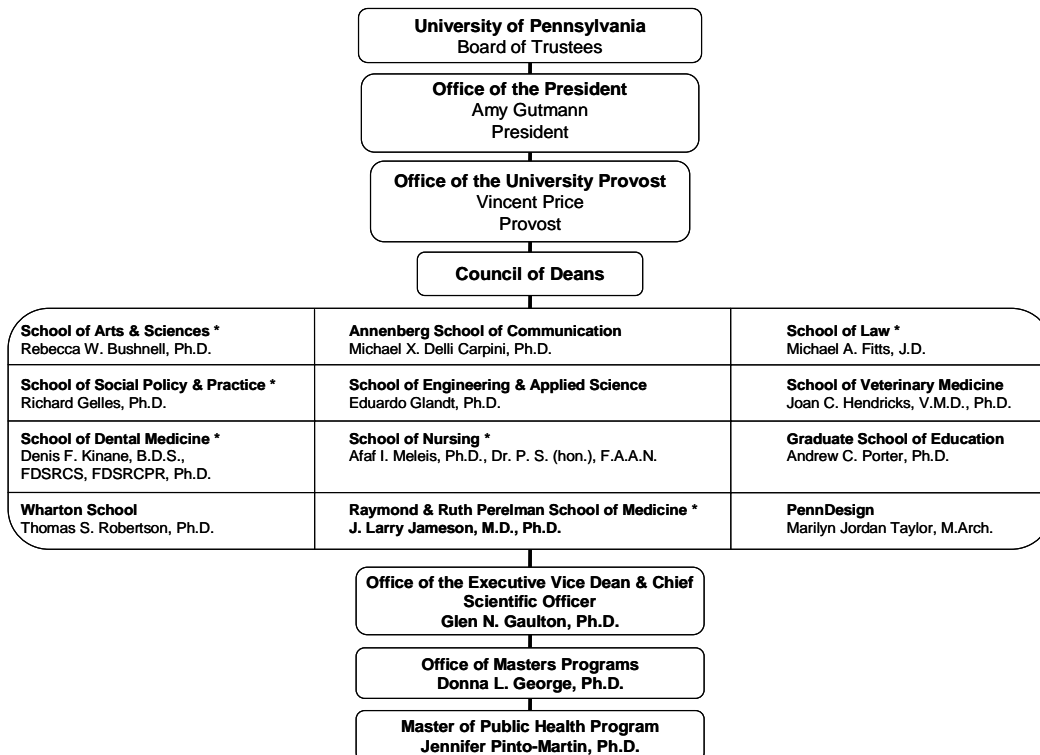


Figure 1.3.b.2 School of Medicine Organizational Chart

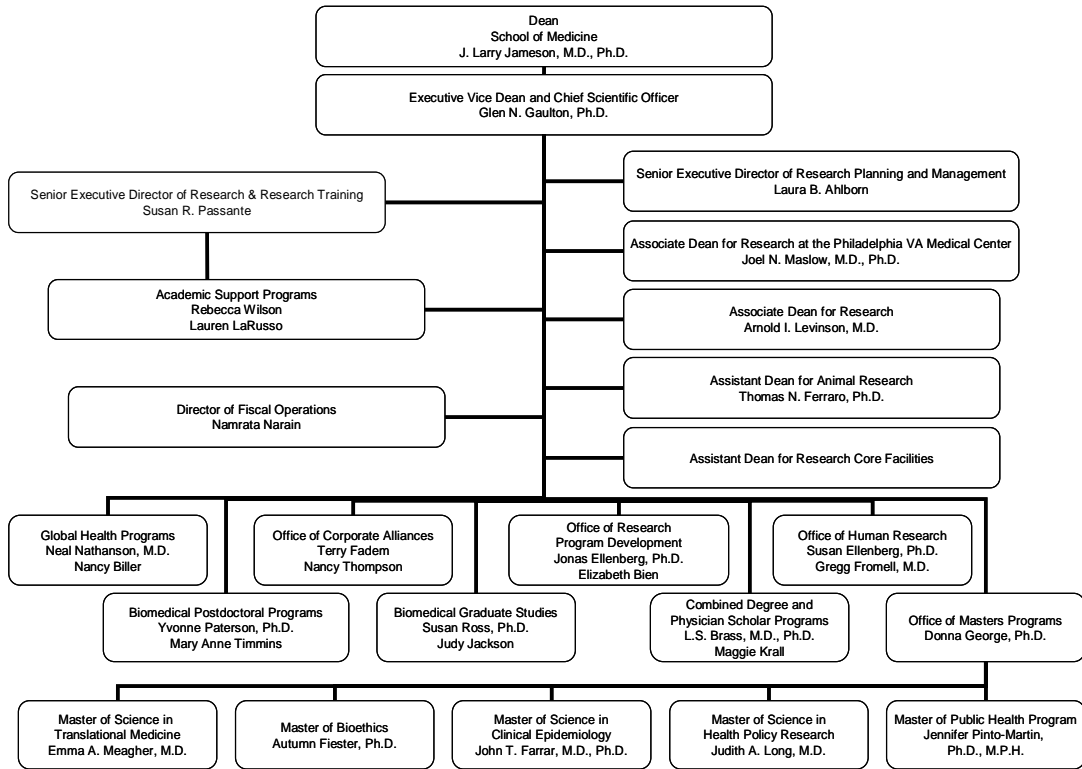
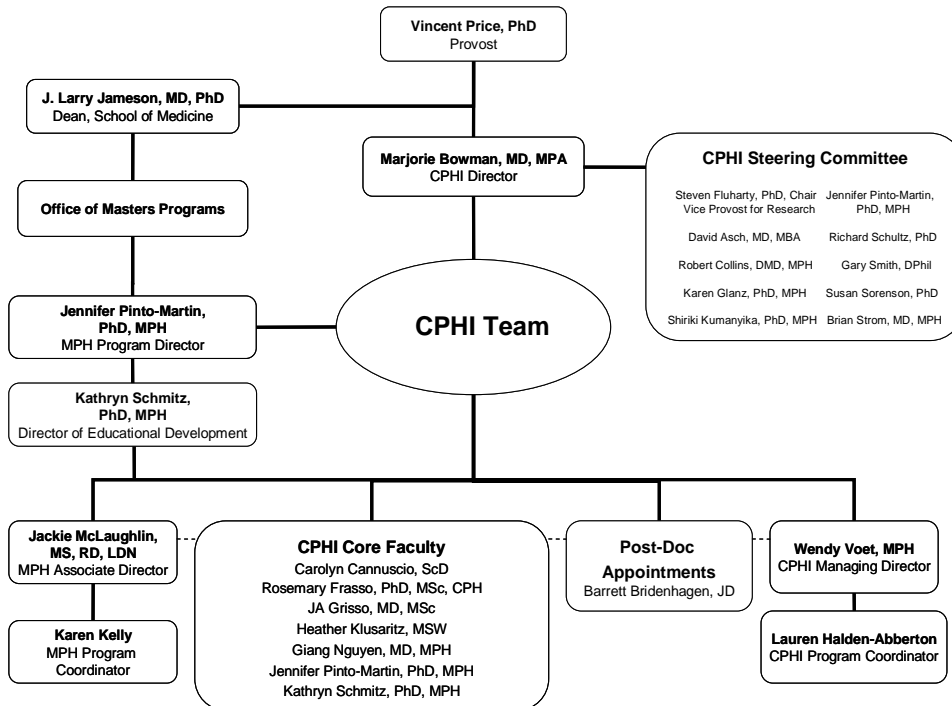


Figure 1.3.b.3 CPHI/MPH Program Organizational Chart



c. A brief description of the university practices regarding:

- **lines of accountability, including access to higher-level university officials**
- **prerogatives extended to academic units regarding names, titles and internal organizations**
- **budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising**
- **personnel recruitment, selection and advancement, including faculty and staff**
- **academic standards and policies, including establishment and oversight of curricula**

Lines of Accountability, Including Access to Higher-Level University Officials

As a large academic institution the University of Pennsylvania has a complex reporting structure. The MPH Director Dr. Pinto-Martin has a dual reporting line of accountability through both the Center for Public Health Initiatives Director Dr. Marjorie Bowman and the Office of the Chief Scientific Officer for the School of Medicine through the Director of the Office of Masters Programs, Dr. Donna George. As Chair of the Department of Biobehavioral Health Sciences in the School of Nursing, Dr. Pinto-Martin reports to the Dean of the School of Nursing, Dr. Afaf Meleis.

The organizational chart in Figure 1.3.b.1 illustrates the relationship of the School of Medicine to the governance of the overall university. The University Trustees provided the ultimate approval to establish the MPH degree program upon the recommendation of the University Provost. The Provost, who reports directly to the President of the University, is the officer responsible for the conduct, coordination, and quality of the University's academic programs and for the planning of their future development. The provost also oversees academic program standards and the admissions process. All Deans report to the Provost, and under the President, the Provost has ultimate authority for all academic budgets.

The Penn Center for Public Health Initiatives (CPHI) was established in February 2007 as an interdisciplinary, Provostial Center that engages constituents from all the schools that comprise the University of Pennsylvania. Figure 1.3.b.3 illustrates the organizational structure of the CPHI. Its overall mission is to improve health and quality of life by expanding and strengthening public health education, research and practice, fostering cross-disciplinary collaboration, and promoting meaningful community/academic partnerships. The CPHI receives support from the Provost's office and is administratively managed by the School of Medicine.

The MPH Program at Penn is the academic arm of the CPHI and benefits from this arrangement in a number of ways. Faculty appointments for the MPH Program can be made via the Division of Public Health in the Department of Family Medicine as well as via the Department of Biobehavioral Health Science in the School of Nursing. This means that while the MPH Program can continue to engage interdisciplinary faculty from across the University, however, it can also hire core faculty to teach the courses central to the program as needed.

It is typical for programs at Penn to report to a Dean even where there is broader involvement across the University. As shown in Figure 1.3.b.2, the academic home school for the MPH program rests with the Dean of Medicine, and the School of Medicine confers the MPH degree. The MPH Director therefore also reports to the Dean of the Perelman School of Medicine (SOM) through the Office of the Chief Scientific Officer and the Office of Masters Programs (OMP).

This office provides oversight for all School of Medicine master's degree programs. The OMP structure provides for some standardization and common oversight with respect to operational and quality assurance issues such as program structure and financing, standards for admission, credentialing, and graduation.

Prerogatives Extended to Academic Units Regarding Names, Titles and Internal Organization

Dr. Pinto-Martin has discretion in developing the MPH program governance structure, including the creation of internal committees, the appointment of faculty members to those committees, and the appointment of chairs of committees.

Budgeting and Resource Allocation, Including Budget Negotiations, Indirect Cost Recoveries, Distribution of Tuition and Fees, and Support for Fund-Raising

The MPH program is supported by tuition from the Public Health prefix (PUBH) required and elective courses. This includes tuition paid by MPH degree candidates and non-degree students who register for courses under a PUBH prefix. By agreement with the participating schools or departments, this also includes tuition from students who register for a cross-listed course under a PUBH course number. The MPH program expenditures include administrative personnel, faculty administration and teaching, and operational and programmatic expenses. The Associate Director works with the Director of Fiscal Operations in the Office of the Executive Vice Dean for Research to manage the MPH Program expenses.

The dollars used for the budget are based on a University wide formula of return of tuition dollars that is based on the teaching school, the home school, and the Provost office. The budget is set within this sufficient to cover costs for that year. For each of the last 4 years, the MPH program has been in the black and thus has developed a reserve fund and one quasi-endowment fund (the Neal Nathanson fund), both of which give significant confidence that any shortfalls could be covered. There is a schedule of dollar amounts paid to faculty who teach a single course. Other faculty involved with the program are usually paid based on the percent of their effort devoted to the program. In addition, scholarly contributions such as advising and mentoring are not compensated for associated faculty. Core courses are primarily taught by faculty who are paid percent efforts for their high level of participation in the MPH program (up to 100%); the remainder of their support is usually from research dollars, or teaching or administration in non-MPH programs.

The program can apply for grants, and there have been some grant dollars providing direct support, generally for students, but also toward various seminars or continuing education, providing minimal indirect dollars for the research administrative support of CPHI/MPH. Research grants are submitted and managed through the home department and school of the principal investigator; thus, the indirect dollars are not captured by the MPH program. In the School of Medicine (in which the largest number of faculty have their appointment), there is a formula driven amount of money returned to the department of the principal investigator related to the amount of indirect dollars and the departments can use the dollars under their own policies.

The program fundraising efforts are primarily managed through the Director and the Managing Director of the CPHI. The first fundraising event was held spring 2011. We have a link on our website for individuals wishing to donate. We also seek gifts, but have not received any major gifts at this point.

Personnel Recruitment, Selection and Advancement, Including Faculty and Staff

The MPH Program is organized similarly to the Penn graduate groups that offer doctoral level programs across the University. In the MPH Program model, as in the graduate groups, faculty who are affiliated with the MPH program have primary appointments in home departments throughout the University. Affiliation with the CPHI allows for reciprocal faculty affiliation with the MPH Program. All University academic standards and policies, and recruitment and advancement procedures apply to faculty who participate in the MPH program. Staffs are hired in accordance with the policies and procedures of the University of Pennsylvania Department of Human Resources (<http://www.hr.upenn.edu>).

Faculty are selected by the MPH Program Director for teaching and /or advising students based on curricular and student needs, faculty expertise, faculty availability, and prior teaching evaluations. Faculty can be on any of the faculty tracks. We seek a balance of faculty across disciplines, and interdisciplinary faculty, such as those with joint appointments across schools.

Academic Standards and Policies, Including Establishment and Oversight of Curricula

The academic standards and policies are outlined in the MPH Bylaws (Appendix 1.5). These policies and standards were developed by the MPH Program Advisory Committee. Bylaws are updated annually and reviewed for compliance purposes through the Office of Masters Programs.

d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

The University of Pennsylvania MPH Program is not a collaboration across different academic institutions.

e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

The University of Pennsylvania MPH Program is not a collaboration across different academic institutions.

f. Assessment of the extent to which this criterion is met.

This criterion is met. The Penn MPH Program, with its multi-school model and direct reporting line to the Provost's office through the CPHI, has an intrinsic University-wide integration. As described in the next section, there are structural as well as informal opportunities to facilitate extensive engagement beyond the School of Medicine, which is the home school and the school that offers the degree.

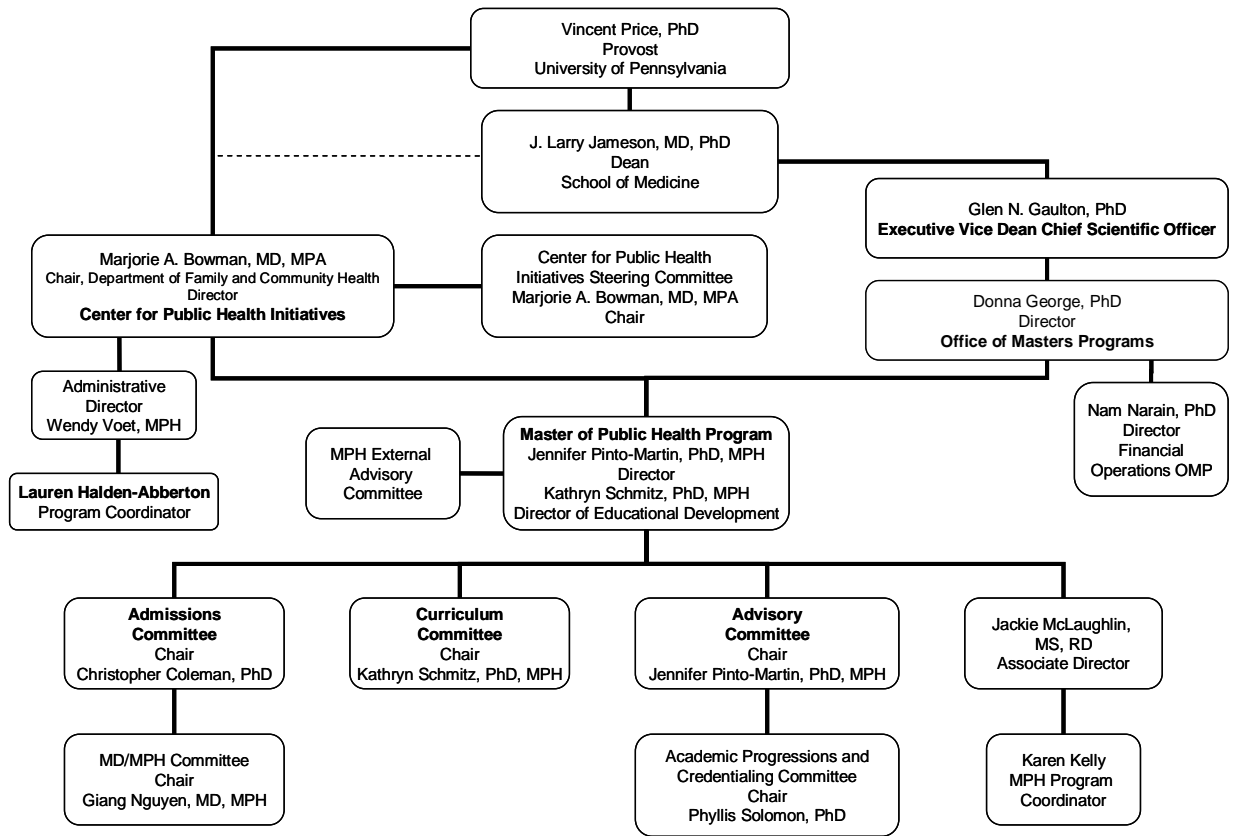
1.4 Organization and Administration. The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively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

Required Documentation:

a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.

The administrative organization of the MPH program is shown below in Figure 1.4.a.1. The relationship of the MPH program to the CPHI and the higher-level administrative and academic components within the university are shown in Section 1.3.b of the document.

Figure 1.4.a.1 MPH Program Organizational Chart



b. Description of the roles and responsibilities of major units in the organizational chart.

Dr. Pinto-Martin, Dr. Schmitz and two staff members, an Associate Director (McLaughlin) and a Program Coordinator (Kelly), comprise the MPH program office administration. The program office has broad responsibility for developing and implementing all aspects of the program. This

responsibility includes: recruiting potential applications, admissions, enrollment, advising on student program plans, liaison to the MPH program student organization, regular review of student progress, overall curricular implementation and evaluation (both classroom course management and development, and evaluation of capstone and field experiences), accreditation related issues and processes, and recruitment. The MPH administration also facilitates faculty affiliation with the program, MPH faculty meetings and retreats, interactions with External Advisors, public health related community service; external relations on the Penn campus, including combined degree programs, and various related Centers and Institutes including the CPHI and external relations in the local community and region, and representation of the program nationally and internationally.

Dr. Pinto-Martin provides overall academic leadership and accountability for the program. Dr. Kathryn Schmitz, the Director for Educational Development, has primary responsibility for all curricular issues and oversees curriculum implementation, working in team structure with the MPH Director and Associate Director. Dr. Schmitz is also the Chair of the Curriculum Committee. The Associate Director has primary responsibility for overall program implementation and student affairs, including student recruitment on a day to day basis. She reports to the Program Director and supervises the Program Coordinator. The Program Coordinator has primary responsibility for routine communications with potential applicants, students, and generally supports the Associate Director and MPH program administrative operations involving student registration, course maintenance, and processing admissions materials.

c. Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

The MPH Program at the University of Pennsylvania was established in 2002 to promote University-wide synergy among academic disciplines to advance leadership in public health, with a primary focus on master's level professional education. The program uses a liaison model to effect a partnership among eight schools of the University. The Deans of the participating schools (Perelman School of Medicine, Arts and Sciences, Dental Medicine, Education, Nursing, Social Policy and Practice, Veterinary Medicine, and Business) support this initiative through the appointment of faculty representatives and their alternates to serve on the MPH Advisory Committee, Curriculum Committee, and Admissions Committee. These faculty representatives are diverse across disciplines, which strengthens the interdisciplinary vision for the program.

The CPHI creates a secure academic home for the MPH Program by providing a direct route for MPH faculty appointments via the Department of Family Medicine and Community Health and the Department of Biobehavioral Health Science in the School of Nursing.

A hallmark of all CPHI activities is that interdisciplinary participation and collaboration are encouraged. Interdisciplinary public health programming is fostered through a variety of mechanisms that bring a range of stakeholders together to teach and create new knowledge and research methodologies. MPH students and faculty can, and often do, participate in all of the activities listed below. Many of these activities also serve a purpose for continuing education of our public health workforce and faculty (see section 3.3).

Public Health Institutes The CPHI Summer and Winter Institutes involve teaching faculty from across the University. For example, the Summer Institute on GIS and Public Health regularly involves faculty from the School of Design, School of Medicine, and School of Social Policy and Practice. The Winter Institute on Qualitative and Mixed Methods Research utilizes faculty drawn from the School of Medicine, School of Arts and Sciences, School of Nursing and the Children's Hospital of Philadelphia. In turn, with regards to both institutes, participants are drawn from an equally diverse pool of public health professionals, which results in rich discussion, networking and multi-faceted problem solving.

Seminar Series The CPHI provides a forum for continuing public health education and discussion through an annual seminar series program. Since its inception, seminar series themes have focused on issues that represent the convergence of disciplines (such as the use of arts in public health) or require interdisciplinary thought to find solutions to ongoing challenges (such as in addressing health inequities). CPHI seminar series have featured presenters from a range of schools and disciplines and highlight issues of major importance to the public health community.

Other CPHI events In addition to hosting an annual seminar series, the CPHI highlights interdisciplinary research and instruction through an annual retreat which engages a wide range of faculty and community stakeholders, and through other events such as Injury Science Day. At the 2010 Injury Science Day, faculty from School of Medicine, School of Nursing, School of Engineering, Wharton School of Business, School of Social Policy and Practice, and the School of Arts and Sciences were featured and engaged in discussion around common areas of interest.

Workgroups The CPHI facilitates five workgroups: Food Access, Immigrant Health, GIS and Public Health, Qualitative and Mixed Methods Research and Healthcare Access in West Philadelphia. The groups function by fostering cross-disciplinary partnerships on grant opportunities, creating a forum whereby researchers can present work and receive feedback for improvement and developing new models of action to address ongoing public health challenges. All of the workgroups involve MPH students, faculty from schools across the university, as well as area non-profit representatives, which also ensures that community input is provided to CPHI programming efforts.

Pilot grants Every year, the CPHI releases a call for proposals to support interdisciplinary public health research. Requirements for applications include that there must be faculty from at least two schools at Penn represented on the research team. It is hoped that this requirement helps solidify partnerships across the University and sparks new ways of thinking. For example, one project that is currently being funded looks at stress and resiliency to violence in youth seeking services at dental clinics (collaboration between School of Medicine and School of Dentistry faculty). Past grants examined the connection between the education and health care systems in pre-school and elementary school age children (collaboration between School of Medicine and Graduate School of Education Faculty) and the cost-effectiveness of community health workers in Kenya (collaboration between Wharton School of Business and School of Medicine faculty).

Interdisciplinary Research and Training

In addition to the CPHI, the MPH program interacts closely with other centers and institutes at Penn. One example is the partnership with the Center of Excellence in Environmental Toxicology (CEET) and its Community Outreach and Engagement Core (COEC). The mission of the COEC is to translate research information from the Center's research and its team of interdisciplinary scientists into tools and resources for community, professional, and public health decision-making constituencies in order to improve clinical and public health. The Center and the COEC are especially focused on the urban environment and particularly on communities with an aging industrial infrastructure, such as Philadelphia and many surrounding communities. COEC is particularly concerned with the effects on vulnerable populations including children, the elderly and underserved populations, and is focused on developing new and effective models and approaches to outreach and education to improve community environmental health. This partnership has led to a HRSA funded grant to support training of MPH students in aspects of environmental health.

The MPH program and CPHI have also supported several research training grants in collaboration with the Center for Clinical Epidemiology and Biostatistics (CCEB) and others. For example, multiple core MPH faculty are named as methodologic preceptors on multiple T32 training grants held by the CCEB (e.g. Dr. Schmitz is named on the cancer, cardiopulmonary, aging, GI, and disabilities T32 training grants held in the CCEB). There are numerous training grants in the School of Nursing and one related to Health Disparities that is particularly relevant to nursing students interested in public health.

MPH Student Interdisciplinary Activities

The MPH student government organization, Penn Public Health Society (PPHS), coordinates National Public Health Week activities on Penn campus with student organizations from other disciplines and schools across campus, such as OneHealth, Civic House, Students Taking Action for Public Health, Penn Student Health Education and others. These activities are supported by the CPHI.

Combined Degree Program

MPH study that is positioned to augment graduate and professional study and experience in related disciplines is the cornerstone of our program. The Penn campus, with 12 graduate and professional schools on a single campus, provides an ideal setting for this type of an MPH program. Our high level of interschool cooperation is exemplified by the number of approved combined degree offerings articulated even at this early stage of the program. The MPH Program collaborated with: the Perelman School of Medicine to design the MD-MPH, and approved options for the combined MSCE-MPH and MBE-MPH; the School of Nursing to develop the MSN-MPH offering; the Law School to develop the JD-MPH; the School of Social Policy and Practice to develop the MSW-MPH degree, and the School of Dental Medicine to develop a DMD-MPH. In addition, the School of Nursing, the School of Arts and Sciences (Anthropology, History and Sociology of Medicine), and the School of Social Policy and Practice have approved PhD-MPH programs for individual students, and the Perelman School of Medicine and the School of Arts and Sciences have approved a MPH certificate option for graduate students.

d. Identification of written policies that are illustrative of the program's commitment to fair and ethical dealings.

The MPH Program, the School of Medicine, and each School partnering in the MPH program, and the University of Pennsylvania are committed to upholding fair and ethical dealings, as outlined in the policies below, in all matters involving students, faculty, personnel, and participants.

University Policies for Graduate Students

<http://www.upenn.edu/provost/pennbook>

Academic Integrity

http://www.upenn.edu/provost/PennBook/academic_integrity_code_of

HIPAA Policy

http://www.med.upenn.edu/policy/docs/HIPAA_for_research.pdf

Collaborative Institutional Training Initiative (CITI)

<https://www.citiprogram.org/Default.asp?>

Faculty Handbook Policies

<http://www.upenn.edu/provost/images/uploads/FacultyHandbook2011.pdf>

Policy on Equal Opportunity and Affirmative Action

<http://www.upenn.edu/almanac/volumes/v55/n18/aapolicy.html>

Human Resources policies

<http://www.hr.upenn.edu/policy/>

Principles of Ethical Practice in Public Health

<http://www.apha.org/NR/rdonlyres/1CED3CEA-287E-4185-9CBD-BD405FC60856/0/ethicsbrochure.pdf>

e. Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

Schools and academic departments within the University have established procedures for the resolution of student grievances concerning academic matters. By university policy, which is included in the student handbook, students who have a concern about a matter related to the MPH program or a course are advised to the instructor, MPH Program Director, or the MPH Associate Director. At New Student Orientation, students are invited to bring any matters of concern to the attention of the MPH office staff responsible for student affairs. The Associate Director takes all student concerns brought to her attention to the attention of MPH Program Director. If the student's concerns persist, he or she is made aware that they may take their concerns to a higher level of authority by consulting with the Office of Masters Programs staff or the Associate Dean for Masters Programs. A student who wishes to register a grievance regarding the evaluation of his/her academic work should follow the academic grievance procedure applicable to the program or school which the academic work was performed. There have been no formal grievances or complaints filed against the MPH program.

f. Assessment of the extent to which this criterion is met.

This criterion is met. The MPH organizational structure has evolved substantially since the program's inception while retaining the multiple school base that facilitates interdisciplinary education. The combined degree programs and other campus-wide collaborations indicate mutual benefits for the MPH program and other entities within the University.

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

Required Documentation:

a. Description of the program’s governance and committee structure and processes, particularly as they affect:

- general program policy development
- planning
- budget and resource allocation
- student recruitment, admission and award of degrees
- faculty recruitment, retention, promotion and tenure
- academic standards and policies
- research and service expectations and policies

General Program Policy Development

Figure 1.4.a.1 in the previous section shows the general administrative organization of the program. The internal MPH governance structure includes three standing committees (Advisory, Curriculum, and Admissions). These committees and their specific roles and responsibilities are described under “Standing Committees” in 1.5.c. The Advisory Committee is the central mechanism for planning and policy deliberations and decisions. This advisory committee interacts with the other standing committees through the chairs of those committees. Monthly meetings between the MPH program and the Center for Public Health Initiatives leadership also serve an advisory role.

Ad hoc subcommittees report through one of the standing committees. Ad hoc subcommittees have functioned since our initial accreditation, including several ad hoc curriculum subcommittees, one ad hoc admissions subcommittee, and an Academic Progressions subcommittee that reports to the Advisory Committee. One ad hoc curriculum subcommittee reviewed evaluation criteria for the specialty tracks. This work is described in greater detail in Section 2.1. Another reviewed the potential for splitting our practice experience from the culminating experience and the potential to require a traditional thesis based on input from our external advisors in Fall 2010. This work is described in greater detail in sections 2.4 and 2.5. The MD-MPH admissions subcommittee members are all physician faculty who review MD-MPH applicants with an eye toward potential success in our program prior to putting those applicants forward to the standing admissions committee. This sub-committee maximizes the relevance of this committee’s knowledge and expertise to the audience of interest for this particular joint program.

The Capstone and Field Experiences are addressed through program administration staff and the curriculum committee. A subcommittee must be chaired by a member of the standing committee to which it reports, but members may otherwise be drawn from the pool of affiliated faculty members, staff, and students. This provides avenues for input from an additional number of faculty, staff, and students in the governance of our program and for tailoring membership of subcommittees.

We had planned to form a standing grievance committee; however, because we have had no official grievances, a decision has been made by the advisory committee to allow grievances to be handled by the three standing committees according to relevance (e.g. grade grievances by curriculum, admission grievances by admissions) and the formation of ad hoc grievance committees when needed.

The MPH Student Government Association is autonomous, but the Associate Director functions as their liaison to the academic program office. Policies of the Penn MPH Program are set forth in the bylaws which are provided to all faculty when they affiliate and to student representatives when they are appointed to committees. Governance of the program follows the principle of equal representation of the eight Penn schools that send a liaison representative to the Advisory and Admissions Committees. The Curriculum Committee composition is based on the need to have representation from the relevant curricular areas rather than specific schools. However, all policy recommendations and major program changes from standing committees are reported to the Advisory Committee and, when appropriate, put to a vote for approval.

The MPH bylaws (Appendix 1.5) distinguish between **Core Members** and **Members** within the affiliated faculty. This distinction refers to the level of involvement in the program, allowing for a designation as “Core” when there is a substantive role in teaching, advising, or committee service. Core Members of the MPH Program as defined by the bylaws must be on the Standing or Associated Faculty of the University. Associated Faculty appointments will be through a specific department within a Penn School. MPH Core Member status is designated for those individuals who are: 1) current members of one of the MPH Standing Committees; 2) Course Directors or Co-Directors of courses in the Public Health Program; 3) Appointed Academic Advisers to matriculated MPH Degree students; 5) Identified Capstone Mentors to matriculated students; 6) Principal Investigators of training grants obtained to support the MPH and also Members of the MPH Program faculty. This definition of “core” differs from the designations of “core teaching” faculty which is explained and followed elsewhere in this document for purposes of determining faculty head counts and student to faculty ratios. Core Members have input on policy decisions through votes on committees. At general faculty membership meetings all present have the same voting status.

The External Advisory Committee is also a standing committee, but has no role other than an advisory one in making policy for the program.

We have identified student members for the advisory and curriculum committees. These students have input into discussions about program policies on the committees on which they serve and also through their participation in the MPH Student Government Association (Penn Public Health Society). Students are non-voting members of standing or ad hoc committees of the MPH Program.

Planning

The policies and procedures that govern planning and policy development, reflected in the bylaws are those that provide the mandate for the standing committees and the requirements for regular (at least semi-annual) interactions with the general faculty membership body. Planning activities are ongoing within the Program Office (Director, Director of Educational

Development, Associate Director), informed by the ongoing interactions with other faculty and with students. Formal discussions and decision making with respect to the overall program take place at the quarterly Advisory Committee meetings. Student representation on the Advisory Committee provides a direct vehicle for student input. Curricular planning is formally addressed at the quarterly meetings of the Curriculum Committee. Faculty not involved in one of these committees have a formal opportunity for input at regularly scheduled School of Medicine reviews of the MPH program which are coordinated by the Office of Masters Programs.

Budget and Resource Allocation

Generally, all program budgets within the School of Medicine are negotiated between the Program Director and the Vice Dean for Research and Research Training. The Vice Dean then presents the budget and the program's needs to the Dean of the School of Medicine. Each program budget is submitted within the overall School of Medicine budget to the Provost of the University of Pennsylvania. Budgetary criteria like employee benefit rates or annual salary increases are decided by the Trustees of the University of Pennsylvania in consultation with the President and the Provost.

More specifically, the MPH program annual budgets are developed with input from the Director of the Center for Public Health Initiatives (CPHI), the MPH Program Director, the Associate Director, and the Office of Masters Programs Director of Financial Operations based on anticipated programmatic needs. The FY 2007, 2008, and 2009 budgets (provided in section 1.6) include administrative support for the program Director, administrative support for the Director of Educational Development, 1 FTE staff position for the Associate Director, and 1 FTE for the administrative program coordinator; salary support for faculty teaching PUBH prefix courses, support for a summer work-study student, funds for expenses related to program marketing and recruitment efforts, support for the External Advisory Committee, annual participation in the American Public Health Association, resources for CEPH annual dues, Association for Teaching Prevention and Research membership, Pennsylvania Public Health Association membership, membership for the Public Health Section of the Philadelphia College of Physicians, routine program material costs, and accreditation fees. There is also a small amount of student scholarship support within the budget.

Student Recruitment, Admission and Award of Degrees

The program is marketed at the American Public Health Association, The Pennsylvania Public Health Association, via the internet, and through word of mouth. The Associate Director makes presentations to prospective students in the Schools of Medicine, Nursing, and Law. The Chair of the MD/MPH Advisory Committee meets with prospective applicants for that program. Recruitment materials from schools participating in joint programs also advertise the availability of the MPH concurrent degree option. The MPH Program also holds an annual open house for potential applicants and has a well established relationship with the University Career Services office to promote the Penn MPH program on campus.

The Admissions Committee sets policy for program eligibility and application requirements, reviews applications for admission, and makes admissions decisions. The Academic Progressions Subcommittee reviews the records of candidates for graduation and approves applicants for graduation.

Faculty Recruitment, Retention, Promotion and Tenure

The Penn MPH program recruits faculty through advertisement and response to inquiry for joint appointments with other schools. Full time faculty appointments are made through the School of Medicine and the School of Nursing and several joint appointment arrangements have been made with other schools in the University as well (Nursing, Medicine, Social Work, Arts and Sciences). The University of Pennsylvania does not recognize the MPH program as a ‘graduate group’ because we do not currently offer a PhD degree. However, for the purpose of governance of the MPH program, we have adopted the bylaws used by ‘graduate groups’ at the University of Pennsylvania. Membership in the Penn MPH program faculty follows the following framework. Appointment to Penn MPH faculty is currently open to any Penn standing or associated faculty member, including adjuncts, giving the program potential access to a large, diverse, and outstanding faculty across the University. Appointment to the Penn MPH program faculty begins with a recommendation by the Advisory Committee to the Penn MPH program faculty via an email. The Program Director/Advisory Committee Chair sends the names of approved candidates to the OMP Director, along with a copy of the individual’s CV and a short narrative biographical sketch. At least once per semester, the Director of OMP acts on these recommendations by issuing a letter of appointment to new members. Reappointment (every 3 years) requires evidence of active and appropriate involvement in the program, in accordance with the service requirements established by the Penn MPH program.

Academic Standards and Policies

The Curriculum Committee is responsible for developing and evaluating the MPH program (e.g., setting requirements and overseeing the development of core courses and reviewing course evaluations), developing curricular policies (e.g., relating to transfer credits, course substitutions, approval of syllabi for both required courses and electives to be offered under the Public Health prefix), and developing combined degree programs with other schools within the University, assigning advisors to students, and providing guidance on student affairs and services. The academic standards and policies of the University of Pennsylvania have been adopted and any changes or alterations to these policies are discussed by the Advisory Committee. In some cases, the MPH program has adopted more stringent policies (e.g., with respect to time to completion of the degree) and these have been approved by the Advisory Committee.

Research and Service Expectations and Policies

MPH faculty members are responsible for development of their own research and service initiatives. However, the MPH Program and CPHI also facilitate interschool public health research projects and cross-fertilization among those teaching public health related subject matter, and stimulates interactions with the local and national public health academic and professional communities. The creation of the CPHI has greatly facilitated these activities since the last accreditation of Penn’s MPH Program. MPH faculty are expected to report service activities to the MPH program annually.

b. A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program.

The MPH Program bylaws are contained in Appendix 1.5.

c. A list of standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.

Committee membership is comprised of representatives from across the various schools at Penn, with an emphasis on membership from those schools with the greatest faculty involvement in the CPHI/MPH, namely Medicine and Nursing. Faculty are approached by the Director and asked to serve on specific committees. There is no formal plan for rotation off a committee; rather, it is based on faculty request or request by the Director in order to increase involvement of others.

Advisory Committee (Standing)

The MPH Advisory Committee serves generally to advise the program leadership on all matters related to planning, implementation and evaluation of the MPH program with reference to the overall program goals and objectives. Specific responsibilities of this committee include: establishing policies to guide program implementation, including approval of admissions criteria for free standing and joint MPH degree programs; review and approval of policies, procedures, and degree programs developed by the curriculum committee; establishing criteria for faculty membership and membership renewal, monitoring the work of the standing committees, recruiting faculty to affiliate with the program, and developing liaisons with appropriate Penn centers and institutes. This committee is chaired by the Program Director.

Table 1.5.c.1 MPH Advisory Committee Members

Advisory Committee Member	Department	School
David Barnes, Ph.D.	History and Sociology of Science	School of Arts and Sciences
Christopher Coleman, Ph.D., M.P.H., A.C.R.N., F.A.A.N.	Family and Community Health	School of Nursing
Robert Collins, D.M.D., M.P.H	Division of Community Oral Health	School of Dental Medicine
Edward Emmett, M.D., M.S.	Emergency Medicine	School of Medicine
Thomas Kelly, PhD	Biostatistics and Epidemiology	School of Medicine
Jennifer Pinto-Martin, Ph.D, MPH, Chair	Biobehavioral Health Sciences	School of Nursing
Arnold Rosoff, J.D	Health Care Systems	Wharton School
Kathryn Schmitz, PhD, MPH, Co- Chair	Biostatistics and Epidemiology	School of Medicine
Gary Smith, M.A.(Oxon), M.A.(Cantab), D.Phil.	Population Biology and Epidemiology	School of Veterinary Medicine
Phyllis L. Solomon, Ph.D.	Social Work Mental Health Research Center	School of Social Work
Duane Thomas, Ph.D.	Applied Psychology and Human Development	School of Education

Admissions Committee (Standing)

The Admissions Committee reviews applications for admission and makes admissions decisions. Based on ongoing experience with the applications pool, this committee will also recommend clarifications or changes in policy for program eligibility and application requirements and

procedure as deemed appropriate, for consideration by the Advisory Committee. The Admissions Committee reports to the Program Director who, in turn, assures that any policy recommendations or issues from the Admissions Committee are brought to the attention of the Advisory Committee for review and, where needed, approval. The Program Director provides review and final accountability for admissions decisions.

Table 1.5.c.2 MPH Admissions Committee Members

Admissions Committee Member	Department	School
Frances Barg, PhD	Anthropology	School of Arts and Sciences
Christopher Coleman, PhD, MPH, ACRN, FAAN, Chair	Family and Community Health	School of Nursing
Ken Drobatz, DVM, MSCE	Critical Care	School of Veterinary Medicine
Edward Emmett, MD, MS	Emergency Medicine	School of Medicine
Joan Gluch, PhD	Division of Community Oral Health	School of Dental Medicine
Terri Lipman, PhD	Family and Community Health	School of Nursing
Jennifer Pinto-Martin, PhD, MPH	Biobehavioral Health Sciences	School of Nursing
Kathryn Schmitz, PhD, MPH	Biostatistics and Epidemiology	School of Medicine
Duane Thomas, PhD	Applied Psychology and Human Development	School of Education

Curriculum Committee (Standing)

The Curriculum Committee is responsible for developing and evaluating the MPH program (e.g., setting requirements and overseeing the development of core courses and reviewing course evaluations), developing curricular policies (e.g., relating to transfer credits, course substitutions or waivers, approval of syllabi for both required courses and electives to be offered under the Public Health prefix), and developing and approving combined degree programs with other schools within the University and providing guidance on student affairs and services. Faculty members are selected for this committee to assure coverage of the core public health disciplines and course content areas. Student representatives have been named to the Curriculum Committee. The Curriculum Committee is chaired by Dr. Kathryn Schmitz, Director of Educational Development. The Curriculum Committee reports to the Advisory Committee.

Table 1.5.c.3 MPH Curriculum Committee Members

Curriculum Committee Member	Department	School
Michael Blank, PhD	Center for Mental Health Policy and Services Research	School of Medicine
Charles Branas, PhD	Biostatistics and Epidemiology	School of Medicine
Jianghong Liu, PhD	Family and Community Health	School of Nursing
David Mandell, ScD	Psychiatry	School of Medicine

Curriculum Committee Member	Department	School
Giang Nguyen, MD, MPH, MSCE	Family Medicine and Community Health	School of Medicine
Jennifer Pinto-Martin, PhD, MPH	Biobehavioral Health Sciences	School of Nursing
Arnold Rosoff, JD	Health Care Systems	Wharton School
Kathryn Schmitz, PhD, MPH, Chair	Center for Clinical Epidemiology and Biostatistics	School of Medicine

External Advisory Committee (Standing)

The External Advisory Committee members, who are public health experts external to Penn, are appointed to review and comment on the ongoing evolution, development and implementation of the MPH program from the perspectives of mission and vision, quality of implementation, aligning the curriculum with accreditation standards, and advising on the accreditation process. This committee meets as needed in person, and members are also available for consultation by telephone.

- Rowland W. Chang, MD, MPH
Professor of Preventive Medicine, Medicine, and Physical Medicine and Rehabilitation
Northwestern University
- Barbara Abrams
Division of Epidemiology
School of Public Health
University of California
- Nigel Paneth MD MPH
University Distinguished Professor
Departments of Epidemiology and Pediatrics & Human Development
College of Human Medicine
Michigan State University

Local Area Community Advisors

Within the area of “external relations,” the Penn MPH program, in collaboration with the CPHI, convenes representatives of community organizations and members of the community at large through various workgroups facilitated by the Penn Center for Public Health Initiatives. These workgroups aimed at enhancing public health program, service and research opportunities at Penn as well as improving community-academic partnerships between Penn faculty and students, and community based groups in the Philadelphia area. The workgroups also help to include community organization suggestions into future program efforts at Penn. The five workgroups, all of which meet 3 times annually, include:

1. Healthcare Access in West Philadelphia
2. GIS and Public Health
3. Qualitative and Mixed Methods Research
4. Food Access
5. Immigrant Health

Each workgroup has a slightly different mission and way of functioning. The **Healthcare Access in West Philadelphia** workgroup functions as an ad hoc group to suggest best practices and models of meeting healthcare needs in underserved areas. This group has developed several conceptual approaches to reducing readmission rates at the Hospital of the University of Pennsylvania (HUP) and has submitted a grant to establish a new Federally Qualified Health Center in the Parkside region of West Philadelphia. At least one MPH student has been assigned to explore this project and contributed to a needs assessment essential to the development of the concept and grant proposal. The workgroup itself is composed of faculty from Family Medicine, staff from the HUP (strategic planning, billing), the Chief of Policy and Planning from the Philadelphia Department of Public Health and members from the CPHI.

The **GIS and Public Health** as well as **Qualitative and Mixed Methods Research** workgroups have the mission to provide technical feedback to those developing research proposals. Thus, each meeting includes a presentation by one of the members of their existing work and then recommendations for improvement are provided by those in attendance. A list of members for each workgroup can be found at the following website: http://www.cphi.upenn.edu/work_group.shtml. Of note, several schools (School of Medicine, School of Nursing, School of Design, Graduate School of Education, School of Social Policy and Practice and School of Arts and Sciences) and organizations (National Board of Medical Examiners and Family Planning Council) are involved with these workgroups.

The **Food Access** and **Immigrant Health** workgroups each have a two-fold mission: To develop partnerships for future grant opportunities and to share lessons learned, as well as coordinate ongoing efforts. Each of these groups has strong representation of community based groups such as: The Food Trust, PUFFA, The Enterprise Center CDC, the Philadelphia Coalition Against Hunger, Ugo, Nationalities Service Center, HIAS and Council, Pennsylvania Immigration and Citizenship Coalition, SEAMAAC, AFRICOM and many others. A list of participating Penn schools and agencies can be found at http://www.cphi.upenn.edu/work_group.shtml. The Food Access working group has developed partnerships that have led to a variety of successfully funded grants (both internal to Penn and external such as through the Robert Wood Johnson Foundation). The Immigrant Health working group has led to a variety of joint ventures including the establishment of a refugee center at Penn and Penn's involvement in the Philadelphia Collaborative Refugee Support Group. MPH students have been placed at these programs so the service and research initiatives created by these groups have enhanced MPH Student capstone opportunities.

Academic Progressions and Credentialing Subcommittee (Ad Hoc)

This committee is a subcommittee of the Advisory Committee and provides guidance for the Program Office related to monitoring student progress toward meeting degree requirements, consideration of requests for program deferrals and extensions, leave of absence and other matters pertinent to the integrity of credentials. Day to day operations will be handled by the Program Office with periodic review and oversight by this committee. This committee meets virtually via email exchanges to review and approve lists of graduating students and to advise the program administration on individual student issues related to academic progressions. All deferrals and approvals for leave of absence or length of program extension are reviewed and approved by the MPH Director.

Table 1.5.c.4 MPH Academic Progressions and Credentialing Subcommittee Members

Academic Progressions and Credentialing Committee Member	Department	School
Phyllis Solomon, PhD, Chair	Social Policy and Practice	School of Social Policy and Practice
Thomas Kelly, PhD	Biostatistics and Epidemiology	School of Medicine
Charlene Compher, PhD, RD, FADA	Biobehavioral and Health Sciences	School of Nursing
Jackie McLaughlin, MS, RD	MPH Program	School of Medicine

MD/MPH Advisory Committee (Ad Hoc)

The MD/MPH Advisory Committee is a subcommittee of the Admissions Committee. This committee is charged with advising the Program Office on the evolution of the MD/MPH program interface within the School of Medicine, including curricular integration, and pre-screening and counseling potential MD/MPH candidates at the time of their acceptance to Penn Medicine or subsequently during their enrollment. **Giang Nguyen, Chair** Faculty, School of Medicine (Family Medicine) Martin Keane Faculty, School of Medicine (Cardiovascular Medicine) comprises this committee.

d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

Core Members of the MPH Program as defined by the Bylaws (Appendix 1.5) must be on the Standing or Associated Faculty of the University. Associated Faculty appointments will be through a specific department within a Penn School. MPH Core Member status is designated for those individuals who are: 1) current members of one of the MPH Standing Committees, 2) Course Directors or Co-Directors of courses in the Public Health Program, 3) Appointed Academic Advisers to matriculated MPH Degree students, 4) Identified Capstone Mentors to matriculated students, 5) Principal Investigators of training grants obtained to support the MPH Program, and also 6) Members of the MPH Program Faculty. This operational definition of “core” used by the MPH program differs from that used for “core teaching” faculty, which is applied elsewhere in this document (see criteria 1.6.d and 1.6.e) for purposes of determining faculty head counts and student to faculty ratios.

Table 1.5.d.1 MPH Core Faculty on University Committees (Bylaws Definition)

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
Barg	Frances	2003-Present	Institute on Aging, Senior Fellow
		2003-Present	Institute on Aging, Advisory Board
		2003-Present	Robert Wood Johnson Senior Scholars Program, Faculty
		2005-Present	Undergraduate Education Committee, Dept. of Anthropology, SAS
		2006-Present	McNair Scholars Program, Faculty Advisor
		2006-Present	Co-leader, Guatemala Health Initiative
		2008-Present	Graduate admissions, Dept. of Anthropology
		2009-Present	Evaluation oversight committee, Netter Center for Community Partnerships
		2009-Present	University Scholars, Advisory Board

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2010-Present	Research fellow, Penn Center for Native American Studies
Barnes	David	2005-Present	Director, Health and Societies Program (interdisciplinary undergraduate major)
		2005-Present	Committee on the General Education Requirement, SAS
		2006-2008	Co-Director, Annenberg European History Colloquium
		2008-Present	Advisory Board, Communication Within the Curriculum Program
Bennett	Ian	2001-Present	Resident Evaluation and Advancement Committee (REACH) member, Dept. of Family Practice
		2007-Present	HUP Patient Education Committee
Blank	Michael	2001-Present	Community Advisory Board, Penn Center for AIDS Research
		2007-Present	Recruitment, Retention and Outreach Core-Abramson Cancer Center
Bourgeois	Philippe	2007-Present	Member, Dept. of Family and Community Medicine, Promotion and Tenure Committee
		2007-Present	Member (Chair of one case), Department of Anthropology, Tenure and Promotion Committee
		2007-Present	Chair, Depts. of Anthropology and Family of Community Medicine, MD/PhD Admissions Committee
		2007-Present	Member, Dept. of Anthropology, Graduate Admissions Committee
		2009-Present	Member, Dept. of Anthropology, Medical Anthropology Subcommittee
		2009-Present	Member, Dept. of Anthropology, Socio-cultural Subcommittee
Bowman	Marjorie	1996-Present	Standing Committee of Department Chairs and Directors of Centers and Institutes, SOM
		1996-Present	Clinical Practices of the University of Pennsylvania, Board of Directors
		1997-Present	FOCUS on Women's Health Research Advisory Board
		1998-Present	Curriculum Committee, SOM
		1998-Present	Member, University of Pennsylvania Cancer Center
		1998-Present	Samuel Martin Health Services Research Award Committee
		1999-Present	Residency Advisory Committee, Occupational Medicine Residency
		2003-Present	Dept. of Orthopedics Committee on Appointments and Promotions
		2003-Present	Advisory Committee, RWJ Clinical Scholars Program
		2004-Present	Faculty Annual Giving Committee, Chair
		2005-Present	Clinical Practices of the University of Pennsylvania, Billing Oversight Committee Chair
		2005-Present	Global Health Programs Advisory Committee
		2007 Present	Clinical Practices of the University of Pennsylvania, Executive Committee
		2007-Present	SOM Appellate Officer
		2008	Consultative Review Committee on the Reappointment of Afaf Meleis as Dean of SON
		2008-2011	University Academic Planning and Budget Committee
		2008-Present	Steering Committee on Academic Affairs, SOM
		2009-Present	Steering Committee on Academic Affairs, Agenda Setting Group, SOM
		2009-Present	SOM Office of Human Research Faculty Advisory Committee
		2009-Present	Internal Advisory Panel, Center for Health Behavior Research
2009-Present	Committee on Open Access Publications		
2009-Present	University Faculty Forum for Women Faculty Leadership Committee		
Branas	Charles	2000-Present	Member, Admissions Committee, Masters of Science in Clinical Epidemiology, Dept. of Biostatistics and Epidemiology
		2002-2009	Member, Computing Advisory Committee, Dept. of Biostatistics and Epidemiology
		2003-Present	Member, Executive Committee, Epidemiology PhD Program, Dept. of Biostatistics and Epidemiology

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2003-Present	Member, Graduate Group in Biostatistics and Epidemiology, Biomedical Graduate Studies
		2004-Present	Member, Graduate Group in Urban Spatial Analysis
		2005-2008	Member, University Council Committee on Open Expression
		2006-Present	Chair, Impact Committee, Dept. of Biostatistics and Epidemiology
		2006-Present	Member, Academic Advisory Committee, Master of Urban Spatial Analytics Program
		2007-Present	Member, Executive Advisory Committee, Division of Epidemiology, Dept. of Biostatistics and Epidemiology
		2007	Member, Review Panel for Police Officer Candidates, Division of Public Safety
		2007-2008	Member, Review Committee for Dept. of Family and Community Medicine
		2008-Present	Advisory Board, Center of Excellence in Environmental Toxicology
		2009-2010	Member, University Review Group for the Penn Institute for Urban Research
		2009-Present	Member, University Council Committee on Facilities
2009-2011	Member, Committee on Appointments and Promotions, Dept. of Biostatistics and Epidemiology		
Bream	Kent	1999-Present	Interviewer, SOM Admissions Committee
		2000-Present	Member, Curriculum Committee, SOM
		2000-Present	Member and Interviewer, Secondary School Committee
		2004-Present	Member, United Community Clinics Advisory Board
		2005-Present	Member and Interviewer, Health Professions Advisory Board
		2006-Present	Member, Fraternity and Sorority Affairs Advisory Committee
		2008-Present	Member, West Philadelphia Work Group: Developing Strategies for Improved Community Health in West Philadelphia
		2009-Present	Member, University Council Standing Committee on Campus and Community Life
Cannuscio	Carolyn	2008-Present	Weigle Information Commons Faculty Advisory Group
		2009-Present	Core Member, Mixed Methods Research Laboratory, Dept. of Family Medicine and Community Health
Coleman	Christopher	2004-Present	Member, Community Advisory Board: Center for AIDS Research, SOM (Elected Vice Chair in 2006, Chair - June, 2007)
		2005-Present	Member, Institutional Review Board (IRB) Panel #2, Primary Reviewer
		2006-Present	Faculty Advisor to Male Association of Nurses University of Pennsylvania, School of Nursing (MANUP)
		2007-Present	Member, PhD Admissions Committee, SON
		2007-Present	Chair, IRB Panel #2, Office of Regulatory Affairs
		2007-Present	Board Member: Hearing Board Student Disciplinary System and the Code of Academic Integrity
		2008-Present	Member, Faculty Search Committee, SON
		2009-Present	Member, Advisory Search Taskforce for the Division Chair of the Family and Community Health Division, SON
Collins	Robert	none	
Compher	Charlene	2007-2009	Practice Committee Member, SON
		2007-2008	Student Awards Taskforce Member, SON
		2007-2008	Alternative Dissertation Taskforce Chair, SON
		2007-2009	Penn Freshman Reading Project, Discussion Leader
		2007-2009	Hearing Board for Student Disciplinary System
		2007	Provost Interdisciplinary Seminar Review Member
		2007	CFAR Grant Review Committee Member

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2007-2009	Clinical Translational Research Center Council
		2007-2008	Faculty Senate Executive Committee
		2008-2009	Global Engagement Taskforce, SON
		2008-2009	Web Quality Assurance Council, SON
		2008-2009	Practice Committee Chair, SON
		2009	Associate Dean for Research Taskforce, SON
		2009-Present	Faculty Director, Biobehavioral Laboratory, SON
		2009-Present	Botswana-UPenn Partnership Committee
2009-Present	Bangladesh-UPenn Planning Group		
Drobatz	Kenneth	1993-Present	Awards Committee
		2004-Present	Education Committee
		2006-2009	Penn Annual Conference Organizing Committee
		2007	Emergency Service Faculty Search Committee
		2007	Radiology Faculty Search Committee
		2007-Present	Electronic Medical Record Committee
		2007-Present	Lindbach Teaching Award Committee
		2007-Present	Chair, Dept. of Clinical Studies-Philadelphia Education Committee
		2007-2010	Dean's Clinical Council
		2008-Present	Committee on Appointments and Promotions
		2008-Present	Clinical Competency Committee
		2009	Dean's Leadership Council
		2009	Chair, Evaluation of Clinical Research Committee
		2009	Development Liaison Committee
		2009	Chief Financial Officer Liaison Committee
		2009	Veterinary Community Relations Committee (Elise Mittleman)
		2009	Veterinary Specialists Club Committee
		2009	Budget Group
		2009	Search Committee for Chair of Clinical Studies-PHL
		2009-Present	Lindbach Teaching Award Nominations Committee
2009-Present	Innovations in Teaching Committee		
2009-Present	Faculty Advisor to Volunteers Organizing Committee		
Emmett	Edward	1999-Present	Director, Occupational Medicine Residency Program, University of Pennsylvania Medical Center
		1999-Present	Member, Preventive Medicine Residency Advisory Committee, SOM
		2007-Present	Steering Committee, Institute for Global Environmental Leadership
Glanz	Karen	2009-2011	Steering Committee, Center for Public Health Initiatives (CPHI)
		2009-2011	Member, Personnel Committee, School of Nursing
		2009-2010	Member, Committee on Appointments and Promotions (COAP), Dept. of Biostatistics and Epidemiology
		2009	Reviewer, Robert Wood Johnson Health and Society Scholars Program, Pilot Study Applications, Leonard Davis Institute
		2009-2012	Member, Graduate Group in Epidemiology and Biostatistics
		2009-Present	Member, Graduate Group in School of Nursing
Gluch	Joan	1991-Present	Member, Curriculum Committee
		1998-Present	Member, Competency Review Board
		1998-2009	Member, Outcome Assessment Committee

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2001-Present	Netter Center for Community Partnerships Faculty Advisory Board Member (renamed in 2008)
		2005-Present	Steering Committee Member, for CODA Self Study Accreditation
		2009-Present	Chair, Outcome Assessment Committee
		2009-Present	Chair, Steering Committee for CODA Self Study Accreditation
Grisso	Jeane Ann	2009-Present	Co-Director, Biomedical Graduate Studies Certificate Program in Public Health
Hillier	Amy	none	
Holmes	John	2001-Present	Data Privacy Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2002-Present	Member, Educational Programs Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2003-2008	Chair, Comprehensive Examination Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2006-2008	Member, Institutional Review Board
		2007-Present	Member, Advisory Board, Center for Biomedical Informatics, CHOP
		2008-Present	Member, Internal Review Committee, Graduate Group in Genomics and Computational Biology
		2008-Present	Co-Chair, Institutional Review Board (Board 7)
		2008-Present	Member, Admissions Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2008-Present	Member, Curriculum Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2009-Present	Member, Steering Committee, Certificate Program in Veterinary Public Health, School of Veterinary Medicine
Hughes-Halbert	Chanita	2002-Present	Member, Summer Undergraduate Minority Research Program Selection Committee, Leonard Davis Institute of Health Economics
		2004-Present	Member, Social and Behavioral Sciences Institutional Review Board
		2007-2008	Member, Strategic Planning Committee, Abramson Cancer Center
		2007-Present	Member, Steering Committee, Center for Health Equity Research and Promotion
		2009-Present	Member, Committee on Campus and Community Life
		2009-Present	Member, Strategic Planning Committee, SOM, Health Evaluation Sciences Work Group
		2010	Member, Ad Hoc Consultative Committee, Executive Vice President of the University for the Health System and Dean of the School of Medicine
Jemmott	Loretta	1995-2008	Research Committee, SON
		1995-Present	Doctoral Committee, SON
		1995-Present	Personnel Committee, SON
		1997-Present	Center Director's Committee, SON
		1997-Present	Urban Agenda Committee
		1999-Present	Presidents' Urban Agenda Committee
		2009-Present	Chair, Division Chair Search Committee, SON
Kelly	Thomas	1985-Present	Staff, MSCE Curriculum Committee, Clinical Epidemiology Unit/Center for Clinical Epidemiology and Biostatistics, SOM
		1993-Present	Staff, CCEB Awards Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2000-Present	Staff, Biostatistics Graduate Program Curriculum Committee, Graduate Group in Epidemiology and Biostatistics, SOM
		2002-Present	Co-Chair, Special Programs in Education Committee, Center for Clinical Epidemiology and Biostatistics, SOM

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2003-Present	Co-Chair, Clinical Research Certificate Program Working Group, Center for Clinical Epidemiology and Biostatistics, SOM
		2004-Present	Co-Chair, Mary E. Groff Charitable Trust Fellowship in Clinical Research Methods Selection Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2007-Present	Staff, Global Health Advisory Committee
Kumanyika	Shiriki	1999-Present	Member, Committee on Appointments and Promotions, Dept. of Biostatistics and Epidemiology, SOM
		2002-Present	Steering Committee, Robert Wood Johnson Health and Society Scholars Program, SOM
		2004-Present	Member, Executive Committee, Penn Institute for Urban Research
		2006-Present	Member, Associate Provost Committee Search Committee
		2006-Present	Member, University Faculty Senate Nominating Committee
		2006-Present	Member, Epidemiology Recruitment Subcommittee, Center for Clinical Epidemiology and Biostatistics, SOM
		2006-Present	Member, Cultural Competency and Health Disparities Medical Education Training Advisory Board, SOM
		2006-Present	Member, Advisory Board, Robert Wood Johnson Clinical Scholars Program, SOM
		2006-Present	Member, Diversity Program Advisory Committee, SOM
		2008-Present	Member, Impact Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2009-Present	Member, Scientific Advisory Board for Biosocial/Intervention of Child Aggression, SOM
Lipman	Terri	2003-Present	Co-Chair, Advisory Taskforce on Diversity and Cultural Competence
		2005-Present	Healthy in Philadelphia
		2005-Present	Executive Committee, Netter Center for Community Partnerships
		2006-2009	Doctoral Progressions Committee, SON
		2007-2008	Diversity Fund Committee
		2007-2009	Committee on Practice, SON
		2007-2009	Academic Standards and Progressions Committee, SON
		2008-Present	Personnel Committee, SON
		2008-Present	Program Directors' Committee, SON
		2008-Present	Faculty Awards Committee, Co-Chair, SON
		2009-Present	Winds of Change Task Force, SON
Liu	Jianghong	2007-Present	Center for Biobehavioral Research, SON
		2007-Present	Center of Excellence in Environmental Toxicology
		2007-Present	Global Health Programs
		2008-Present	Center for Public Health Initiatives (CPHI)
		2008-2009	Global Health Initiatives, working with Dr. Brian L. Strom's group on international partnerships: China
		2008-2010	By-laws Committee, SON
		2009-2010	Undergraduate Curriculum Revision Task Force - Community Health Workgroup, SON
Mandell	David	2006-2009	Co-Director, Public Health Certificate Program, Biomedical Graduate Studies
		2007-2008	Member, Children's Hospital of Philadelphia Biostatistics and Epidemiology Strategic Planning Committee
McKenzie	Judith	1999-Present	Residency Advisory Committee, Occupational Medicine Residency
		2002-2009	EXPORT Excellence in Partnerships for Community Outreach, Research in Health Disparities and Training in Obesity, Collaborative Effort with Cheyney University

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2006-Present	Member of External Advisory Panel for Occupational Health Nursing Training Program, NIOSH Training Program Project Grant
		2007-Present	Member, Community Outreach & Education Core (COEC) of the Center of Excellence in Environmental Toxicology (CEET)
		2007-Present	Member, Stakeholder Advisory Board of the Center of Excellence in Environmental Toxicology (CEET)
		2009-2011	PhD Candidate Committee, Thesis Defense January 2011, SON
		2009-Present	Chair, Underrepresented Minority Committee, Occupational Medicine Residency Program
		2009-Present	Member, PA EPHT Technical Advisory Group
		2009	Member, Infection Control Search Committee
Morssink	Christiaan	2005-Present	Member, Steering Committee, Global Health Programs Office, SOM
Nathanson	Neal	none	
Nguyen	Giang	2007-Present	Chair, MD-MPH Advisory Committee
		2007-Present	Family Medicine Preceptor Resident Evaluation and Advising Committee (PREACH)
		2007-Present	Member, Family Medicine Graduate Medical Education Committee (GMEC)
		2007-Present	Member, LGBTPM+ Faculty and Staff Committee
		2007-Present	Member, Penn Family Care EPIC (Electronic Medical Record) Governance Committee
		2008-Present	Member, Center for Public Health Initiatives Core Working Group
		2009-Present	Member, Family Medicine Clinical Operations (Ops) Committee
Penning	Trevor	2008	Member, Review of Graduate Group in Genomics & Computational Biology
Pinto	Andres	2003-Present	Member, Infection Control and Safety Committee, School of Dental Medicine
		2003-Present	Member, Patient Care Committee, School of Dental Medicine
		2005-Present	Member, Faculty and Staff Accreditation [Sub]-Committee, School of Dental Medicine
		2005-2008	Consultant, Oral Health, University of Pennsylvania-Cheney University EXPORT Center (Obesity prevention in Latino and African Americans)
		2006-Present	School of Dental Medicine Liaison. Clinical Research. Office of Research Services, SOM
		2007-Present	Member, Global Health Residency Advisory Committee, SOM
		2007-Present	Member, Behavioral Sciences Committee, School of Dental Medicine
		2007-Present	Member, Institutional Review Board (IRB) Seven. Office of Regulatory Affairs
		2007-2008	Diversity and Equity Committee, University Faculty Senate
		2007-Present	Student Conduct and Ethics Hearing Board, University Faculty Senate
2007-Present	Member, WHO Collaboration Center for Oral Infectious Diseases, School of Dental Medicine		
Pinto-Martin	Jennifer	2000-Present	Undergraduate Curriculum Committee, SON
		2001-Present	Admissions and Academic Standards Committee
		2002-Present	Doctoral Progression Committee, SON
		2002-Present	Personnel Committee, SON
		2003-Present	Research Committee, SON
		2005-Present	Center for Biobehavioral Research, SON
		2005-Present	Center for Health Disparities, SON
		2005-Present	Dept. of Epidemiology Faculty Recruitment Committee
		2006-Present	Global Health Committee, SOM
		2007	Past-Chair, University Faculty Grievance Commission
		2008	Task force on Research Professor track
		2008-2010	Member, Senate Executive Committee

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
Polsky	Daniel	none	
Rosoff	Arnold	2002-Present	Member, Quality of Student Life Committee of University Council
		2006-2009	Course Coordinator, LGST 101
		2009	Member, Fraternity and Sorority Advisory Board
Schmitz	Kathryn	2005-Present	Member, CTCRC Advisory Committee (formerly the HUP General Clinical Research Center Advisory Committee)
		2006-2008	Member, Impact Committee, Center for Clinical Epidemiology and Biostatistics
		2006-Present	Member, Admissions Committee, Center for Clinical Epidemiology and Biostatistics
		2006-Present	Member, Seminar Planning Committee, Center for Clinical Epidemiology and Biostatistics
		2007-Present	Chair, Committee on Relationships with Population-based Tumor Registries, Abramson Cancer Center
		2007	Member, Ad-Hoc Committee on Clinical Research Space, Center for Clinical Epidemiology and Biostatistics
		2009-Present	Co-Chair, Impact committee, Center for Clinical Epidemiology and Biostatistics
		2009-Present	Member, Steering Committee for the Certificate in Veterinary Public Health, Veterinary School
		2009-Present	Internal Advisory Committee, Penn Center for Health Behavior Research
		2010-Present	Medical & Health Advisor on Exercise, Penn Center for Excellence in Cancer Communication Research
Smith	Gary	1988-Present	Parasitology Graduate Group
		1997-Present	Graduate Group in Epidemiology and Biostatistics
		2002-Present	Admissions Committee
		2008-Present	Certificate in Veterinary Public Health Curriculum Committee, Chair
		2008-Present	Certificate in Veterinary Public Health Executive Committee
		2008-Present	Authorship Committee
		2009-Present	Committee on Appointments and Promotions, Chairman
		2009-Present	Scholarship Committee
Solomon	Phyllis	1994-Present	Research Sequence Committee, SSW (Chair 1996-2002, 2005; Co-Chair, 2008-Present)
		2004-Present	Academic Freedom and Responsibility Committee, SSW
		2007-Present	Racism Sequence Committee, SSW
		2007-Present	Personnel Committee, SSW
		2008-2009	Consultative Review Committee for SP2 Dean
		2008-2010	Curriculum Committee, SSW
		2009-Present	DSW Governance Committee, SSW
Sorenson	Susan	2006-2008	Research Sequence Committee, SP2
		2006-Present	Student Procedures and Policies Committee (Chair, 2008-2011)
		2007-2009	Human Behavior in the Social Environment Committee, SP2
		2007-2010	Graduate Council of the Faculties
		2007-Present	Steering Committee, Center for Public Health Initiatives (CPHI)
		2007-Present	Advisory Board, Division of Public Safety
		2008-2009	Dean's Reappointment Review Committee
		2008-2010	Review Panel, University Research Foundation
		2008-Present	Director, Evelyn Jacobs Ortner Center, SP2
		2009-Present	Member, Executive Committee, SP2
		2009-Present	Member, Program Directors Committee, SP2
2010	Chair, Ad Hoc Grievance Committee, SP2		

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2010	Senate Nominating Committee
Thomas	Duane	2007-Present	Professional School Counseling Program Committee, GSE
		2007-2008	Co-Chair, Student Affairs Committee, GSE
		2008-2009	Junior Faculty Committee, GSE
		2009-2010	Executive Committee, GSE
		2010-Present	Awards Committee, GSE
Wiebe	Douglas	2006-Present	Member, Impact Committee, Center for Clinical Epidemiology and Biostatistics
		2006-Present	Member, Comprehensive Exam Committee, Center for Clinical Epidemiology and Biostatistics
		2009-Present	CCTV (Closed Circuit Television) Monitoring Committee, Division of Public Safety
		2010-Present	Doctoral Program Executive Committee, Center for Clinical Epidemiology and Biostatistics

Table 1.5.d.2 MPH Member (Non-Core) Faculty on University Committees (Bylaws Definition)

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
Member Faculty			
Apter	Andrea	2002-Present	Advisory Committee for Women's Advisory Council to the Chair in Medicine
		2003-Present	MD-MPH Combined Degree Program Admissions Committee
		2003-Present	School of Medicine Subcommittee of COAP on Teaching Evaluation
		2004-Present	FOCUS Advisory Committee
Armstrong	Katrina	1996-Present	Internship Selection Committee, Dept. of Medicine
		1998-Present	Advisory Committee, FOCUS: Leadership Mentoring Program for Women Medical Faculty, SOM
		1999-2008	Medical School Curriculum Committee, Center for Clinical Epidemiology and Biostatistics, SOM
		2002-Present	Director, Bertha Dagan Berman Award in Women's Health, SOM
		2004-Present	Steering Committee, Robert Wood Johnson Health and Society Scholars Program, SOM
		2005-Present	Executive Committee, Leonard Davis Institute of Health Economics
		2005-2009	Member, School of Medicine Teaching Awards Selection Committee
		2006-2008	Search Committee, Director, Renal Division, SOM
		2006-Present	Executive Committee, Abramson Cancer Center, SOM
		2008-2009	Search Committee, Chair, Dept. of Surgery, SOM
		2008-2010	Chair, Selection Committee for Marjorie Bowman Young Investigator Award
		2010-Present	Chair, Selection Committee for Sam Martin Outstanding Investigator Award
Coffin	Susan	2006-2009	Faculty Grievance Committee
		2007-Present	Associate Director, Center for Pediatric Clinical Effectiveness
Cronholm	Peter	2001-Present	Member, Residency Curriculum Committee, Dept. of Family Medicine and Community Health
		2006-Present	Member, Health Professions Advisory Board
		2007-Present	Member, Preceptor Assessment Committee (PREACH), Dept. of Family Medicine and Community Health

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2008-Present	Member, Graduate Medical Education Committee (GMEC), Dept. of Family Medicine and Community Health
		2008-2009	Member, West Philadelphia Consortium to Address Health Disparities - Navigator Study Subcommittee
		2009-Present	Member, Qualitative and Mixed Methods Work Group, Center for Public Health Initiatives
		2009-Present	Member, West Philly Health Access Work Group
Culhane	Dennis	1991-Present	Volunteer, Penn Relays, Athletic Communications
		2001-Present	Chair, Division of Public Safety Advisory Board
		2004-Present	Executive Committee of the Penn Urban Research Institute
		2009-2011	Chair, Policy Sequence, School of Social Policy and Practice
Draine	Jeff	2005-Present	Chair, Institutional Review Board-IRB No. 8, Social and Behavioral Sciences emphasis
		2005-Present	Academic Preceptor, Bridging the Gaps Community Health Internship Program
		2006-2008	Chair, Personnel Committee, SP2
		2006-Present	Human Research Advisory Committee, Office of Vice Provost for Research
		2007-Present	Curriculum Committee, Master of Social Work program
		2008-2010	Chair, Curriculum Committee, SP2
		2010-Present	Chair, MSW Governance Committee, SP2
		2010-Present	Academic Standing and Grievance Committee, SP2
Fein	Joel	1996-2010	Graduate Education Committee, Member
		2007, 2010	Preceptor, "Bridging the Gaps"
Feldman	Harold	1999-Present	Member, Committee on Appointments and Promotions (COAP), Dept. of Biostatistics and Epidemiology, SOM
		2000-2009	Disciplinary Appellate Officer, Office of Student Conduct
		2003-Present	Member, Health Promotion and Disease Prevention Council
		2003-Present	Member, Penn Diabetes Center, SOM
		2004-Present	Member, Samuel Martin Awards of Excellence Committee
		2006-Present	Member, Committee on Appointments and Promotions (COAP), Dept. of Medicine, SOM
		2006-Present	Member, Advisory Board to the Robert Wood Johnson, Clinical Scholars Program
		2009-Present	Chair, Committee on Appointments and Promotions (COAP), Dept. of Biostatistics and Epidemiology, SOM
		2009-Present	Member, Clinical Epidemiology Cardiovascular Research Search Committee, SOM
Harkavy	Ira	1992-2010	Director, Barbara and Edward Netter Center for Community Partnerships
		1996-2010	Associate Vice President
		Present	Penn Alumni Award of Merit Selection Committee
		Present	Medical Center's Twenty-first Century Endowed Scholars Program
Hwang	Wei-Ting	2001-Present	Member, Division of Biostatistics Curriculum Committee
		2003-Present	Member, CCEB Service Center Committee
		2004-Present	Member, Division of Biostatistics Qualifying Exam Committee
		2004-Present	Member, CCEB Non-degree Education Program Committee
		2005-2009	Member, CCEB Impact Committee
		2009-Present	Member, CCEB Medical Student Curriculum Committee
Keane	Martin	1999-Present	Interviewer, Admissions Office, SOM
		2008-Present	Representative (Constituency #26), Senate Executive Committee, Faculty Senate
		2008-Present	Member (Constituency #26), University Council

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
Morris	Daniel	2007-Present	Committee on Student Rights and Responsibilities, Chair, School of Veterinary Medicine
		2007-Present	Judicial Administrator for the School of Veterinary Medicine
		2007	Dept. of Clinical Studies Medical Director Search Committee, Chair
		2007/2008	Chair, Dept. of Clinical Studies Search Committee
		2008-Present	Clinical Council, School of Veterinary Medicine
		2009-Present	IRB #4 (Institutional Review Board for biomedical research proposals)
Offit	Paul	1989-Present	Member, Immunology Graduate Group
		1989-Present	Member, Molecular Biology Graduate Group
		2006-Present	Member, Cell and Molecular Biology Graduate Group
		2008-Present	Co-Director, The Center for Vaccine Ethics and Policy, a program of the Center for Bioethics, University of Pennsylvania, the Wistar Institute, and The Children's Hospital for Philadelphia
Rebeck	Timothy	2005-2010	Member, Committee on Appointments and Promotions (COAP), SOM
		2007-2009	Shared Resource Advisory Committee, Abramson Cancer Center
		2008-2009	Chair, Michael S. Brown New Investigator Research Award Committee
		2009-2010	Member, University of Pennsylvania Faculty Senate Committee on the Economic Status of the Faculty
		2010	Member, Dept. of Dermatology Chair Search Committee
Strom	Brian	1981-Present	Pharmacy and Therapeutics Committee
		1993-Present	Standing Committee of Department Chairs and Directors of Centers and Institutes, SOM
		1994-Present	Medication Error Review Subcommittee
		1996-Present	Samuel Martin Health Services Research Award Committee
		1999-Present	Gastrointestinal Clinical and Health Services Research Advisory Board, Member
		2002-Present	School of Medicine Committee to Select Faculty for Major Honors
		2003-Present	Tenure Track Committee
		2005-Present	Campus Development Thought Leadership Committee
		2005-Present	Distinguished Graduate Award Selection Committee
		2005-Present	K30 Advisory Committee at Penn, Chair
		2005-Present	Penn Medicine Leadership Group
		2005-Present	Research Coordinating Council (RCC), Co-Chair
		2007-Present	Veteran's Administration Medical Center (VAMC), Dean's Committee, Chair
Teitelman	Anne	2006-2008	Committee on Academic Freedom, Member, SON
		2007	Planning Committee, Member, Urban Women's Health Think Tank
		2008-2009	Grant Review Committee Member, Center for AIDS Research (CFAR)
		2008-2010	Research Committee, SON
		2008-2010	PhD Program: Progressions Committee, SON
		2008-Present	Clinical Preceptor for UPenn MSN students in Family, Adult, and Pediatric Nurse Practitioner Programs, SON
		2009-2010	Strategic Planning Task Force- Family and Community Health Division, SON
		2009-Present	Taskforce on Diversity and Cultural Competence, SON
		2009-Present	Center for AIDS Research (CFAR) Mentor: Invited to mentor faculty colleague in HIV/AIDS related behavioral research
		2009-Present	Hearings List for the Faculty Grievance Commission
		2010	BSN/MSN Interviews, SON
2010	Graduate Group Task Force on Doctoral Exams, SON		

MPH Faculty Name		Non-MPH Academic/Institutional Committee Positions Between Fall 2007 - Spring 2011	
Last Name	First Name	Year(s)	Committee/Position
		2010-Present	PhD Admissions Committee, SON
Tsou	Walter	N/A	
Tuton	Lucy	2007-Present	Member, Gender Equity Executive Committee
Winston	Flaura	2007-Present	Member, External Advisory Committee, Center for Disease Control and Prevention Philadelphia Collaborative Violence Prevention Center
Zubritsky	Cynthia	N/A	
Associated Faculty & Instructional Support			
Bridenhagen	Barrett	N/A	
Frasso	Rosemary	2006-2010	Graduate Group Steering Committee, SP2, Elected Representative
		2007-Present	Research Sequence Committee, SP2
Klusaritz	Heather	2003-2009	Member, Student Health Insurance Advisory Board
Pepino	Richard	N/A	

A binder is available in the MPH office with faculty and key staff curriculum vitae.

e. Description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.

Student Roles in Governance

All matriculated MPH students are members of the Student Government Organization which is named the Penn Public Health Society (PPHS). The MPH Program Director and Associate Director invite students to participate on committees. If they agree to volunteer their time in this way, they become appointed representatives of the PPHS and participate in meetings of the MPH Advisory Committee and the MPH Curriculum Committee. The seat on either committee is shared by 2 students who alternate attendance. Students rotate off committees after 1 year of service to allow opportunities for other students to participate. A copy of the PPHS Bylaws is available in the resource file.

The current student representatives to the Advisory Committee are Ethan Nguyen and Jacob Fyda. The current student representatives to the Curriculum Committee are Hillary Nelson and Clare Leinweber.

The standard means for MPH students to participate in the MPH Program evaluation process are as follows:

1. Course and Faculty Evaluations
2. Capstone Logs
3. Exit Interviews at the time of graduation
4. Committee Participation
5. Annual Reports on PPHS Activities to the MPH leadership

f. Assessment of the extent to which this criterion is met.

This criterion is met. Students are also invited to contact the Program Director for discussion of any concerns related to the program. The Office of Masters Program is another source of support and guidance for student concerns.

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

Required Documentation:

a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program.

Generally, all program budgets within the School of Medicine are negotiated between the Director, CPHI and the Executive Vice Dean for Research and Research Training. The Executive Vice Dean then presents the budget and the program's needs to the Dean of the School of Medicine. Each program budget is submitted within the overall School of Medicine budget to the Provost of the University of Pennsylvania. Budgetary criteria like employee benefit rates or annual salary increases are decided by the Trustees of the University of Pennsylvania in consultation with the President and the Provost.

In 2007, the Provost and the Dean of the Perelman School of Medicine created a Center for Public Health Initiatives. The MPH program is housed within this center and the MPH Program Director reports to the Center Director. MPH annual budgets are now developed by the Center Director with input from the Director and the Associate Director of the MPH program, and the Office of Masters Programs Director of Financial Operations based on anticipated programmatic needs. The Director may appoint a budget and/or finance sub-committee consisting of faculty, who can then make recommendations to the SOM via the MPH Program Director and Executive Vice Dean.

Budgets since 2007 includes administrative support for 4 FTE's of administrative staff, plus support for the Director of CPHI (M. Bowman), the MPH Program Director (J. Pinto-Martin), the MPH Director for Educational Development (K. Schmitz), and 2 full-time faculty (J.A. Grisso and C. Cannuscio). One post-doctoral position (B. Bridenhagen) was filled in 2009, and 2 lecturer/instructors (R. Frasso and H. Klusaritz) were added in 2010. Additional budget-supported activities include other faculty teaching PUBH prefix courses, summer work study students, funds for expenses related to program marketing and recruitment efforts, support for the External Advisory Committee, annual participation in the American Public Health Association, routine program material costs, and accreditation fees. The program does pay other departments for faculty to teach MPH courses.

The total budget for the MPH program is provided by the Perelman School of Medicine. The only source of income to the program is the tuition revenue. Income and expenditures to date are shown in Table 1.6.b and explained below. While SOM reviews, and in theory approves, the budget, the basic budget is essentially a portion of the total tuition income generated by the MPH program. So, it is not an allocation, although the school by "returning and not taxing" any portion of the net tuition income generated is "allocating" all of it in support of the programs - MPH and CPHI.

The Personnel allocation includes stipends or salary and employee benefits for the following positions: Administrative Faculty

- Director of the MPH program
 - Director of the CPHI
 - Director for Educational Development
- Staff
- Associate Director of the MPH program
 - Coordinator of the MPH program
 - Portion of Managing Director of the CPHI
 - Portion of Program Coordinator of the CPHI

In addition, funds support the faculty teaching effort including paying for course instruction, based primarily on a schedule of payment that considers rank, sole faculty versus joint faculty of course, and overall contribution to the MPH program. The Director, Director for Educational Development, and Associate Director comprise the Leadership Core for the MPH Program. In addition to the budgeted positions, the Director of Financial Operations, a financial coordinator, and the Master's Degree Programs Coordinator within the Office of the Executive Vice Dean for Research and Research Training support the administrative and financial aspects of the MPH program. The endowment (\approx \$200,000) was created from past surplus net tuition income, which is an additional income source, but only the expenditures are listed in the table.

Dollars for faculty are directed to their department or school as per their home school policy. The home department determines how the money is used; it is sometimes counted toward their overall faculty effort and is sometimes distributed as additional pay. This is not determined by the MPH but the MPH encourages any significant teaching commitment to be considered part of their total faculty effort. That being said, some schools operate on a 9-month schedule and some are full calendar year schedules.

Current expense allocation includes the following costs: general office supplies, computer and telephone equipment, memberships, travel, printing, Xeroxing, mail costs, and other miscellaneous expenses.

b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program. See CEPH Data Template A.

This table below excludes university collected tuition retained by the university, which was \$253,713 in 2010-11. The MPH budget does not cover the cost of the research effort of the faculty, and only covers a minor portion of effort for administrative support for committee work, capstone mentors, and other similar efforts, which are supported through the various schools and departments affiliated with the MPH. Further it excludes classrooms and classroom support donated by schools other than the School of Medicine (in particular, we use a substantial number of School of Nursing classrooms).

In case of overage, some monies are kept in reserve, and other monies are put toward endowment or quasi-endowment. In case of shortfall, which has not happened since 2007, reserves would be used first, and any uncovered remaining would require negotiation with the School of Medicine and the University.

The table does not include CPHI expenses. CPHI 2010-11 dollars (\$244,307) support the Director of CPHI and appropriate portions of the staff, the seminar series (open to all MPH students), the public health services programs (at which some MPH students do their capstones or volunteer), the continuing education institutes (which some MPH students as well as MPH faculty attend), CPHI electronic updates which include available public health events around the area (open to students), and the awarding of monies for pilot cross-school interdisciplinary research projects (these research projects have incorporated some MPH capstone projects as well). The CPHI budget started with the 2007-08 fiscal year, as it was initiated in 2007.

Table 1.6.b Sources of Funds and Expenditures by Major Category, Fiscal Years 2007-2011

Table 1.6.b. Sources of Funds and Expenditures by Major Category, Fiscal Years 2007 to 2011					
Source of Funds	Year 1 (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	Year 1 (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.

c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and

other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

This section does not apply to the Penn MPH program.

d. A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.

For purposes of this accreditation review, we will count the core “teaching” faculty as those who primarily teach public health courses and who also devote 50% or more time (including public health research) to the MPH Program.

Table 1.6.d.1 Primary Core Teaching Faculty Head Count (Across All Tracks)

2007-2008	2008-2009	2009-2010	2010-2011
5	7	14	15

Table 1.6.d.2 Primary Core Teaching Faculty by Percent Time Commitment

Primary Core Teaching Faculty (% Effort)																
Faculty Name	2007-2008 % Effort				2008-2009 % Effort				2009-2010 % Effort				2010-2011 % Effort			
	T	R	A	C	T	R	A	C	T	R	A	C	T	R	A	C
Frances Barg-GH			5	5	20		5	5	20	20	5	5	40	20	5	5
Philippe Bourgois			5		20		5		20	45	5		20	45	5	
Charles Branas-GH	20			5			5	5	20	20	5	5	20	20	5	5
Barrett Bridenhagen									50				40			
Carolyn Cannuscio-EH	40	30	10		40	30	10		40	30	10		20	30	10	
Edward Emmett-EH	20	20	5	5	20	20	5	5	20	20	5	5	20	20	5	5
Rosemary Frasso													70	20		
Karen Glanz-EH									10	40			10	40		
Jeane Ann Grisso					60	10			80	10			60	20		
Amy Hillier-EH	20	30			20	30			20	30			20	30		
Chanita Hughes-Halbert	20	50			20	50			20	50			20	50		
Heather Klusaritz													20	30		
Giang Nguyen-GH					40		5	5	40		5	5	40		5	5
Jennifer Pinto-Martin	20	50		20	20	50		20		50		20		50		20
Kathryn Schmitz									50	10	10	10	40	30	10	10
Wendy Voet-GH	20				20		5	5	40		5	5	40		5	5

*Key: T = Teaching, R = Research, A = Advising, C = Committees and Administrative

Secondary Core and Adjunct Teaching Faculty																
Faculty Name	2007-2008				2008-2009				2009-2010				2010-2011			
	T	R	A	C	T	R	A	C	T	R	A	C	T	R	A	C
Julie Becher*	10				10											
David Barnes				5	20			5	20		5		20	10	5	

Ian Bennett			5				5				5		10	10		
Michael Blank	20		5	5	20		5	5	20			5			5	5
Peter Cronholm							5				5		10	10		
Marilyn Howarth-EH	10				10				10				10			
Allison Karpyn													20			
Linda McCauley*	20		10	10	20		10	10								
Jasmine McDonald*													20			
Judith McKenzie-EH	20	10			20	10			20	10			20	10		
Christiaan Morssink-GH	20		5		20		5				5				5	
Neal Nathanson-GH	20		10		20		10		20		10		20		10	
Richard Pepino-EH													20			
Arnold Rosoff	20		5	10	20		5	10	20	5	5	5	20	5	5	5
Robin Stanbeck Stevens*									20							
Mark Salzer*	20		5	5	20		5	5								
Susan Sorenson									20		5			30		10
Walter Tsou									20				20			
Dawai Xie*	20															
Douglas Wiebe	20				20		5		20		5		20	20		

Key: T = Teaching, R = Research, A = Advising, C = Committees and Administrative

*Indicates faculty is no longer teaching or affiliated with MPH but they are included in the faculty HC for the years in which they taught.

e. A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years. These data must be presented in table format and include at least: a) headcount of primary faculty who support the teaching programs, b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the teaching programs (adjunct, part-time, secondary appointments, etc), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of core faculty plus other faculty, f) total FTE of core and other faculty, g) headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in 4.1.a. and 4.1.b. See CEPH Data Template B.

As recommended by the CEPH preliminary reviewers and subsequent discussions with CEPH staff we are defining our primary “core” teaching faculty as those who devote >50% effort to the program and have regular teaching and advising responsibilities. We have included public health research time in this estimation of effort where it has direct relevance to the teaching mission of the program (e.g.: involved MPH students engaged in capstone experience). The core faculty head counts and faculty FTE presented in Table 1.6.e below and elsewhere throughout this self

study document are based on the “**primary**” core teaching faculty with >50% effort to the program and the contributions of the “**secondary**” core teaching faculty whose effort is significant to the educational mission, yet under 50% time.

Teaching MPH faculty who contribute <50% time, yet make significant contributions to the educational mission are considered “**secondary**” core faculty. This schema also includes the adjunct faculty. The secondary core faculty and adjunct faculty constitute the “**other**” category of teaching faculty. A third category of “**associated**” faculty is faculty who either contribute to the leadership of the MPH program through committee work and/or advising and mentoring MPH students. (See Table 4.1.b.2 for this breakdown)

Table 1.6.e Teaching Faculty, Students and Student/Teaching Faculty Ratios by Department or Specialty Area

Table 1.6.e. Teaching Faculty, Students and Student/Teaching Faculty Ratios by Department or Specialty Area										
	HC Primary Core Faculty	FTEF Primary Core	HC Secondary teaching Faculty	FTEF Secondary teaching Faculty	Total Teaching Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Primary Core FTEF	SFR by Total FTEF
MPH Generalist 2007-2008	5	3.4	13	2.9	18	6.3	35	26	7.6	4.1
MPH Generalist 2008-2009	7	4.6	13	3.0	20	7.6	45	31	6.7	4.1
MPH Generalist 2009-2010	6	4.3	9	1.8	15	6.1	44	34.5	8.0	5.7
MPH Generalist 2010-2011	7	5.6	10	2.6	17	8.3	52	41	7.3	4.9
MPH Global Health 2009-2010	4	2	2	.3	6	2.3	4	4	2	1.7
MPH Global Health 2010-2011	4	2.2	2	.3	6	2.5	9	7	3.2	2.8
MPH Environmental Health 2009-2010	4	2.3	2	.4	6	2.7	0	0	0	0
MPH Environmental Health 2010-2011	4	2.1	3	.6	7	2.7	0	0	0	0

Faculty FTE calculation: Because of the variety of ways UPenn schools and departments identify faculty effort, we have declared each course taught to be approximately 20% effort. Penn Departments & Schools with traditional curricula vary from considering 3 to 5 courses over 2 semesters as a full-time load. We estimate 10% effort for chairing one of the standing committees and a lesser percent effort (5%) to committee members for their participation on committees. We also estimated % efforts for those primary and secondary faculty members who have significant effort with advising activities such as having multiple capstone advisees.

Student FTE calculation: Table 1.6.e only includes students who are matriculated in the MPH degree program and excludes the non-matriculated students and certificate students. Full time students average 8 course units (cu) per academic year and part time students average 4 course units per academic year. The Student FTE calculation is derived by multiplying the HC of full time students by 8 cu and multiplying the HC of part time students by 4 cu. The sum of cu’s for full time and part time MPH students per academic year is divided by 8 to obtain the Student FTE calculation.

Refer to Criterion 1.6.e for further explanation of template categories.

Key:

HC = head count

Core = full-time faculty who support the teaching programs designated as primary core

FTE = full-time-equivalent

FTEF = full-time-equivalent faculty

Other = adjunct, part-time and secondary faculty who support the teaching program

Total = primary core + other (secondary and adjunct)

SFR = student/faculty Ratio

f. A concise statement or chart concerning the availability of other personnel (administration and staff).

There are 4 FTE administrative staff. MPH Associate Director, Jackie McLaughlin, MS, RD, appointed to position in 2005. Her responsibilities are to support the Program Director in the development, coordination, evaluation and accreditation of the MPH program; she is also responsible for the management of the daily operations, program advising, and student affairs issues related to the MPH program office, marketing materials, recruitment of new students, and supervision the Program Coordinator. She develops and maintains working relationships with academic programs across schools within the university and functions as a liaison for the program to external organizations.

Program Coordinator, Karen Kelly, appointed to position in 2006. Her responsibilities include maintenance of student records, provision of general advising, monitoring of students' academic progress, MPH website updates, coordinating of course scheduling, standing committees, and special events, and the first point of contact for current and prospective students.

CPHI Administrative Director, Wendy Voet, MPH, appointed to position in 2007. Her responsibilities include supporting the CPHI Director in creating, fostering and maintaining relationships inside and outside Penn; identifying funding possibilities, including writing and submitting appropriate grants; enhancing Penn public health interdisciplinary activities; managing Public Health continuing education; and developing and managing vehicles to increase Penn Public Health visibility via newsletter, website and other community activities/interactions.

Project Coordinator, Lauren Hallden-Abberton, appointed to position in 2010. Her responsibilities include website and list-serve management; brochure and program announcement development; newsletter creation and distribution; administrative support for continuing education, public health events, and public health related service programs and working groups.

Director of Financial Operations, Namrata Narain, in the role since the development of the program in 2002. She manages the budget, handles tuition streams, performs data analysis of the finances, tuition, student school origin, which she also does for other office of graduate studies programs. She oversees the part-time assistance of two individuals in her office who support these financial functions.

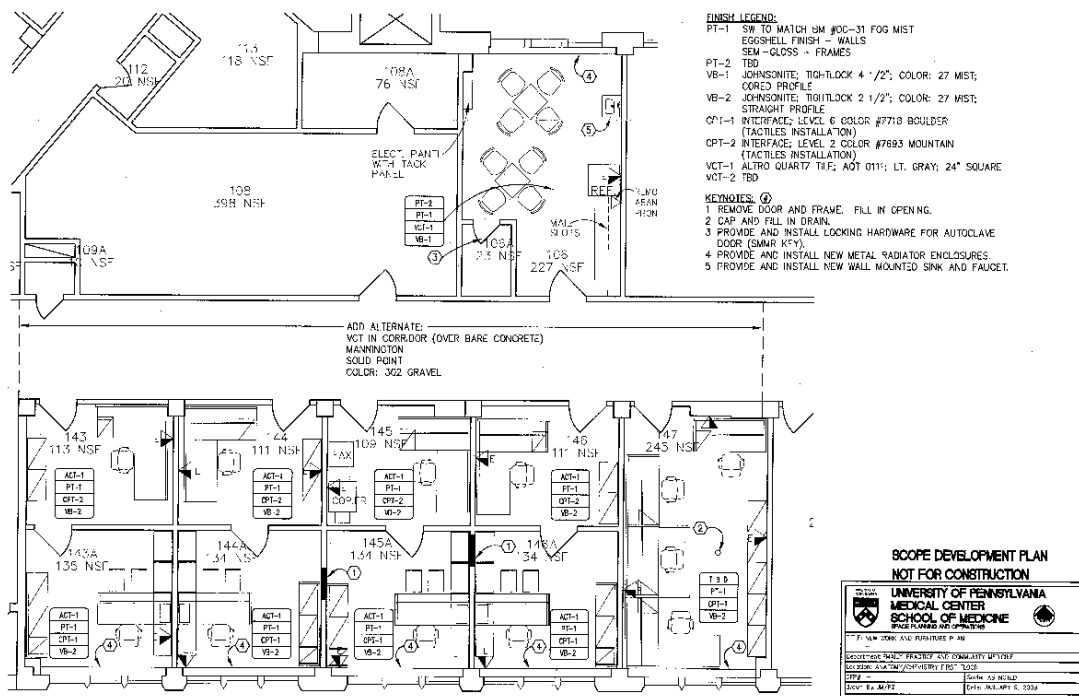
g. A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.

The MPH program has offices in Penn's Center for Public Health Initiatives. Currently there are offices for the MPH Associate Director, Program Coordinator, Director of Educational Development, and shared office space for the MPH Program Director whose primary office space is in the School of Nursing. The MPH program has been housed in this space for the past 2 years and there is ongoing renovation which will provide more office space for core CPHI faculty. The kitchen space also provides meeting space for students to gather and 3 classrooms which are available for instruction and meeting space. Classroom space for PUBH courses is reserved using an online request system. Approximately three months prior to the beginning of a term the program office submits a list of course numbers/dates/times/enrollment numbers/technology requirements is sent through the online system and classes are assigned based on availability, using the criteria submitted. PUBH courses are usually scheduled in the following campus locations: Fagin Hall, Blockley Hall, Biomedical Research Building II, and the Anatomy-Chemistry building. Further, it excludes classrooms and classroom support donated by schools other than the School of Medicine.

h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

Below is a floor plan showing the shared offices of the CPHI/MPH. The MPH program does not utilize laboratory space. Faculty members have laboratory or research space in their home departments. If laboratory space were needed for public health courses, we would reserve this space within the School of Medicine's 892,000 net sq. ft. (nsf) of research space.

Figure 1.6.h CPHI Floor Plan



i. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

All staff and faculty have computers for use in their office space. Two additional computers are available: one for a student worker who provides administrative assistance to the MPH program office, and a second computer which is available for adjuncts to use if needed. There is no additional computer laboratory space.

j. A concise statement of the library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The University's library has many resources that are available to MPH students and faculty. Penn has fifteen libraries in total, located throughout the campus, housing a collection of over 4.5 million volumes. There are three health sciences libraries, Biomedical Library, Dental Library, and Veterinary Library, as well as the Chemistry Department Library. The **Biomedical Library**, housed within the School of Medicine, has a large collection of print and electronic journals, as well as many other services including fifty-five public workstations, a ten-station microcomputer training lab, wireless network throughout most of the library, twenty laptop network plug-in ports, and numerous study rooms. Students, staff, and faculty use on-line literature search capabilities and computer-based educational programs extensively. Biomedical Library staff can also provide in-library and off-site training in searching life science databases (Medline, PubMed, CINAHL, ISI Citation Indexes, etc.), use of bibliographic management software (EndNote), and research and productivity skills (e-journals, PowerPoint, molecular biology tools).

Penn's library services also support the Blackboard courseware for the MPH. Each PUBH course is offered a Blackboard site. Last year, the **Van Pelt-Dietrich Library Center** contracted with the Philadelphia Health Management Corporation to make the Community Health Database available to all students.

k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

Our community networks and resources are fully described in criteria 2.4 Practice Skills, 2.5 Culminating Experience, 3.1 Research and 3.2 Service. The extensive community partnerships and opportunities for practice and research setting for MPH students is much greater by far than the number of students who are seeking placement options. This is viewed as an asset to the program which provides a degree of flexibility to tailor the student's individual interest and need to an appropriate setting. Table 1.6.k below outlines the **capstone practice settings** for capstones completed over the past 3 years.

Table 1.6.k MPH Completed Capstone Placement Settings

The Pennsylvania State University, Department of Agricultural and Biological Engineering; Penn State Cooperative Extension
WOAR (Women Organized Against Rape)
Children & Families First of Delaware, Inc.
Child Abuse Referral and Evaluation Clinic at CHOP

Physicians for Reproductive Choice and Health
Edgewater Park Township School District
UPenn Department of Radiology
Philadelphia -Community Outreach
American Cancer Society, Southeast Region, PA Division & Penn Asian Health Initiatives
Penn Dept. of Epidemiology & Biostatistics
Women Against Abuse
Philadelphia Department of Public Health (separate fieldwork experience)
Dragonfly Forest Camp
Philadelphia FIGHT
Project WET Foundation
Drugs for Neglected Diseases initiative (DNDi)
Guatemala Health Initiative
The Renfrew Center
Meta Quality of Life Improvement Foundation
University of Pennsylvania, School of Nursing; Pennsylvania Diabetes Action Plan
Firearms and Injury Center at Penn (FICAP)
HIV Prevention Research Division, School of Medicine UPenn & Independent outreach in Philadelphia Neighborhoods
University of Pennsylvania Department of Family Medicine and Community Health/Asian Health Initiatives and SE Pennsylvania American Cancer Society Asian Advisory Council
Riverside Correctional Facility
American College of Veterinary Dermatology
Ohio State Health Department
Philadelphia Department of Public Health
Public Health Management Corporation
Sayre Health Center
CHOP Emergency Department, Primary Care Offices, and Philadelphia Health Centers
Camp Dreamcatcher
Weavers Way Co-op
Philadelphia Area Schools
Community Outreach and Education Core, CEET
Southwest Philadelphia Neighbors United Against Drugs
East Parkside and Carrol Park Communities (Philadelphia), Family Medicine & Community Health Department at Penn

l. A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.

There is not an academic requirement for “in-kind” services beyond the capstone experience.

m. Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures

for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

Table 1.6.m Resource Outcome Measures

Academic Year	Educational Program Expenditures per student FTE	Research dollars per FTE of Total teaching Core MPH (primary and secondary) Faculty	Extramural Funding as a % of Total Budget
2007-2008	\$549,348/26 = \$21,129	\$3,843,642/6.3 = \$610,101	N/A
2008-2009	\$807,612/31 = \$26,052	\$3,694,340/7.6 = \$486,097	N/A
2009-2010	\$744,948/38.5 = \$19,349	\$4,493,258/11.1 = \$404,798	\$14,893/\$744,948 = 2%
2010-2011	\$1,013,065/48 = \$21,105	\$5,652,500/13.3 = \$425,000 Research dollar data is estimated for 2011 as this data is not complete for AY 2011	N/A

None of the MPH Program funding is extramural. Data on research dollars per FTE Faculty are based on data reported in Spring 2011. The research dollar total represents the annual direct costs for grant funded research of the CORE MPH faculty. These funds do not flow to the MPH.

n. Assessment of the extent to which this criterion is met.

This criterion is met.

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 master’s degree. The program may offer a generalist MPH degree or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, professional and academic, if consistent with its mission and resources.

Required Documentation:

a. An instructional matrix (see CEPH Data Template C) presenting all of the programs degree programs and areas of specialization, including undergraduate, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

Presently the MPH Program has approved a generalist MPH degree and an MPH degree with two possible areas of specialization: global health and environmental health. In addition, we have developed eight combined degree options with the Doctor of Medicine (MD), the Master of Science in Clinical Epidemiology (MSCE), the Master of Social Work, (MSW), the Doctor of Jurisprudence (JD), the Master of Science in Nursing (MSN), The Doctor of Medicine in Dentistry (DMD), Master of Bioethics (MBE) and several PhD programs across campus including Nursing and History which are combined with the MPH degree.

Table 2.1.a.1 Instructional Matrix

Table 2.1.a.1 Instructional Matrix – Degree/Specialization		
	Academic	Professional
Bachelors Degrees	N/A	N/A
Masters Degrees		
Degree Conferred - Specialization		
MPH – Generalist Track	N/A	MPH
MPH - Global Health Track	N/A	MPH
MPH - Environmental Health Track	N/A	MPH
Doctoral Degrees	N/A	MPH
Joint Degrees (all joint degrees are generalist track)		
Degree Conferred		
MD-MPH	*	MPH
MSCE-MPH	*	MPH
MSW-MPH	*	MPH
JD-MPH	*	MPH
MSN – MPH	*	MPH
PhD – MPH	*	MPH
DMD – MPH	*	MPH
MBE-MPH	*	MPH

* Academic Degrees are not granted by our public health training program at this time.

Generalist Track Degree Requirements

Table 2.1.a.2 Generalist Track Degree Requirements

Generalist Track	Course units
Core	
PUBH 500 Introduction to Public Health	1.0
PUBH 501 Introductory Biostatistics	1.0
PUBH 502 Introductory Epidemiology	1.0
PUBH 503 Environmental and Occupational Health	1.0
PUBH 505 Public Health Policy and Administration	1.0
PUBH 504 Social and Behavioral Sciences in Public Health	1.0
PUBH 507 Ethics, Policy and Public Health	1.0
PUBH 506 Methods for Public Health Practice	1.0
PUBH 508 Integrative Field Experience (capstone)	2.0
Electives	
PUBH prefix course selection to meet student interest	2.0
University-wide course selection to meet student interests, with prior approval of advisors.	2.0
Total	14 (42 credits)

Generalist Track Electives (4 cu)

We have developed a comprehensive list of approved electives for the MPH Generalist track, chosen from PUBH electives or additionally from the university-wide pool of public-health-related courses. At least two of the Generalist Track students' elective course units must be from the PUBH prefix sub-list. The exception to this is that combined degree students are not required to take 2 elective course units from the PUBH prefix sub-list. Electives are chosen in consultation with the student's program advisor or academic advisor to provide additional depth and breadth individualized to the student's background and interests. The flexibility of the generalist track allows students to design a program of study which allows them to acquire additional exposure to public health topics from the many approved electives shown below. Tables 2.1.a.3 and 2.1.a.4 below list the approved electives.

Table 2.1.a.3 Generalist Track Electives

Course Number	Title	Term	Instructor	CU Value
Electives Courses				
PUBH 509-001	Injury Epidemiology and Prevention	A	Branas	1
PUBH 513-920	Applying Sociology to PUBH Practice	B	Morssink	0.5
PUBH 516-001	Public Health Genetics	C	Hughes-Halbert	1
PUBH 517-001	Introductions to Geography and Health	A	Wiebe	1
PUBH 519-001	Introduction to Global Health	C	Nathanson	1
PUBH 520-910	Topics in Public Health Economics	B	Becher	0.5
PUBH 521-001	Program Evaluation in Public Health	C	TBD	1
PUBH 522-900	Critical Appraisal of Occupational Health Literature	B	McKenzie	0.5
PUBH 523-910	Disease Detectives & Social Engineers	B	Cannuscio	1
PUBH 524-001	Ameliorating Disparities in the Public's Health	A	Morssink	1
PUBH 525-001	Developing Effective Public Health Programs	B	Voet	1
PUBH 526-001	Anthropology and Public Health	A	Barg	1
PUBH 527-001	Media, Advocacy and Public Health	C	Stevens	1

Course Number	Title	Term	Instructor	CU Value
Electives Courses				
*PUBH 528-401	Ethnographic Approaches to Class, Inequality and Health	C	Bourgeois	1
PUBH 529-001	Topics in Family Planning	C	Bennett/Schreiber	0.5
PUBH 530-401	Occupational and Environmental Toxicology	C	Liu	1
PUBH 532-001	Biostatistics in Practice	A	Sonnad	1
PUBH 533-401	Exposure & Safety in the Workplace	A	McCauley	1
PUBH 534-401	Guns and Health	C	Sorenson	1
PUBH 535-401	Urban Poverty and Violence: Ethnographic Perspectives	C	Bourgeois	1
*PUBH 536-401	Mental Health Policy	A	Evans/Hadley	1
PUBH 537-401	Evidence-Based Health Policy	A	Noonan	1
PUBH 538-401	Qualitative Methods in Health Research	B	Barg/Long	0.5
PUBH 550-001	Urban Health	A	Bridenhagen	1
PUBH 597-001	History of Public Health	A	Barnes	1
PUBH 598-900	International Immersion in Public Health	B	Nguyen	1
PUBH 599-001	Independent Study	A,B,C	TBA	0.5, 1.0

A= Spring B=Summer C=Fall

*Course never ran.

Table 2.1a.4 University-wide MPH Approved Electives

Course Number	Title	Term	Instructor	CU Value
ANTH 441-401/ HSOC 441-401	Cross Cultural Approaches to Health and Illness	A	Barg	1
BIOE 601-001	Introduction to Bioethics	C	Fiestler	1
EDUC 513-920	Development of the Young Child	B	Goodman	1
EDUC 522-401/ AFRC 522-401	Psychology of the African-American: Implications for Counseling and Human Development	A, B	Gordon	1
EPID 532-001	Database Management for Clinical Epidemiology	A	Holmes	0.5
EPID 542-001	Measurement of Health in Epidemiology	C	Wiebe	1
EPID 575-001	Introduction to Genetic Epidemiology	A	Rebbeck	1
HCMG 211-401/ HCMG 854-401/ LGST 211-401/ LGST 811-401	Law of Healthcare in America	C	Rosoff/Field	1
HCMG 855-002	Management of Health Care for the Elderly	C	Whitman	0.5, 1
HCMG 859-401/ HCMG 204-401	Comparative Health Care Systems	C	Danzon	1
HCMG 901-301	Seminar in Health Care Cost Benefit and Cost Effectiveness Analysis	C	Pauly	1
NURS 513-401/ NURS 313-401	Obesity and Society	C	Compher	1
NURS 516-401/ NURS 316-401	International Nutrition: Political Economy of World Hunger	A	Chrzan	1
NURS 532-001	Cognitive Behavior Strategies in Health Care	A, B	Kuehlwein	1
NURS 533-401/ NURS 333-401	Victimology	A, B, C	Brown	1
NURS 550-401/ NURS 368-401	Case Study: Home Health Care Concepts: Management and Delivery of Community-Based Care	C	Doyle	1

Course Number	Title	Term	Instructor	CU Value
NURS 626-910	Family and Organizational Systems Across the Life Span	B	Gillis-Donovan	1
NURS 679-001	Issues in Occupational Health Nursing	C	Schulz	1
NURS 680-201	Advanced Practicum/Residency in Occupational Health	A, C	Dickson	1
NURS 823-301	Designing Interventions to Promote Health and Reduce Health Disparities	A	Jemmott/Coleman	1
SWRK 706-001	Policies for Children and Their Families	B, C	Gelles/Bevan	1
SWRK 774-001	Program Evaluations	A, B	Nieves	1
SWRK 775-001	Intimate Violence	B, C	Dichter	1

Global Health Track Degree Requirements – 2009 and 2010

Penn's MPH Global Health Track offers a curriculum designed specifically for applicants to the interdisciplinary Master of Public Health Program who are interested in both the theory and practice of global public health. Recognizing that global health is an emerging area in the field of public health, Penn's global health curriculum delivers core public health skills within a global context. The core introductory course varies for this track with PUBH 519 Issues in Global Health taking the place of PUBH 500 Introduction to Public Health for students in this track in AY 2009 and 2010. This track has been modified for students entering in September 2011 and PUBH 500 Introduction to Public Health will be required. The fourteen course units (14 cu) required for the MPH Global Health Track are described in Table 2.1.a.5 below. Global health competencies are acquired through meeting the ten course unit (10 cu) core requirements in combination with specific global health courses (4 cu).

Table 2.1.a.5 Global Health Track Degree Requirements (2009 & 2010)

Global Health Track (2009 & 2010)	Course units
Core	
PUBH 519 Issues in Global Health	1.0
PUBH 501 Introductory Biostatistics	1.0
PUBH 502 Introductory Epidemiology	1.0
PUBH 503 Environmental and Occupational Health	1.0
PUBH 505 Public Health Policy and Administration	1.0
PUBH 504 Social and Behavioral Sciences in Public Health	1.0
PUBH 507 Ethics, Policy and Public Health	1.0
PUBH 506 Methods for Public Health Practice	1.0
PUBH 508 Integrative Field Experience (capstone)	2.0
Electives	
Approved Global Health course selection to meet student interest	3.0
Approved PUBH elective	1.0
Total	14 (42 credits)

The additional Global Health competencies are acquired through 3.0 cu of the following specialized required courses:

- PUBH 598 Immersion Experience in Global Public Health (1.0 cu) Nguyen'
- SOCI 640 (NURS640) Global Health and Health Policy (1.0) Aiken
- LAW 759 International Human Rights (1.0) Reicher
- DEMG SM 633 (SOCI 633) Population Processes 1, Elo, Ewbank, I. Kohler, Preston, Soldo

- DEMG SM 634 (SOC 634) Population Processes 2, Kohler, Smith

Environmental Health Track Degree Requirements

Penn’s Environmental Health Track offers a curriculum designed for students to master skills in identifying, investigating, ameliorating, and communicating about environmental health risks. Key strengths of this track include the MPH Program’s ability to provide mentored Capstone experiences especially focused on the urban environment and communities with an aging industrial infrastructure such as Philadelphia and its many surrounding communities.

The fourteen course units (14 cu) required for the MPH Environmental Health Track are described in Table 2.1.a.6 below. Environmental health competencies are acquired through meeting the ten course unit (10 cu) core requirements in combination with specific environmental health courses (4 cu).

Table 2.1.a.6 Environmental Health Track Degree Requirements

Environmental Health Track	Course units
Core	
PUBH 500 Introduction to Public Health	1.0
PUBH 501 Introductory Biostatistics	1.0
PUBH 502 Introductory Epidemiology	1.0
PUBH 503 Environmental and Occupational Health	1.0
PUBH 505 Public Health Policy and Administration	1.0
PUBH 504 Social and Behavioral Sciences in Public Health	1.0
PUBH 507 Ethics, Policy and Public Health	1.0
PUBH 506 Methods for Public Health Practice	1.0
PUBH 508 Integrative Field Experience (capstone)	2.0
Electives	
Approved Environmental Health courses	4.0
Total	14 (42 credits)

The additional Environmental Health competencies are acquired through 4.0 cu of the following required courses:

- PUBH 533 Exposure and Safety in the Workplace (1.0 cu) Liu
- PUBH 522 Critical Appraisal of Environmental Health Literature (0.5 cu) McKenzie
- PUBH 599 Community-focused Independent Study in Environmental Health (0.5 cu) Emmett
- OPIM 761 Risk Analysis & Management (1.0 cu) Kuanreuther
- PHRM 590 Molecular Toxicology (1.0 cu) Penning

Penn’s School of Arts and Sciences and its Health and Societies Scholars Program is an undergraduate program that includes elements of public health training. We support these efforts. As evidence of our support, we successfully competed for funding from the APTR for the development of an undergraduate Introduction to Public Health course for students in this program. See Appendix 2.1 for a report on this course. To date, 26 students have taken this course, which was first offered fall 2010, developed and taught by Dr. Susan Sorenson, MPH Faculty and Faculty in the School of Arts and Sciences.

b. The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The University of Pennsylvania does not publish a bulletin or other official publication for graduate programs.

A description of the curricula for the MPH degree (all three tracks) can be found on the MPH Program website at:

<http://www.publichealth.med.upenn.edu/curriculum.shtml>

<http://www.publichealth.med.upenn.edu/MPHGlobalHealthTrack.shtml>

<http://www.publichealth.med.upenn.edu/EnvironmentalHealthTrack.shtml>

The student handbook includes the degree requirements, required courses, and the course description, as well as policies and information about student governance, and can be found in Appendix 1.2. It can also be found at the MPH program website at:

<http://www.publichealth.med.upenn.edu/current.shtml>

Copies of all MPH curricula materials are available onsite from the program office.

c. Assessment of the extent to which this criterion is met.

This criterion is met. However, as described above, there is an ongoing process of curricular review and a refinement and realignment of goals and objectives that will continue in 2012 under the direction of Dr. Schmitz.

2.2 Program Length. An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.

Required Documentation:

a. Definition of a credit with regard to classroom/contact hours.

At the University of Pennsylvania, one course unit generally represents 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 and equivalent to a minimum of 42 contact hours.

b. Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.

The University of Pennsylvania follows a standard semester system for academic terms. The minimum degree requirement for all three tracks for our MPH program and for the MPH in association with a combined degree is 14 course units, which is equivalent to 42 semester credit units. (See appendix 2.2 for PUBH Core and Elective Syllabi.)

c. Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

There have been no MPH degrees awarded for less than 42 semester credit units. Fourteen course units are required for the MPH degree. Twelve course units must be taken at the University of Pennsylvania, with 12 course units taken in the public health program (PUBH). MPH students may request to transfer up to two graduate level credits from an accredited program outside the University. Transfer credit may not be applied to the 10 MPH required courses but may be applied to the electives with the approval of the MPH advisor. Courses taken on a pass/fail basis and courses taken more than three years ago will not be considered for transfer credit. Only courses in which the student received a grade of "B" (3.0) or better will be considered for transfer credit.

Requests for transfer credit should be submitted to the MPH Associate Director, together with a course syllabus, course documents and other course items, as requested, for the course under consideration. The advisor will request a review of the course by an MPH faculty member in that content area for its appropriateness for MPH transfer credit. Students may request substitution of a core course with a more advanced course in that content area. The process for substitution is the same as that for transfer credit.

d. Assessment of the extent to which this criterion is met.

This criterion is met.

2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

The areas of knowledge basic to public health include:

1. Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;
2. Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;
3. Environmental health sciences – environmental factors including biological, physical and chemical factors which affect the health of a community;
4. Health services administration – planning, organization, administration, management, evaluation and policy analysis of health programs; and
5. Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and the solution of public health problems.

Required Documentation:

a. Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

All MPH students take MPH core courses in introductory public health, biostatistics, epidemiology, environmental health, public health administration and management, social and behavioral sciences, public health methods, and an integrative capstone experience. 14 course units (42 credits) are required for the Masters of Public Health (MPH) degree. This is the only degree we confer from our program at this time. The required 8 cu of didactic courses are mostly in common across the three tracks (generalist, global health, and environmental health) and reflect the basic knowledge areas as well as additional policy and methods topics considered essential to achieve our curricular goals. The one exception is that students enrolled in the Global Health Track in 2009 and 2010 took PUBH 519 Issues in Global Health as their basic introduction to public health. In addition all MPH students are required to complete HIPAA and Human Subjects Research training within their first semester of coursework.

Grades

Students must maintain a 3.0 GPA overall to continue in the program. Further, as of Spring 2011, the curriculum committee added a new evaluation criteria related to grades. Starting Fall 2011, if a student receives C or lower in any specific course, the course cannot be counted toward the 14 cu required to complete the MPH degree. If the course is a required course, the student will need to repeat the course until a B- or better is achieved in order to complete the degree. This is common to all tracks.

Table 2.3.a.1 Average Grades in Core MPH Courses

Average Grade Earned in Core	Course #							
Academic Year	500401	501001	502401	503001	504001	505001	506001	507001
2007-2008	3.79	3.35	3.55	3.41	3.13	3.67	3.95	3.78
2008-2009	3.99	3.90	3.68	3.64	3.73	3.91	4.00	3.88
2009-2010	3.86	3.85	3.41	3.80	3.69	3.71	4.00	3.68
2010-2011	3.71	3.85	3.29	3.75	3.83	3.69	3.92	3.63

b. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

We believe that public health education is a lifelong endeavor in which research, education and service both shape and are shaped by each other and that this integrative activity can best take place within a context of collaborative practice. Toward this end, we have historically employed both field-based and classroom based modalities for practice based learning. At various points in their MPH class work, students have been required to work in teams to gain experience in identifying, analyzing, and evaluating prevention and population health problems from a practice perspective, e.g. Introduction to Public Health (PUBH 500) and Methods for Public Health Practice (PUBH 506) are two courses that include practice-based learning components. As the program matures, the curriculum is deepening in ways that align with our increasingly clear mission and goals of training evidence based public health practitioners and these practice components are changing to keep pace with these goals. As of 2010 the Global Health track also required students to take PUBH 500 to have this same introduction to the field of practice.

The required practice placement occurs in the capstone course, the other practice activities are noted to underscore our commitment to ensuring that students obtain a variety of high quality public health practice experiences during their MPH training. For example, the practice based activity in Methods for Public Health Practice gives students a taste of what is to come for a full fieldwork experience by asking them to do CBPR in a particular census tract of Philadelphia. It is thought that this activity prepares students to approach their fieldwork placement during the capstone experience with greater understanding of what the experience is intended to be like. Below we provide the documentation for the practical skills portion of our MPH program as it has existed for the past 3 academic years, which has been an integrated practice skills and culminating experience.

Required Documentation:

a. Description of the program's policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.

Identification and Selection of Sites

Procedures used to identify sites for practice placements include:

- brown bag lunches with faculty to inform students of opportunities faculty identified through public health research and practice activities
- student involvement in CPHI seminar series activities and public health working groups such as Food Access, Immigrant Health, Qualitative and Mixed Methods, and GIS and Public Health
- capstone course director, MPH faculty, and program advisor connections to community organizations
- CPHI community partner activities (e.g. Annual Community Driven Research Day)

- unsolicited requests from community organizations (e.g. Pennsylvania Environmental Council, the Food Trust, Region 3 DHHS office in Philadelphia, EPA, Living Independently For Elders – a program of all inclusive care for the elderly)
- lists of previous successful sites

Site selection is customized to maximize the fit of student learning needs and the community partners' needs. Over the past three academic years, the Capstone Course Directors have taken primary responsibility for gathering the necessary data for evaluating the appropriateness of a practice site and assuring that the student has a capstone plan that fits with the community partner prior to allowing the student to begin their combined practice placement and culminating experience. This placement process and capstone plan is then fine tuned at the start of the capstone course in collaboration with the capstone course director and capstone mentor.

Methods for Approving Preceptors and Preceptor Qualifications

Criteria used to determine who is "qualified" to supervise and guide the fieldwork experience portion of the combined fieldwork and culminating experience capstone includes the requirement that the community preceptor be:

- experienced in the field of interest
- working in a public health-relevant setting or able to provide access to such a setting
- willing to commit substantial time to the student's project and professional development

The capstone course directors and capstone mentors (who are MPH faculty) evaluate these criteria through email, phone, and in person contact with potential community preceptors.

Faculty Supervision of Practice Placement

Faculty supervision of the practice placement is the combined responsibility of the capstone course director and the capstone mentor, both of whom are MPH faculty. Procedurally, faculty discusses the nature of the project with the field preceptor or site liaison and with the student, and then the student submits a formal learning plan to the Capstone Course Director (see Appendix 2.3 for blank forms). The practical experience must include a minimum of 108 hours of fieldwork. The capstone course director and capstone mentor must both approve the plan and sign the form prior to the student filing this form with the MPH program office and commencing the work.

The primary criteria used by these faculty to evaluate the "fieldwork" or practice component of the capstone experience is the capstone fieldwork log, documenting at least 108 hours spent out of class engaged in fieldwork-related activities. This log should highlight activities pursued, competencies developed, challenges faced, and questions raised. This log is submitted at the end of semester 2 along with all other capstone project materials. The capstone course directors have an end-of-semester conference at which each student's fieldwork experience is reviewed and evaluated on the basis of the fieldwork log.

The culminating experience oral presentation and written report on the experience and the project provide great richness and depth to supplement faculty ability to evaluate the fieldwork experience.

Means of Evaluating Practice Placement Sites

The evaluation of practice placement sites is conducted through:

- weekly updates from the student in capstone seminar
- fieldwork log (examples in the resource file), 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

There has been a practice placement site evaluation survey in past semesters, but the response was low (see appendix 2.4 for summary). Efforts will be taken to secure a better response to an end-of-capstone field placement survey. As of Fall 2010, the MPH Associate Director will assume responsibility for collecting these data. To secure a better response rate, we will send reminder emails and make reminder phone calls, escalating from an initial reminder from the Capstone Coordinator to communication from the MPH Program Director, and finally a call from the director of the CPHI.

Criteria for Waiving the Experience

Students may request a waiver of the practice requirement in writing. This request must include a description of their practice experience that would qualify for a waiver. This is reviewed by the curriculum committee for approval. If a waiver is approved, the student still has to take 14 cu’s to complete the MPH degree. An example of a successful waiver request is provided in Appendix 2.5. This particular student requested a waiver of the practice component of the Capstone so that she could strictly focus her culminating experience on a research as she was applying to a PhD program. She fulfilled a separate credit bearing practice experience as an independent study option. This is noted and explained in section 2.4.c.

b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

Table 2.4.b.1 MPH Practice Sites and Preceptors (* indicates in progress)

Graduation Date	Student Last Name	Track	Placement Site	Preceptor Name	
				First Name	Last Name
2010A	Addyson	G	The Pennsylvania State University, Department of Agricultural and Biological Engineering; Penn State Cooperative Extension	Dennis	Murphy
2011A	Badler	G	Living Beyond Breast Cancer	Arin	Hanson
2010A	Bastianelli	G	Children & Families First of Delaware, Inc.	Vicky	Kelly
2010A	Baylson	G	Physicians for Reproductive Choice and Health	Ellen	Sweet
2012A*	Beckmann	G	Philadelphia Department of Human Services	Cindy	Christian
2010A	Bleckman	G	UPenn Department of Radiology	Curtis	Langlotz
2010A	Brooks	G	Philadelphia - community outreach	Allison	Buttenheim
2010A	Chen	G	Penn Dept. of Epidemiology & Biostatistics	Charles	Branas
2010C	Chornobil	G	Women Against Abuse	Meghan	Kincade

Graduation Date	Student Last Name	Track	Placement Site	Preceptor Name	
				First Name	Last Name
2011C*	Chowkwanyun	G	Health and Hospitals Corp (HHC); Community Health Labor Study Group; People's Appalachia Research Coll.	Robb	Burlage
2009C	Ciosek	G	Philadelphia Department of Public Health (separate fieldwork experience)	Claire	Newborn
2010A	Dewan	G	Dragonfly Forest Camp	Fred	Weiner
2011A	Durrani	GH	World Health Organization	Irshad	Shaikh
2010A	Fernando	G	Philadelphia FIGHT	Nishika	Vidanage
2010C	Flandrick	G	Netter Center for Community Partnerships, University of Pennsylvania	Gretchen	Suess
2011A	Frank	G	Center for Preparedness Research, Education and Practice; Temple University	Sylvia	Twersky-Bumgardner
2010C	Frazier	G	Public Citizens for Children and Youth (PCCY); Wake County Human Services	Colleen; Brian	McCauley; Gunter
2011A	Harvey	G	Guatemala Health Initiative	Frances	Barg
2010C	Havassy	G	The Renfrew Center	Ruth	Wenger
2012A*	Imbesi	G	University of Pennsylvania Adult Cystic Fibrosis Program	Marianne	Ferrin
2010A	Iyer	G	University of Pennsylvania, School of Nursing; Pennsylvania Diabetes Action Plan	Terri	Lipman
2010C	Johnson	G	Women's Health & Environmental Network (www.WHEN.org)	Teresa	Quigley
2009C	Jones	G	Firearms and Injury Center at Penn (FICAP)	Rose	Cheney
2010A	Jones	G	HIV Prevention Research Division, School of Medicine UPenn & Independent outreach in Philadelphia Neighborhoods	Michael	Lanier
2011A	Karamanian	GH	Congreso de Latinos Unidos	Jennifer	Atlas
2012C*	Levy	G	CHOP Primary Care Centers, Pediatric & Adolescent Care or Faculty Practices of the CHOP Pediatric Research Consortium (PeRC), the hospital's Practice Based Research Network	Alex	Fiks
2012A*	McCarthy	GH	Hebrew International Aid Society and Council (HIAS)	Sarah	Peterson
2011A	Narra	G	Lutheran Settlement House (LSH)	Susanna	Gilbertson
2011C*	Nelson	G	Pew Charitable Trusts	Anita	Pepper
2011C*	Nguyen	G	Hepatitis B Foundation	Chari	Cohen
2011A	Paciotti	GH	Puentes de Salud	Matthew	O'Brien
2011C*	Payanzo	G	Family Service of Burlington County, NJ	Bob	Pekar
2011A	Payne	G	Alexander Wilson Elementary School	Mary	Summers
2011A	Pennington	G	US Outcomes Research	Vic	Spain
2012A*	Petok	G	Abramson Cancer Center & Infusion Suite, Penn Presbyterian Medical Center	Christina	Bach
2011A	Richardson	G	Accion Medica Cristiana (Managua, Nicaragua)	Belinda; Beth	Forbes; Jerdon
2011B	Rowlands	G	Penn SP2	Ram	Cnaan
2010A	Shih	G	Weavers Way Co-op	Glen	Bergman

Graduation Date	Student Last Name	Track	Placement Site	Preceptor Name	
				First Name	Last Name
2009C	Vetter	G	Philadelphia Area Schools	Robert	Myerburg
2011C*	Vidanage	G	Action AIDS	Terri	Clark
2010C	Walhart	G	AEMC	Kelly	Bethea
2010A	Wallace	G	Community Outreach and Education Core, CEET	Edward	Emmett
2012A*	Walton	G	The School Success Study, The Children's Hospital of Philadelphia	Karen	Tate
2011A	Wierzbowski	G	Center of Excellence in Environmental Toxicology (CEET)	Edward	Emmett
2010A	Zayac	G	East Parkside and Carrol Park Communities (Philadelphia), Family Medicine & Community Health Department at Penn	Heather	Klusaritz

These settings were tailored to the students' needs and long term career objectives. Given that many of our students are part-time and fully employed in positions that they will retain, the purpose of the field experience for these students is to enhance their skills and provide hands on experience with addressing a problem from a public health perspective.

c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

One student received a waiver of the integration of the practice and culminating experience over the past three years. This student still did a separate and unrelated practice experience, in the form of an independent study: a supervised practical experience at the Philadelphia Department of Public Health for 150 hours. Her culminating experience was focused exclusively on a public health epidemiologic research project without a practice placement or community service requirement. The reason she did this is because she was headed towards matriculating into a PhD program in epidemiology upon completion of the MPH.

d. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.

There have not been any students that meet the above listed description who have completed the academic program in the last three years.

e. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

Required Documentation:

a. Identification of the culminating experience required for each degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Our culminating experience is in common across the generalist, Global Health, and Environmental Health Tracks. The distinction is that the Global Health track students must have a global health focus and the Environmental health track students must have an environmental health focus to their culminating experiences. Students within the Global Health Track are assisted in identifying a practical Capstone experience that addresses their key public health interests either over-seas within an appropriate organization/program or in the Philadelphia area with an organization that works with global health or immigrant issues. Philadelphia is home to a variety of immigrant groups and Penn already has close relationships with organizations that work in immigrant health such as Puentes de Salud (Latino-Immigrant focused), SEAMAAC (Asian-immigrant focused), and AFRICOM (African and Caribbean immigrant-focused). Students within the Environmental Health Track are assisted in identifying a practical community-based capstone experience through the well established network of community partnerships with the Outreach and Education Core of Penn's Center for Excellence in Environmental Toxicology.

The required Capstone Integrative Experience (PUBH 508; 2 cu, taken in segments) provides further opportunity to build and demonstrate knowledge and skills related to targeted competencies. Over this year of self-study, we have been re-evaluating whether we might split the fieldwork practicum requirement from the culminating experience. Our goal in doing so would be to maximize student competency upon program completion. In Fall 2010, during an in-person meeting with our External Advisory Board, it was suggested that splitting these elements and requiring a more traditional masters thesis project as the culminating experience may take better advantage of our native strengths as a premiere research institution. This may also enhance faculty interest in mentoring student culminating experiences as well. This may also facilitate our longer term goals of developing a formal graduate group at Penn that would offer a PhD in public health research. Needs assessment about this potential evolution of our culminating experience continues. Several ad hoc committee meetings have been held. The curriculum committee chair will reconvene this ad hoc committee after our reaccreditation work is complete. Feedback through the reaccreditation process is likely to be helpful in shaping this process. Even if we decide to split these two required activities, students will still be allowed to do them together.

The objective of the culminating experience is for students to demonstrate synthesis and integration of knowledge acquired throughout the program for evidence based public health practice. Components of the culminating experience are an intensive two semester seminar series of peer and expert mentoring in development, execution, and communication about an evidence

based public health practice project called the Capstone Course. This work culminates in an oral and written presentation to the faculty and the partnering field agency.

The Capstone Course is a seminar guided research or service project that incorporates the Masters Students' public health non-didactic (field) experience with their culminating Masters' project. The objective is to afford students the opportunity to apply the knowledge and skills they have/are acquiring through their academic course work in a real life supervised setting in order to translate research to practice. Students typically secure placements in organizations that provide public health services, conduct public health research or are engaged in program planning and evaluation.

At the conclusion of the course, the student will be able to apply social science-based theories and frameworks, as well as epidemiological, biostatistical, and qualitative methods in order to:

- understand what it means to solve a new or existing public health problem including diagnosis and analysis, negotiating the opportunity to intervene, documenting need for intervention, planning, implementing and evaluating a program
- assess population-level health status and health needs and identify at-risk populations at the local, community, regional, national and global level
- understand the social, demographic and economic determinants of health and identify factors that contribute to health disparities in order to promote timely and appropriate use of health services and health promotion programs
- plan, design, apply and evaluate public health projects, interventions and research efforts while employing evidence based practice in order to improve health behavior, health communication, public health outcomes, and public health preparedness
- develop collaborative partnerships across disciplines and organizational sectors in order to enhance the impact and sustainability of public health programs and research efforts
- collaborate with, and contribute to, the work of others

A key aspect of the course is to critically review and offer feedback on peer projects and proposals. The course provides a "laboratory" where students can practice these skills.

The culminating public health experience is designated as PUBH508: The Capstone Integrative Experience. Students register for PUBH 508 in 1.0 cu segments. Registration for the 2nd semester of capstone seminar requires successful completion and filing of the fieldwork and culminating experience (integrated capstone) plan with the MPH program office. Students are encouraged to attend Capstone oral presentations of fellow students before registering for the first semester of PUBH 508. Students are expected to know and to comply with HIPPA and IRB regulations and, as relevant, to submit applications for IRB approval prior to beginning their projects if needed. Regulatory approvals must be filed with the MPH Program Office.

The following is a brief explanation of each of the required components of the culminating experience portion of our integrated capstone process.

Capstone Seminars These seminars meet weekly for 14 weeks in the Fall semester and weekly for 14 weeks in the Spring semester. They are led by an MPH faculty member engaged in an area of public health research or practice. The purpose of the seminars is to

engage the students in collaborative learning in which they reflect together to learn from each other and from the relevant literature, evidence and practice as they develop and execute their projects. The course coordinator also sets the agenda for the seminars in consultation with the students and the MPH curriculum committee, and facilitates and provides faculty expertise to the seminars. Students' capstone mentors and field preceptors may attend the seminars as consultants at the discretion of the students and the course coordinator.

Written Project The written project serves as a scholarly description, analysis and evaluation of the project and it may take various forms (e.g. case analysis, community-based participatory research, or journal manuscript). All written projects should include an abstract or executive summary and should follow the guidelines in the PUBH508 course syllabus for the stages of knowledge that are to be addressed. A description of the feedback process with the cooperating field site must be included. Students should consult with their capstone supervisor to determine the best form for their particular project.

Students are required to submit one copy of their final paper to their capstone advisor and one copy to the MPH Program Office on or before the official due date. The office copy must include a face sheet with the signatures of the student, capstone mentor, community preceptor, and the capstone course director. Copies of the handouts for oral presentations as well as copies of published or submitted abstracts linked to the capstone project are also required. Students are strongly encouraged to prepare manuscripts of the capstone project for submission for peer-reviewed publication.

Oral Presentation The oral presentation is a formal summary of the project that is presented to faculty and students of the MPH program and invited guests from affiliated schools and community partners. PowerPoint and other appropriate professional quality media technologies may be used. Oral presentations should include a project title, background and significance for public health, the project partners, aims, methods, results and their implication for future public health work, description of how feedback was provided to community partners and lessons learned. Dates for oral presentations are communicated electronically to all MPH student, faculty, and community partners.

Evaluation of the Student

Students receive a simple satisfactory/unsatisfactory for each semester in which they are registered and a final letter grade at the completion of all the capstone requirements. In the process of the seminar, and supplemental outside meetings, the student and capstone course director, community preceptor, and capstone mentor will reflect on whether the project developed is practical, feasible and public-health relevant prior to commencing the project.

The final grade is co-determined by the student's capstone mentor and the capstone course director and is broken down into 5 components: Seminar attendance and participation; field study; oral presentation; written project; and quality of peer-reviews. Faculty provides their evaluation based on grading of each component and the extent to which the project competency goals were met. Site preceptors are consulted in evaluating the student's performance in the field.

Evaluation of the Capstone Integrated Culminating Experience

The capstone directors and student capstone mentors work closely with each student in creating a culminating experience that allows demonstration of mastery of the core competencies for our MPH program. The student presents a written report to the capstone course director and capstone mentor for evaluation. Further, the student is required to give an oral presentation of their capstone project. All MPH Faculty, students, capstone mentors, and community partners are invited to attend the capstone oral presentations which are held at the end of each fall and spring semester. The capstone director and capstone mentor confer to advise the academic progressions and credentialing subcommittee as to whether the student has adequately demonstrated mastery of core competencies and can proceed toward graduation. This is common to all tracks.

Re-Evaluation of Assuring That Students Have a Broad Understanding of the Areas of Knowledge Basic to Public Health

Upon reflection as part of this self-study process, we have recognized that there is a need for more formalized communication between the capstone course director, the capstone mentor, and the community preceptor in the process of evaluating mastery of core competencies. A curriculum committee will reconvene a working group that started in Fall 2010 on this issue upon completion of our reaccreditation process. This working group will also review whether there are other means by which we would want to evaluate whether the students are demonstrating mastery over the core competencies consistent with our mission, goals, objectives, and values.

b. Assessment of the extent to which this criterion is met.
--

This criterion is partially met. Ongoing work to determine mastery of core competencies will be undertaken, as described above.

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.

Required Documentation:

a. Identification of core public health competencies that all MPH or equivalent professional master's degree students are expected to achieve through their courses of study.

The University of Pennsylvania has 8 core public health competencies that are in common across the generalist, Global Health, and Environmental Health Tracks for our MPH program. They are:

1. Apply the public health paradigm, which recognizes a social-ecological framework to understanding health events including social, ethnic, demographic, economic, and environmental determinants of health and health disparities.
2. Apply biostatistical and epidemiologic methods and technologies including to interpret data, identify data, identify and address health risks, and present data in a meaningful way to at-risk communities.
3. Apply principles and science of environmental health to determining causation of occupational and environmental hazards.
4. Incorporate qualitative and quantitative skills into innovative research and systems approaches to health problems.
5. Assess the public health needs of communities and make evidence-based decisions to evaluate the delivery of health related services and programs.
6. Communicate public health information effectively to government, scientific, organizational, family and community groups and individuals.
7. Evaluate the effects of health policy on health services and health outcomes, particularly for vulnerable and underserved populations.
8. Cultivate collaborative partnerships and linkages across disciplines, sectors, and partners to enhance the impact and sustainability to public health programs, practice and research.

b. A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the program, a single matrix will suffice. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Table 2.6.b.1 MPH Core Competencies

MPH Core Public Health Competencies								
	1 Apply the public health paradigm which recognizes a social ecological framework to understanding health events including: social, ethnic, demographic, economic, and environmental determinants of health and health disparities.	2 Apply biostatistical and epidemiological methods and technologies including to interpret data, identify and assess health risks, and present data in a meaningful way to at-risk communities.	3 Apply principles and science of environmental health to determining causation of occupational and environmental hazards.	4 Incorporate qualitative and quantitative skills into innovative research and systems approaches to health problems.	5 Assess the public health needs of communities and make evidence-based decisions to evaluate the delivery of health services and programs.	6 Communicate public health information effectively to government, scientific, organizational, family and community groups and individuals.	7 Evaluate the effects of health policy on health services and health outcomes, particularly for vulnerable and underserved populations.	8 Cultivate collaborative partnerships and linkages across disciplines, sectors, and partners to enhance the impact and sustainability of public health programs, practice, and research.
MPH Program Goals (See Section 1.1.b for description of goals # 1-7)	1, 3	2,4	2,4	2,4,5,6	4,5,6	2,5,6	2,3,6	5,6
500 Introduction to Public Health	X	X		X	X			X
501 Biostatistics		X		X	X			
502 Epidemiology	X	X	X	X	X	X		
503 Environmental and Occupational Health	X	X	X	X	X	X	X	X
504 Behavioral and Social Sciences in Public Health	X	X		X	X	X	X	
505 Public Health Administration and Policy	X				X	X	X	X
506 Methods	X	X		X	X	X	X	X
507 Ethics, Policy and Law						X	X	
508 Capstone	X	X	X	X	X	X	X	X

A strength of our generalist program is the capacity of students to take advantage of a broad and deep set of elective offerings (see Tables 2.1.a.3 and 2.1.a.4), which allows students to develop an individualized program of study that will facilitate the acquisition of the specific knowledge, skills, and abilities they seek. As a result, each student applies the core competencies to their

particular individualized program of study and develops their own set of associated learning objectives that relate back to these competencies. Below we provide three examples:

1. Forquer, H

Primary MPH study/public health core competency objective:

“My primary objective for the MPH program is to build a solid “toolkit” of analytical and assessment skills, with the experience and knowledge to apply these skills to approach public health problems. In addition to the core curriculum, I plan to use my electives to build this toolkit (PUBH 521, PUBH 525, EPI 521). While I hope to gain skills that are applicable to a wide array of public health issues, I have particular interest in applying these skills to smoking cessation, mass media & public health campaigns, and women’s issues. I want to note that this objective aligns with my underlying enjoyment of and satisfaction in analysis & research.”

Secondary MPH study/public health core competency objective:

“My secondary competency objective is to appreciate the larger context in which public health issues arise in terms of public health policy and public health systems (local vs. state vs. federal). I know that some of the core curriculum will highlight this area. I am not certain at this point how best to specifically address this objective, but it is something I want to keep in mind as important to me.”

2. Nguyen, E

Primary MPH study/public health core competency objective:

“Understand the history, development and role of the public health training in the context of health promotion and disease prevention. Formulate and implement basic research methods, including scientific principles and technological innovations, necessary for the practices of scientific investigation and knowledge sharing. Develop qualitative and quantitative analytical and assessment skill sets that are built on a foundation of ethical data gathering and rational analysis. Foster a sense of community and policy engagement in working with diverse communities to resolve issues of health disparities. Establish a deep sense of understanding public health in the context of health promotion, disease prevention and community-based research practices.”

Secondary MPH study/public health core competency objective:

“Gain an in-depth understanding of the potential for communication, partnerships, and academia to address the factors enabling health disparities in at-risk communities. Establish a foundation of rigorous thinking, with focus on the development of practices which can lead to solutions for barriers in health promotion, disease prevention, and quality in health access.”

3. Soucier, D

Primary MPH study/public health core competency objective:

“To gain a better understanding of how to integrate public health advocacy with public policy, management and administrative work on both local and national scales.”

Secondary MPH study/public health core competency objective:

“To continue to explore the social and behavioral influences of disease and the public’s understanding of the ability to make personal changes in their health behaviors.”

Training occurs in a highly productive, supportive, team-oriented environment. The program’s pace is rapid, as advantage is taken of the trainees’ maturity and experience. Training is designed

to address the needs of each trainee, as it offers both structure and flexibility, and the opportunity to pursue, in depth, interests already identified, as well as those that develop during training. This approach requires students to be mature, self-directed, and to have a clear vision of their goals in getting an MPH. The fact that our program requires this in our students is reflected in our admissions process.

c. Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

Table 2.6.c.1 Global Health Competencies

Global Public Health Competencies							
	Demonstrate mastery in methods of population health research to assess, describe, analyze, and evaluate determinants of health in developing countries	Demonstrate knowledge of current global governance and culturally relevant leadership skills to address global public health issues, including: agenda setting, program planning, data management, surveillance and reporting systems.	Employ critical thinking and appraisal of the literature to explain the global influences on determinants of health.	Apply community development and program planning skills to create effective and culturally relevant communication strategies and interventions to promote health.	Apply knowledge of international health law, standards, and regulations to advocate for culturally acceptable solutions to improve health status and conditions in global settings.	Evaluate efficacy and cost effectiveness of public health interventions, programs, policies, and health care systems within international setting and global health context.	Communicate and collaborate effectively across cultures and national boundaries to create and support effective and sustainable health interventions
MPH Program Goals (See section 1.1.b for description of goals # 1-7)	1,2,3	3,5	1,2,3	4,5,6	5,6	4,5	5,6
Law 759		x	x	x	x	x	
598 Immersion in GPH	x			x	x	x	x
Nurs 640		x	x		x	x	
Demography 633	x		x	x			
Demography 634	x		x	x			

Table 2.6.c.2 Environmental Health Competencies

Environmental Health Competencies								
	Demonstrate mastery in the science and methods of population health research to assess, describe, analyze, and evaluate determinants of health	Demonstrate knowledge and skills to collect, measure, evaluate, anticipate and control exposure to health hazards	Employ critical thinking and appraisal of the literature to explain the environmental influences on determinants of health.	Apply community development and program planning skills to create effective and culturally relevant communication strategies and interventions to promote health.	Apply knowledge of health law, standards, and regulations to control or prevent toxic exposure conditions and protect vulnerable populations.	Apply communication, agenda setting, program planning, data management, surveillance and reporting systems skills.	Evaluate efficacy and cost effectiveness of public health interventions, programs, policies, and health care systems.	Communicate and collaborate effectively across cultures and national boundaries to create and support effective and sustainable health interventions
MPH Program Goals (See section 1.1.b for description of goals # 1-7)	1,3	2,3,4	1,2,3	4,5,6	2	2,4,5	5,6	2,3,4,6
522 Critical Appraisal	x		x		x	x	x	
533 Exposure and Safety	x	x	x	x	x	x	x	x
PHRM 590 Molecular Toxicology	x	x	x		x	x		
OPIM 761 Risk Assessment and Management			x		x	x	x	x
599 Independent Study		x		x	x	x	x	

d. A description of the manner in which competencies are developed, used and made available to students.

The MPH program defined public health core competencies at its outset and has used these to assess students and course learning objectives since then. They are made available to course syllabi, on the program website, and in the student handbook. These competencies are reviewed in their first advising session with the Associate Program Director. The competencies are used by the students to further develop their individualized program of study with input from Academic Advisors. The competencies were originally developed and approved by a curriculum committee and approved by what is now called the advisory committee. The process for reviewing and revising these competencies is provided in Section e below.

The capstone course syllabus specifies learning objectives that relate back to the core public health competencies students are expected to develop through the practice placement, in combination with their culminating experience. Essentially, the students are evaluated on their

ability to design, implement and report on a capstone project that is practical, feasible and public-health relevant. During the capstone, students are coached to develop projects that emphasize the types of skills and interest areas they are likely to pursue in post-MPH program employment.

e. A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

The Director of Educational Development, Associate Director, and Program Director review the public health core competencies as they relate to our evolving mission, goals, objectives, and values on an annual basis. Key constituents in this process are the multiple schools within the University and the faculty members whose public health research and practice contributes to the mission of the MPH program. It is important that we align the educational competencies with the public health research priorities articulated by these faculty members in order to maintain a responsive and current educational program. In addition, in conjunction with the CPHI, we consult with our community partners in determining the best way to translate the findings from the research into relevant and practical public health practice. If there is a need to revise the competencies according to the feedback received by the programmatic leaders, the proposed revisions are presented to the curriculum committee, which then approves them and forwards them to the advisory committee for final approval. Over this most recent period of self-study, we have revised and further focused our mission, goals, and objectives and developed value statements (the value statements are a new requirement of CEPH). The matrix provided in Section 2.6.b above includes cross-referencing of our eight core public health competencies with our seven programmatic goals.

f. Assessment of the extent to which this criterion is met.

This criterion is partially met and work to further address this criterion will continue, as described above.

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.

Required Documentation:

a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

The criteria selected to evaluate student progress are identified on individual course syllabi. Student achievement is evaluated by the course directors and capstone mentors by a combination of methods. These methods may include a combination of the following: Examinations, Oral Presentations, Group Project Participation, Written Papers/Projects, Class Discussion, and where required, Community Service/Field Observations/Practical Experiences. Students enrolled in the MPH Program are required to maintain a minimum 3.0 average. In 2011, the academic standing policy was updated to add one more item: students must receive a B- or better in all courses applied to the MPH degree. The up-to-date academic policies can be found in the Bylaws (Appendix 1.5).

We have revised the syllabi so that the program competencies are listed in course syllabi. The course evaluation methods for most of our courses include a component of class participation. It is this element of the evaluation that allows our instructors to comment on the extent to which they feel the student has mastered the core competencies for that course.

Within one month of graduation, students undergo an exit interview with the Associate Program Director in which they are asked to complete written self-assessment related to the acquisition of core public health competencies and skills. They discuss their self-assessment with the Associate Program Director.

Progression to completion of degree requirements are reviewed every semester by the program office. In addition, the academic progressions committee reviews progression to degree completion on 2 occasions: 1) the 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.

b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program against those measures for each of the last three years.

The outcome measures used to assess student achievement are shown in the following table.

Table 2.7.b.1. Outcome Measures to Evaluate MPH Student Achievement

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
MPH students graduate within 5 years of entering the program and combined degree MPH students complete both degrees.	90% graduate within 5 years and 90% of dual degree students complete both degrees	All MPH students have graduated within 5 years. All graduating dual degree students have completed both (2 withdrawals)	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees(2 withdrawals)	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees(1 withdrawal)	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees(1 withdrawal)
MPH students will have community-based practice experiences as part of the capstone project.	100%	100% (One waiver granted)	100%	100%	100%
MPH students will achieve a B or better in core MPH courses.	90%	97%	100%	100%	98%
MPH students will be trained in protection of human subjects and confidentiality of health information (HIPAA and CITI).	100%	100%	100%	100%	100%
MPH students will present or publish research findings in seminars, community forums, public health research and practice related local, national and international meetings each year and/or publish their work in a peer reviewed journal each year.	10% of the current student body and alumni within 1 year of graduation (per student report)	6% public health meeting presentations 17% published in peer reviewed journals	0% public health meeting presentations 13% published in peer reviewed journals	4% public health meeting presentations 9% published in peer reviewed journals	7 % public health meeting presentations 15 % published in peer reviewed journals
MPH graduates will be employed at graduation	80% of MPH graduates will be employed (or continuing education) upon graduation	100%	90%	95%	88%

*A more detailed table on grades can be found in Appendix 2.6.

Withdrawals

There have been a total of 6 withdrawals from the MPH program across the last 4 academic years. In AY 07-08 there were 2 withdrawals: one withdrew following a leave of absence stating his research obligations would not allow time to continue the degree. The reason for the second withdrawal was unknown despite efforts to contact the student. In AY 08-09 there were 2 withdrawals, both for financial reasons. In AY 09-10 one dual degree student withdrew because he could not get an extension on his military commitment to complete the program. In AY 10-11 one student withdrew to continue her research with her mentor who moved to another university.

Exit Interview Summaries

Graduating MPH students meet with the Associate Director of the MPH Program around the time of graduation to complete an exit interview. Beginning in AY 2011, the exit interviews were conducted by the Office of Masters Programs. The reason for this change is to insure that

students felt free to articulate their feedback about the strengths and weaknesses of the program in a neutral setting, moving forward, these responsibilities will be divided between the OMP and the MPH program office. The MPH program office will be obtain updated contact information, employment at graduation information, and will provide an opportunity for the student to assess the extent to which they developed competency in essential public health skills as a result of their training in the MPH Program. In AY 2012 the Exit interviews will include questions regarding student satisfaction with the advising system. These data are collected from a combination of face to face meeting plus an email survey. Responses to the question range from 0 = not taught, 1 = made aware, 2 = developing skill, 3 = advanced skill, 4 = expert, 5=already had skill prior to entering the MPH. Table 2.7.b.2 below shows the average responses by academic year.

Table 2.7.b.2 Student Self-Assessment of Competency Development in Essential Public Health Skills as a Result of the MPH Program Training

Questions	Academic Year			Grand Total
	07-08	08-09	09-10	
Skills to monitor health status to identify community health problems	3.3	2.5	2.4	2.6
Skills to diagnose and investigate health problems and health hazards in the community	3.0	2.5	2.7	2.7
Skills which enable me to inform, educate, and empower people about public health issues	3.2	4.0	2.9	3.0
Skills to mobilize community partnerships to identify and solve public health problems	3.2	1.5	2.6	2.6
Skills to develop policies and plans that support individual and community health efforts	2.7	4.0	2.5	2.7
Skills to enforce laws and regulations that protect health and ensure population safety	2.3	2.5	1.9	2.0
Skills to link people to needed health services and assure the provision of health care when otherwise unavailable	3.0	2.5	3.2	3.1
Skills to evaluate the effectiveness, accessibility, and quality of personal and population based health services	3.3	2.5	2.8	2.9
Skills to research for new insights and innovative solutions to health problems	3.3	3.8	3.2	3.3

*Scale: 0 = not taught, 1 = made aware, 2 = developing, 3 = advanced, 4 = expert, 5=already had skill

The exit interviews also provide an opportunity for students to provide direct constructive feedback to the MPH program through open ended questions. See Appendix 2.7 for a summary.

c. If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

We include degree completion rates and job placement experience in Section d. Our degree completion rates are over 80%.

d. A table showing the destination of graduate for each of the last three years. The table must include at least the number and percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed. See CEPH Data Template D.

Table 2.7.d.1 Destination of MPH Graduates, Academic Year 2007-2008

Destination of Graduates, Academic Year 2007-2008																		
	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
Degree	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Generalist	0		1	14.2	2	28.6	0		0		0		4	57.2	0		0	

Table 2.7.d.2 Destination of MPH Graduates, Academic Year 2008-2009

Destination of Graduates, Academic Year 2008-2009																		
	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
Degree	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Generalist	0		0		2	20	0		6	60	0		1	10	0		1*	10

*At the time of graduation, but employed within 6 months

Table 2.7.d.3 Destination of MPH Graduates, Academic Year 2009-2010

Destination of Graduates, Academic Year 2009-2010																		
	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
Degree	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Generalist 21 total graduates			2	10	4	19			7	33			3	14	1	5	1*	5

*life changing events

Table 2.7.d.4 Destination of MPH Graduates, Academic Year 2010-2011

Destination of Graduates, Academic Year 2010-2011																		
	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
Degree	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Generalist 14 total graduates			3	18	3	18			3	18	1	6	1	6			2*	12
Global Health 3 total graduates									2	12			1	6				

* life changing events

e. In public health fields where there is certification of professional competence, data on the performance of the program’s graduates on these national examinations for each of the last three years.

According to the NBPHE there have been 4 MPH alumni to date who have taken the Certified in Public Health Exam. Students are also asked on the alumni survey if they have taken the CPH Exam and one respondent indicated that they had. The overall interest in taking the CPH exam is

low among alumni. Some of the reasons given for not taking the exam include: too expensive, not necessary for my career, will consider taking at a later date.

Table 2.7.e Number of MPH Alumni Who Have Taken the Certified in Public Health (CPH) Exam

Have you taken the Certified in Public Health (CPH) exam?		
Answer Options	Response Percent	Response Count
Yes	4.8%	1
No	95.2%	20
If no, why not? Please explain.		18
<i>answered question</i>		21
<i>skipped question</i>		2

f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program’s graduates to effectively perform the competencies in a practice setting.

Twenty three alumni responded to the recent 2010 survey.

Table 2.7.f.1 Number of MPH Alumni Working in the Field of Public Health

Are you currently working in the field of public health?		
Answer Options	Response Percent	Response Count
Yes	76.2%	16
No	23.8%	5
<i>answered question</i>		21
<i>skipped question</i>		2

Table 2.7.f.2 Alumni Rating of MPH Program’s Impact on Their Ability to Do Current Job

On a scale of 1-10 with 1=lowest and 10=highest, how would you rate the impact of the MPH program on your ability to do your current job?		
Answer Options	Response Percent	Response Count
1 Little or No Impact	0.0%	0
2	0.0%	0
3	4.8%	1
4	9.5%	2
5	4.8%	1
6	28.6%	6
7	9.5%	2
8	28.6%	6
9	4.8%	1
10 Very much Impact	9.5%	2

On a scale of 1-10 with 1=lowest and 10=highest, how would you rate the impact of the MPH program on your ability to do your current job?	
<i>answered question</i>	21
<i>skipped question</i>	2

Table 2.7.f.3 Alumni's Professional Affiliations/Service Commitments Resulting from MPH Degree

Do you have new professional affiliations or service commitments as a result of your MPH degree?		
Answer Options	Response Percent	Response Count
Yes	40.0%	8
No	60.0%	12
If yes, please list:		8
<i>answered question</i>		20
<i>skipped question</i>		3

Table 2.7.f.4 Alumni's Job Promotion Rate Relating to MPH Degree since Graduation

Have you experienced a job promotion related to your MPH degree since graduation?		
Answer Options	Response Percent	Response Count
Yes	9.5%	2
No	90.5%	19
If so, please explain:		4
<i>answered question</i>		21
<i>skipped question</i>		2

Table 2.7.f.5 Overall Alumni Satisfaction with MPH Program since Graduation

On a scale of 1-10 with 1=lowest and 10=highest, how would you rate your overall satisfaction with the MPH Program since graduation?		
Answer Options	Response Percent	Response Count
1 Not satisfied	0.0%	0
2	0.0%	0
3	4.8%	1
4	0.0%	0
5	9.5%	2
6	9.5%	2
7	19.0%	4
8	47.6%	10
9	0.0%	0
10 Extremely Satisfied	9.5%	2
<i>answered question</i>		21
<i>skipped question</i>		2

g. Assessment of the extent to which this criterion is met.

This criterion is met. Although we have not collected data from employers to date, feedback from employers is an important tool for assessing the extent to which the MPH program has adequately prepared its graduates for the public health workforce. The Advisory Committee will develop a tool for collection of these data and will initiate collection of these data this year.

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.

Required Documentation:

a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

This does not apply to the MPH Program at the University of Pennsylvania.

b. Identification of the means by which the program assures that students in research curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

This does not apply to the MPH Program at the University of Pennsylvania.

c. Identification of the culminating experience required for each degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

This does not apply to the MPH Program at the University of Pennsylvania.

d. Assessment of the extent to which this criterion is met.

This does not apply to the MPH Program at the University of Pennsylvania.

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

Required Documentation:

a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

The public health training program at the University of Pennsylvania does not currently offer a doctoral degree.

b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

This does not currently apply to the public health program at the University of Pennsylvania.

c. Assessment of the extent to which this criterion is met.

This criterion does not currently apply to the public health training program at the University of Pennsylvania.

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.

Required Documentation:

a. Identification of joint degree programs offered by the program and a description of the requirements for each.

The MPH Program has approved eight combined degree programs as follows:

- MD-MPH
- MSW-MPH
- JD-MPH
- MSN-MPH
- PhD-MPH
- DMD-MPH
- MBE-MPH
- MSCE-MPH

The combined degree programs are constructed around the generalist core. Elective options are usually selected from relevant public health coursework required in the other degree program. Applicants must apply to each intended degree program separately and be accepted to both the primary degree program and the MPH programs in order to be eligible for a combined degree program.

The academic policies concerning combined degree students require students to start their MPH course work with the Introduction to Public Health Studies course. Combined degree students must take the 10 c.u. core (required courses) of the MPH program. Combined 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 and scope. In these cases, the sponsoring program should make a case for equivalencies. This waiver does not apply to the capstone.

Decisions about equivalences will be made by the MPH curriculum committee after review of the course syllabus and in consultation with the appropriate staff of the primary program and the appropriate MPH course coordinator or curriculum committee representative for the content area. It is not possible to waive more than two core courses of the MPH program.

The choice of elective courses (four course units) for the combined degree must fit the MPH requirement, i.e., must be approved by the MPH program advisor, strongly related to the core disciplines or paradigm of the Public Health education, and coherent enough that the student obtains depth of specialized knowledge in Public Health areas. These requirements can also be met by the required or elective courses of the primary, or “home,” program. Requirements for the home program (master’s thesis, service project) may overlap with the MPH capstone project. If appropriate, these requirements may be integrated with the approval of the MPH program advisor and the home program advisor.

b. Assessment of the extent to which this criterion is met.

This criterion is met.

2.11 Distance Education or Executive Degree Programs. If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the 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.

Required Documentation:

a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix may be referenced for this purpose.

This does not apply to the MPH Program at the University of Pennsylvania.

b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

This does not apply to the MPH Program at the University of Pennsylvania.

c. Assessment of the extent to which this criterion is met.

This does not apply to the MPH Program at the University of Pennsylvania.

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.

Required Documentation:

a. A description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

The University of Pennsylvania offers an outstanding research base for training across the spectrum of health sciences and was the second ranked institution in the level of NIH funding in 2010. The MPH Program, with its Graduate Group structure, is uniquely situated within the university to not only provide professional education and training, but to also transcend traditional departmental and school boundaries to offer interdisciplinary research training opportunities to MPH students.

The CPHI is well positioned to provide infrastructural support to the faculty and students of the MPH program with grant submissions, budgets, and post award reporting. However, the structure of our program has largely resulted in these activities occurring within the departmental homes of the program faculty, given that grant funds flow through departmental homes, rather than the CPHI. Collaborative grant involving a group of MPH faculty from different University schools and departments could be managed through the CPHI and such opportunities are currently being sought.

Research at Penn is conducted in accordance with the University of Pennsylvania policies and procedures related to research, which can be viewed at the following site:
<http://www.upenn.edu/research/policies.htm>

b. A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Community-based research activities involving MPH faculty are described below. Formal research agreements with community agencies are done independently by faculty, not by our MPH program. Many investigators have long-standing formal research agreements with community agencies. Penn MPH faculty, (primary core, secondary core, and associated), reported 334 externally funded grants over the past 3 years (see table for section 3.1.c.). Of these, 151 or 45% included community based research and/or were undertaken with health agencies and community-based organizations.

Our mission statement includes the following sentence: “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.”

One way we live this mission is through the community-based research of our outstanding faculty. Below are descriptions of a few of the community-based research endeavors at Penn:

The CPHI primarily serves the community of West and Southwest Philadelphia, however, also has initiated programs that benefit recently arrived refugees being resettled by the Hebrew Immigrant Aid Society. The West/Southwest Philadelphia community is besieged by socioeconomic challenges. Community members within the targeted service area face disproportionately high rates of poverty, unemployment, inadequate housing, a depleted economic base, limited transportation, violence, and multiple barriers to primary health care including increasing rates of uninsurance and underinsurance. Aggravated by limited access to quality healthcare, community members have disparate rates of chronic diseases including high rates of cardiovascular disease, diabetes, asthma, obesity, and poor prenatal outcomes. The target population is predominately economically challenged, with 71.4% living below 200% of the Federal Poverty Level, and is majority African American (95.1%).

Current CPHI Service Programs include:

Refugee Health Center

The CPHI was the key in brokering relationships and terms of agreement between UPHS, Penn Center for Primary Care and HIAS and Council in the development of a refugee health center. In addition to adding to the community benefit profile of the SOM, the refugee center, which is staffed by global health residents, has provided an invaluable learning environment for globally minded residents at Penn. Two MPH students are assigned to this project for the Capstone and additional research initiatives with the Department of Infectious Disease at the SOM are planned. It is also planned that a Psychiatry residency will be linked to this endeavor thus enhancing learning experiences for another cadre of medical students and residents at Penn.

ServiceLink

The CPHI recently worked with a group of first year medical students to found ServiceLink. This project, which is managed by a medical student group formally registered with the school, is based in Sayre Health Center in West Philadelphia and trains students to link clinic clients with public benefits and specialty care services. Half of the project’s volunteers are Penn medical students. This project is also in the process of developing a capstone experience for an MPH student to help track and evaluate program success. Furthermore, ServiceLink’s impact on access to specialty care is being evaluated by a SOM faculty member, thus expanding their research portfolio.

Healthy Post Newspaper at Lea Elementary School

The CPHI is collaborating with Healthy News Works, Sustainable Communities Initiatives West (SCI-West), the Barbara and Edward Netter Center for Community Partnerships, the Agatston Urban Nutrition Initiative and Henry C. Lea Elementary school in West Philadelphia to establish and run the Healthy Post newspaper written primarily by third to sixth graders. Healthy Post is an extra-curricular course that teaches

students professional journalism skills, while raising awareness of health, fitness, nutrition and safety in the surrounding community. Through this program, students sharpen their writing, interviewing, problem-solving and research skills. The publications help raise awareness of relevant health issues in the school community.

Community Outreach and Engagement Core (COEC) of the Center Of Excellence in Environmental Toxicology (CEET) (Dr. Emmett)

The mission of the Community Outreach and Engagement Core (COEC) of the Center of Excellence in Environmental Toxicology (CEET) is to translate research information from the Center's research and its team of interdisciplinary scientists into tools and resources for community, professional, and Public Health decision-making constituencies in order to improve clinical and public health. We are particularly concerned with the effects on vulnerable populations including children, the elderly, and underserved populations. We are focused on developing new and effective models and approaches to outreach and education to improve community environmental health.

We have selected six target communities located in Southeastern Pennsylvania and affected by a range of environmental health issues. The populations in four of these communities—West Philadelphia, Chester, Eastwick, and Northern Liberties—live in an aging urban environment and face a number of different environmental hazards, including exposure to toxic and industrial sites. The remaining two communities, Palmerton and Ambler, both suffer from large exposure to a single toxic agent--metal pollution in Palmerton, and asbestos in Ambler. MPH students take part in precepted Capstone projects in environmental health in our target communities, arranged through the COEC. **Drs. Judith McKenzie or Edward Emmett**, who are already members of the Public Health Program Faculty, take responsibility for being primary advisors for MPH Capstone projects related to Environmental Health.

Cancer Center Community Outreach (Dr. Hughes-Halbert)

The University of Pennsylvania Cancer Center, founded in 1973, remains on the front line against cancer, with 320 nationally recognized cancer specialists and scientists working side by side to treat patients and conduct research. The Cancer Center is one of only 31 cancer centers nationwide to be designated by the National Cancer Institute as a Comprehensive Cancer Center. The University of Pennsylvania Cancer Network is a select group of community hospitals throughout Pennsylvania and New Jersey collaborating with the University of Pennsylvania Cancer Center to provide excellence in patient care throughout our region. Penn's Cancer Network hospitals are recognized for their excellence in patient care and a commitment to improving the health and well-being of their community. **Dr. Chanita Hughes-Halbert, Ph.D.** has established a community cancer-control program within the cancer center. She also teaches in the MPH program and serves as an advisor to MPH students.

Cartographic Modeling Laboratory (CML) (Dr. Branas)

The CML, a joint venture of Penn's School of Social Policy and Practice and its School of Design (the home school for architecture and city and regional planning at Penn) specializes in Geographic Information Systems (GIS) and spatial research, using these tools to pursue a threefold agenda that balances research, urban and social policy analysis, and opportunities for teaching and training. **Dr. Charles Branas** is the Director of this Center. While the methods of

the Lab can be applied to almost any jurisdiction, the CML maintains a special focus on Philadelphia. The CML brings together faculty members and students across disciplines to collaborate on urban and social policy projects. Dr. Branas teaches in the MPH program and has mentored several capstone students.

Netter Center for Community Partnerships (CCP) (Dr. Harkavy)

The CCP, led by **Dr. Ira Harkavy**, was founded in 1992 and is Penn's primary vehicle for bringing to bear the broad range of human knowledge needed to solve the complex, comprehensive, and interconnected problems of the American city, to the benefit of West Philadelphia (where Penn is situated), Philadelphia, the University itself, and society. The Center is based on three core propositions: (1) Penn's future and the future of West Philadelphia/Philadelphia are intertwined; (2) Penn can make a significant contribution to improving the quality of life in West Philadelphia and Greater Philadelphia; (3) Penn can enhance its overall mission of advancing and transmitting knowledge by helping to improve the quality of life in West Philadelphia/Philadelphia. This center has provided a Capstone opportunity for one MPH student.

West Philadelphia Consortium to Address Disparities – Phase II (Dr. Hughes-Halbert)

The West Philadelphia Consortium to Address Disparities is an academic-community partnership that was established to conduct community-based participatory research (CBPR) to improve the health outcomes of African American residents in West and Southwest Philadelphia. This newly funded phase follows a five year planning grant which supported the development of interventions designed to address health disparities in cancer and cardiovascular-related diseases among African Americans through intervention research to be conducted collaboratively between representatives from community-based organizations in Philadelphia and multidisciplinary academic investigators from the University of Pennsylvania. **Dr. Chanita Hughes-Halbert** is a member of the MPH faculty and she is available to provide Capstone opportunities and mentorship for MPH students.

The Center for Child Injury Prevention Science (C-ChIPS) (Dr. Koplin-Winston)

The Center for Child Injury Prevention Science is funded through a grant from the National Science Foundation. The mission of the center is to advance the safety of children, adolescents and young adults through childhood injury research and to apply our resources to developing effective interventions to prevent these injuries from recurring. Using a multidisciplinary approach, the Center for Injury Research and Prevention draws on a team of scientists from the fields of emergency medicine, pediatric trauma, pediatric and adolescent development, epidemiology and biostatistics, bioengineering, computational engineering, psychology, behavioral development, communications, and health education. These different points of view form the foundation of a methodology in which research into the pre-event, event and post-event causes of injury and trauma can lead to action and ultimately make an impact on our nation's youth. The Center's findings are not only published in medical journals, but also are translated into recommendations for parents, educators, policymakers and product manufacturers by the Center's outreach and advocacy professionals. With an initial focus on motor vehicle injury prevention, the consortium of members will be drawn from the insurance, automotive, restraint, and other safety industries and government regulatory and public health agencies. The research team seeks innovative solutions to identified injury mechanisms through evidence-based

interventions in the form of educational tools, improved product design, and improved legislative and regulatory policy to achieve measurable impact in the form of injuries avoided and lives saved. MPH program faculty and students interact with C-ChIPS. **Dr. Flora Koplín-Winston, MD, PhD**, has mentored several MPH Capstones.

Center for Population Health and Health Disparities (CPHHD) (Dr. Hughes-Halbert)
Dr. Chanita Hughes-Halbert teaches an elective in the MPH and leads a community based participatory research project within this NIH funded center, which was established to address significant gaps in our knowledge about factors that predict prostate cancer outcomes, and in particular the causes of disparity in prostate cancer outcomes between men of African and Caucasian descent. The mission of the proposed center is to 1) study the complex interaction of biological, clinical, behavioral, and environmental factors predictive of outcomes following a prostate cancer diagnosis, 2) evaluate how these factors explain disparities in prostate cancer outcomes by ethnicity, and 3) disseminate this information to at-risk populations and the public health community. The CPHHD builds on existing multidisciplinary research resources that include studies of the genetics, quality of life, patterns of care, physical environment, and social environment after the diagnosis of prostate cancer. This research requires transdisciplinary collaboration across molecular biology, genetic epidemiology, sociology, the behavioral sciences, and health policy; and has implications for clinical and public health practice, with potential to catalyze critical improvements in the prevention and treatment of prostate cancer.

Center for Health Equity Research (Dr. Jemmott)

Dr. Loretta-Sweet Jemmott, Co-Director for the Center for Health Equity Research, considers community service and research in community settings as her area of practice. The mission of the Center for Health Equity Research is to improve health among those who have experienced social or economic disadvantage. Center scientists focus on reducing or eliminating disparities in health outcomes and healthcare access. A particular goal is to create, support, and maintain a state of equity for disempowered, marginalized, vulnerable, and underrepresented populations through knowledge development and research training. By its very nature, health equity requires maximizing the highest level of health possible for all individuals, communities, societies, and the globe. Global engagement in the dialogue about health equity, and carrying out programs of research to understand, address, and promote health equity around the world is central to our mission. Our mission also includes the research training of the future cadre of scientists who will develop independent programs of funded research in the area of health equity and health disparities. Research through the CHER including an HIV Prevention Replication and Dissemination Program designed to develop, implement and evaluate train-the-trainer programs to use "Sister to Sister" an evidence-based HIV prevention intervention and work through the Office of Adolescent Health's Pregnancy Prevention Initiative to conduct train-the-trainer model for the translation and dissemination of 22 evidenced-based programs identified by the CDC to reduce teen pregnancy. (Eight of the 22 programs are Dr. Jemmott's.) (www.selectmedia.org) Dr. Jemmott is currently mentoring an MPH Capstone.

Center of Excellence for Autism and Developmental Disabilities Research and Epidemiology (CADDRE) (CDC) (Dr. Pinto-Martin)

The University of Pennsylvania Center in collaboration with The Children's Hospital of Philadelphia, is home to one of six such Centers funded by the National Centers for Disease

Control and Prevention to work collaboratively to study both the increasing prevalence and etiology of autistic spectrum disorders (ASD). The CADDRE, which is in its third round of funding, is also engaged in research on early screening and identification of ASD, nursing care for families with children newly diagnosed with ASD, sleep disorders in children with ASD, the psychological health of siblings of children with ASD, and genetic and environmental factors that may play a role in ASD. The Center operates within the school of nursing and is directed by **Dr. Jennifer Pinto-Martin** who is also the MPH Director.

Center for Mental Health Services Policy and Research (Drs. Solomon, Mandell, Salzer, Blank, Culhane are all core or former core MPH faculty)

Established in 1986, the Center for Mental Health Policy and Services Research (CMHPSR) is one of the centers in the Department of Psychiatry of the University of Pennsylvania's (Penn) Medical Center, an outstanding international research institution. The CMHPSR consists of a group of multidisciplinary faculty and staff who research the organization, financing, and management structure of mental health care systems and the delivery of mental health services and provides consultation and technical support to those individuals and programs involved in implementing system change. The objective is to link the best research and evaluation findings to policy decisions, and the delivery and implementation of services. Drs. David Mandell, Mark Salzer, Michael Blank and Dennis Culhane have all served as MPH Capstone mentors.

c. A list of current research activity of all primary and secondary faculty identified in 4.1.a. and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based, and h) whether research provides for student involvement. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere. See CEPH Data Template E.

MPH faculty research activity is listed in Appendix 3.1. The project periods are present for all grants active with the past three years of the program. This information is continually being updated but is reflective of the research productivity of MPH faculty.

Since its' founding, every year the CPHI disperses pilot funds to support interdisciplinary public health research.

- 2008 -- 2 grants funded, both had MPH faculty and/or staff as a Co-PI.
- 2009 -- 5 grants funded, all had MPH faculty member as a Co-PI.
- 2010 -- 6 grants funded, 5/6 had MPH faculty member as a Co-PI.
- 2011 -- 5 grants funded, all had MPH faculty members as a Co-PI

Furthermore, 4 MPH students were involved in the above mentioned research programs as a part of the research they conducted for their coursework.

Many of the pilot grants awarded have receive future funding, much of which has supported MPH faculty. Examples of funded projects that built on CPHI pilot awards include:

Co-PIs: JA Grisso (SOM) and Domenic Vitiello (SOD)

- USDA Community Food Project Grant: evaluation research for Pennsylvania Horticultural Society City Harvest Growers Alliance program (\$15,000).
- St. Christopher's Foundation for Children: program design and evaluation research for Farm to Families CSA and related programs, funded by the Convergence Partnership (\$20,000 in 2010-11; negotiating 2011-12, expecting same or larger amount).
- USDA Community Food Project Grant: evaluation research and program design for Women's Community Revitalization Project retail project(s) (\$20,000)

PI: Charles Branas (SOM)

- NIH/FIC: Injury and Trauma Research Training For Guatemala (\$900,000 from 2011-2016, Co-PI: Therese Richmond)
- NIH/FIC: Chronic disease clinical epidemiology training in Guatemala (\$1,000,000 from 2010-2015, Co-PI Brian Strom)

PI: Carrie Kovarik (SOM)

- National Library of Medicine Research Stipend (\$25,000 in 2010)
- University of Pennsylvania Clinical and Translational Science Award (CTSA) Community-Based Research Grant (\$10,000 in 2010)
- UPenn Provost's Office Funding for International Initiatives (\$50,000 in 2010)
- Verizon Foundation Grant for Tele dermatology for Underserved in Philadelphia (\$50,000 in 2011)

Co-PIs: AMY Hillier (SOD) and Jackie McLaughlin (SOM-MPH Associate Director)

- Robert Wood Johnson Foundation's Healthy Eating Research Program: Evaluating the Impact of the WIC Food Package Changes on Low-Income Families (\$150,000 in 2009)

Manuscripts based on the work started with the CPHI grants include:

- Amy Hillier, Jacqueline McLaughlin, Carolyn Cannuscio, Mariana Chilton, Sarah Krasny and Allison Karpyn (forthcoming). The Impact of WIC Food Package Changes on Access to Healthful Foods in Two Low-income Urban Neighborhoods. *Journal of Nutrition Education and Behavior*.
- Amy Hillier, Carolyn Cannuscio, Allison Karpyn, Jacqueline McLaughlin, Mariana Chilton and Karen Glanz (accepted), "How Far do Low-Income Parents Travel to Shop for Food? Empirical Evidence from Two Urban Neighborhoods," *Journal of Urban Geography*.
- Azfar RS, Weinberg JL, Cavric G, Lee-Keltner IA, Bilker W, Gelfand JM, **Kovarik CL**: HIV positive patients in Botswana state that mobile tele dermatology is an acceptable method for receiving dermatology care. *J Telemed Telecare* (in press).

Additional reports based upon CPHI grants are:

- Domenic Vitiello, Michael Nairn, Jeane Ann Grisso, and Noah Swistak, "Community Gardening in Camden, NJ, Harvest Report: Summer 2009" (University of Pennsylvania, 2010).

- Domenic Vitiello, Michael Nairn, Jeane Ann Grisso, and Noah Swistak, "Community Gardening in Trenton, NJ, Harvest Report: Summer 2009" (University of Pennsylvania, 2010).

For additional information on the pilot grant funds supporting interdisciplinary research, see the matrix for a list of all projects funded since the start of the pilot grant program (2008).

d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings), and other indicators.

The MPH Program will evaluate the success of its research activities by the following measures listed in Table 3.1.d:

Table 3.1.d Research Outcome Measures

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
3.a MPH faculty actively engage in public health research, specifically in community-based research (defined as research that occurs in communities as opposed to clinics or laboratories, and may include community-based participatory elements).	50% of the MPH faculty research efforts will be community based.	25/43 = 58%	27/43=63%	28/43= 65%	36/43= 84%
	Outcomes are based on a 66% response rate from faculty (43/65).	25/65 = 38%	27/65 = 42%	28/65 = 43%	36/65 = 55%
3.b The CPHI will contribute to ongoing support of interschool and interdisciplinary collaborations.	Projects must have faculty from 2 or more schools across the University.	2 funded projects	5 funded projects	6 funded projects	5 funded projects
3.c The MPH program and CPHI will recruit core public health faculty whose work focuses on community and population health across multiple schools.	50% of the teaching core will have cross-school appointments by 2012.	19% Cannuscio Pinto-Martin Bourgeois	25% Cannuscio Pinto-Martin Bourgeois Grisso	38% Cannuscio Pinto-Martin Bourgeois Grisso Glanz Schmitz	50% Cannuscio Pinto-Martin Bourgeois Grisso Glanz Schmitz Frasso Klusaritz
4.a MPH students will be involved in research efforts of MPH faculty or CPHI fellows.	50% of completed capstone projects directly involved with MPH faculty research.	3/7 capstones 43%	5/9 capstones 56%	9/21capstones 43%	11/17capstones 65%
4.b MPH students will be trained in the protection of human subjects and confidentiality of health information (HIPAA and CITI).	100%	100%	100%	100%	100%

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
4.c Research opportunities will be publicized to matriculated MPH students.	100% of MPH students receive a digest which lists opportunities, job postings, and events.	N/A	N/A	Implemented October 2009, biweekly	biweekly
4.d MPH students will present or publish research findings in seminars, community forums, public health research and practice related local, national and international meetings each year and/or publish their work in a peer reviewed journal each year.	10% of the current student body and alumni within 1 year of graduation (per student report).	6% public health meeting presentations 17% published in peer reviewed journals	0% public health meeting presentations 13% published in peer reviewed journals	4% public health meeting presentations 9% published in peer reviewed journals	7 % public health meeting presentations 15 % published in peer reviewed journals

See Appendix 3.1 for a detailed table of MPH Faculty Research.

e. A description of student involvement in research.

The MPH Students may be involved in research through an independent study with a faculty mentor or selection of a research-based culminating Capstone experience. The research may be ancillary to: a faculty funded research project; related to independent research conducted concurrent with doctoral or clinical fellowship requirements; or independent research related to a student's professional practice. Also, see Section 3.1.c for comments on student involvement in research. Four MPH students were involved in the above mentioned pilot research programs as a part of the research they conducted for their coursework.

f. Assessment of the extent to which this criterion is met.

This criterion is met. Research activity at the University of Pennsylvania is extensive and provides students with numerous opportunities, as described above.

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.

Required Documentation:

a. A description of the program’s service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The University of Pennsylvania and Penn’s MPH program emphasize community service as part of their mission and values. For most MPH faculty and staff community service is a significant part of our professional and personal pursuits. Community partnerships and service activities are described throughout this document (see Criterion 2.4, Practice Skills, Criterion 3.1, Research, and Criterion 3.3 Workforce development).

The policy and practice of the MPH program is to collect community service data from MPH faculty annually via an email survey. The tables below illustrate the distribution of service activities among the MPH faculty.

Dr. Kathryn Schmitz, Director of Educational Development has a mission statement for her research that relates to building the infrastructure to support appropriate referral to exercise programming for cancer survivors. She sits on multiple community based committees and panels locally and nationally toward the goal of promoting this mission. For example, she is on the national expert panel for the Livestrong at the YMCA initiative, she is an advisory board member for the Philadelphia YMCA Pioneering Healthy Communities initiative, and she served on the traveling team to build exercise programs for cancer survivors at the Burlington County Family YMCA. Dr. Schmitz gives many presentations every year to cancer survivorship organizations to help educate survivors and their caregivers as to the opportunities to be more active and to motivate survivors to adopt an active lifestyle.

Dr. Pinto Martin is a member of numerous community based committees and panels related to the education and health care of children with autism spectrum disorders. She is spearheading an effort in the School of Nursing to establish a nurse managed center for children with ASD and their families and is working with community and state and local health agencies to conduct a needs assessment.

Table 3.2.a.1 MPH Faculty Participation in Professional Public Health Activities External to the MPH Program, AY 2007-2008

In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2007-2008 academic year. Note: Membership alone in a professional organization does not constitute service.		
Answer Options	Response Frequency	Response Count
Consulting or providing technical assistance to a	84.8%	28

public or private organization on public health issues		
Contributions to the field through public health practice	45.5%	15
Serving as a member of a community-based public health organization	45.5%	15
Serving in a leadership capacity for a professional public health association or practice group	48.5%	16
Making a substantive contribution to the MPH continuing education program	21.2%	7
<i>answered question</i>		33
<i>skipped question</i>		3

Table 3.2.a.2 MPH Faculty Participation in Professional Public Health Activities External to the MPH Program, AY 2008-2009

In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2008-2009 academic year. Note: Membership alone in a professional organization does not constitute service.		
Answer Options	Response Percent	Response Count
Consulting or providing technical assistance to a public or private organization on public health issues	69.6%	16
Contributions to the field through public health practice	60.9%	14
Serving as a member of a community-based public health organization	43.5%	10
Serving in a leadership capacity for a professional public health association or practice group	47.8%	11
Making a substantive contribution to the MPH continuing education program	21.7%	5
<i>answered question</i>		23
<i>skipped question</i>		7

Table 3.2.a.3 MPH Faculty Participation in Professional Public Health Activities External to the MPH Program, AY 2009-2010

AY 2009-2010 In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the past academic year (Summer 2009 through Spring 2010). Note: Membership alone in a professional organization does not constitute service.		
Answer Options	Response Percent	Response Count
Consulting or providing technical assistance to a public or private organization on public health issues	88.9%	40
Contributions to the field through public health practice	48.9%	22
Serving as a member of a community-based public health organization	40.0%	18
Serving in a leadership capacity for a professional public health association or practice group	44.4%	20

Making a substantive contribution to the MPH continuing education program	24.4%	11
<i>answered question</i>		45
<i>skipped question</i>		9

b. A list of the program’s current service activities, including identification of the community groups and nature of the activity, over the last three years.

A tabular summary of MPH faculty community service follows in Tables 3.2.b.1, 3.2.b.2, and 3.2.b.3 below.

Table 3.2.b.1 2008-2009 MPH Faculty External Public Health Service Activities

2008-2009 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2008-2009 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Primary Faculty					
Charles Branas	N/A	N/A	N/A	President of SAVIR	N/A
Edward Emmett	Advice and development of Risk communications to UAW-GM	Risk Communication and development of Community First Communication method	Chester Environmental health partnership member and grant development	Chair Community Advisory Committee U PENN	Director occupational and Environmental Medicine Residency
Jeane Ann Grisso	grant writing consulting for Philadelphia Green and other organizations; consulting with Health Dept on emergency preparedness	Teaching CBPR to clinical Scholars;	Board member of Bridging the Gaps, Task force for the International Council on Women's Health Initiatives	leading a session at the annual APHA meeting	N/A
Giang Nguyen	technical assistance and CBPR work with nonprofit groups	health fairs, immunization clinics, free clinic	board member for 2 nonprofit groups that have health programs	N/A	
Secondary Faculty					
Michael Blank	City Health Department IRB member	Governing Councilor for APHA	Penn CFAR Community Advisory Board	Fellow of American Psychological Association	Member of Healthy People 2020 Quality of Life Workgroup
Peter Cronholm	I sit on the Board of Directors for 3 Community Health Organizations	Clinical supervision at public health practices	I sit on the Board of Directors for 3 Community Health Organizations	I sit on the Board of Directors for the Academy on Violence and Abuse	N/A
Christiaan Morssink	advising Engineers without Borders, different chapters	executive board PH of College of Physicians, Advising PUFFA, Urban Farm Policy	College of Physicians, Philadelphia Global Water Initiative, Governing Council APHA	PGWI.	curriculum development Spin Farming for Sub Saharan Africa, Water-food-health

2008-2009 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2008-2009 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Neal Nathanson	I serve on about 6 national or similar advisory committees, mainly on AIDS vaccine development. Represents about 20 days fulltime service.	N/A	N/A	I am very much engaged in the national community dedicated to global health, going to three meetings annually, and helping to guide and development national agendas	I am the course director for PUBH 519, which I founded
Arnold J. Rosoff	N/A	N/A	N/A	Deputy Editor, Journal of Legal Medicine -- some editorial duties related to public health topics	N/A
Susan B. Sorenson	World Health Organization - authored report; International Council of Women's Health Issues - member of conference planning committee; Women's Law Project - assisted with project, analyzed data, reported findings & wrote report	N/A	N/A	N/A	N/A
Walter Tsou	N/A	multiple lectures on health care reform	Board, Physicians for a National Health Program, Phila Physicians for Social Responsibility, Green Tree Community Health Foundation, Edna Kynett Foundation, Smokefree Philadelphia, Sect. on Public Health, College of Physicians	board National Board of Public Health Examiners, Chair, Awards Committee, APHA, Committee - Kellogg grant, APHA	N/A
Associated Faculty					
Marjorie Bowman	center for public health initiatives	I also do public health related research	N/A	N/A	N/A
Charlene Compher	Adolescent obesity project at University of Botswana	N/A	N/A	N/A	N/A
Joel Fein	Medical Advisor to the Department of Government and Community Relations at CHOP	Director and PI of Philadelphia Collaborative Violence Prevention Center (multi-institutional community based participatory research in violence prevention) - CDC Academic Center of Excellence	Chairman of the Board of Directors of the Institute for Safe Families; Member, Board of Directors of the Philadelphia Anti-drug Anti-violence Network	N/A	N/A

2008-2009 MPH Faculty External Public Health Service Activities					
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Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Ira Harkavy	spoke at a number of universities and ran seminars on public health	N/A	N/A	N/A	N/A
Terri Lipman	N/A	4th year of directing a CCP course to screen for diabetes in children in the community	N/A	N/A	N/A
David Mandell	Consult to NIH and Center for Medicaid Services on health services for children with autism	N/A	N/A	Chair of Mental Health Section of APHA	N/A
Andres Pinto	N/A	Participated in PUENTES DE SALUD as director of the Oral Health component	Member of the Advisory Board to PUENTES DE SALUD (So. Philadelphia), Member of the Advisory Board of CCY-Philadelphia	N/A	N/A
Phyllis Solomon	be involved with a committee for training of psychiatrists working in public mental health & involved with a group working with public mental health agencies for family inclusion	N/A	board member of private not for profit mental health agency	N/A	N/A

Table 3.2.b.2 2009-2010 MPH Faculty External Public Health Service Activities

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Primary Faculty					
Frances K. Barg	Providing consultation to the American Cancer Society regarding services for children with cancer	Ethnographic study of asbestos-exposed community in Ambler	N/A	N/A	leadership role in the Winter Qualitative Research Methods Institute

2009-2010 MPH Faculty External Public Health Service Activities

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Philippe Bourgois	Member of CDC national committee on economic inequality and youth violence	N/A	Collaborator with Institute for Community Justice and Philadelphia FIGHT HIV services; presentation at annual Philly FIGHT conference	N/A	N/A
Charles Branas	Assisted numerous state, municipal and local health agencies	N/A	N/A	SAVIR President, WHO Global Injury conference organizer	N/A
Carolyn Cannuscio	N/A	60 designed and ran h1n1 vaccine clinic (school-based) and consulted to mural arts program on public health grants and activities. Ran public exhibits on health disparities.	N/A	N/A	N/A
Edward Emmett	Reviewer for NIEHS, Risk communicator for GM-UAW	Awarded Community-Campus partnerships for health Award for Community-based work	Ambler CAG, Chester Environmental partnership	N/A	N/A
Karen Glanz	journal editorial boards and reviewing, committees/advisory to Robt Wood Johnson Foundation, Institute of Medicine presentation, etc.	advice to Phila Dept of Health	N/A	N/A	speaker at CPHI retreat
Amy Hillier	numerous presentations about GIS and mapping in public health; working on Health Promotion Council grant	N/A	N/A	N/A	N/A
Giang Nguyen	worked with several non-profit organizations to address public health interests of these groups	led immunization clinics, served as Vietnamese spokesperson for CDC national pre-teen immunization campaign, ran a hep b information web site for Vietnamese, created multimedia for health programs	board member for ASIAC and SEAMAAC, advisory chair for APINCSN - all of these deal with public health	see above	N/A
Jennifer Pinto Martin	work with cdc on issues related to autism screening	N/A	N/A	work on first signs autism awareness campaign	N/A

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Kathryn Schmitz	Advisory committee to the Phila YMCA for Pioneering Health Communities, meetings with Philly DOH on health behavior intervention work, Executive committee for National YMCA for LiveSTRONG at the YMCA initiative, traveling committee for Burlington County Y LiveSTRONG at the Y program, consultant for UGo, Consultant for Penn Future.	seminars to health fairs in Delaware Valley region on exercise and health, many presentations to fitness professionals on exercise and cancer survivorship. built the webinars to teach exercise professionals to work with cancer patients/survivors	Fellow of the American College of Sports Medicine, Member of ASPO, TOC	Programming committee for ACSM, certification committee for ACSM, Roundtable on exercise in cancer survivors for ACSM	N/A
Secondary Faculty					
David Barnes	Board member, Lazaretto Preservation Association of Tinicum Township: advising community-based historic preservation campaign on history of public health	N/A	N/A	N/A	N/A
Ian M. Bennett	I am a member of several community service agency boards related to maternal child health (Maternity Care Coalition), Perinatal Depression and Latino Immigrant Health (Association Communal Latinoamericana de Montgomery County). In each of these cases I provide ongoing input and support. These groups meet monthly.	N/A	N/A	N/A	N/A
Michael Blank	National Academies of Science, Institute of Medicine workgroup on HIV testing	N/A	N/A	Liaison from APHA Mental Health Section to Global Health Section	N/A
Peter Cronholm	Grant writing for CBOs	City-wide efforts to address adolescent and intimate partner violence	Board member: Men's Resource Center, Institute for Safe Families, Women Organized Against Rape	Chair Education, Research, and Scientific Programs Committee - Academy on Violence and Abuse; Chair Group on Violence Education and Prevention - Society of Teachers of Family Medicine	N/A

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Judith Green McKenzie	Committee Member, Committee of Medical Experts to Assist Social Security on Disability Issues, IOM; Physician Volunteer, Burlington County Health Department, Board of Chosen Freeholders	Treat Occupational and Environmental Medicine patients	Member, PA EPHT Technical Advisory Group	Chair, Hip Panel, ACOEM	N/A
Christiaan Morssink	advising community garden project Weavers Way	Water education and awareness raising, advising Engineers without Borders, H2O for Life, etc	board member executive committee PH section College of Physicians; advisory board FWWIC	N/A	N/A
Neal Nathanson	I don't know if this qualifies but I serve on a number of scientific advisory boards devoted to the development of AIDS vaccines and microbicides; and spend a vast amount of time as the codirector of a consortium of US and African universities developing a program to train African health professionals in global health	N/A	N/A	N/A	N/A
Arnold Rosoff	I carry the public health banner in my membership in the American College of Legal Medicine and the American Society of Law, Medicine and Ethics	N/A	N/A	N/A	N/A
Susan B. Sorenson	reviewed articles for public health journals; Planning Committee, 18th Congress of the International Council of Women's Health Issues; provided consultation to multiple non-profit agencies in Philadelphia	N/A	N/A	N/A	N/A
Walter Tsou	PSR Board; College of Physicians Section on Public Health Board; Green Tree Community Health Board; Edna Kynett Foundation	Co-chair Smokefree Philly, numerous lectures on health reform	Health Care For All PA Board; Physicians for a National Health Program, PPHA	APHA: Awards Chair, Kellogg Grant committee	Book chapter on "Planning and Budgeting" in Mastering Public Health (to be published by Oxford Press)

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Douglas Wiebe	N/A	I conduct research in injury prevention that is meant to inform public health practice and policy	I am a member of the APHA	I serve of the Board of Directors for Physicians for Social Responsibility (Philadelphia) and the Society for the Advancement of Violence and Injury Research	N/A
Associated Faculty					
Kent Bream	Service planning for Hospitalito Atitlan for population of Santiago Atitlan. Invited lectures on Primary Care Workforce to Commonwealth and PA Assoc of Community Health Centers.	N/A	Medical Director Sayre Health Center	N/A	N/A
Dennis Culhane	Consultation to the federal government, and several states and cities on homelessness policy issues.	N/A	N/A	Director of Research for the National Center on Homelessness among Veterans at the US Dept of VA	N/A
Joel Fein	N/A	Researcher in violence prevention; resource for public health students and junior faculty	N/A	Director of Philadelphia Collaborative Violence Prevention Center	N/A
Harold I. Feldman	numerous national roles with the NIH	N/A	N/A	N/A	N/A

2009-2010 MPH Faculty External Public Health Service Activities

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Shiriki Kumanyika	Editorial Board, Preventing Chronic Diseases, CDC Journal; Board member, The Food Trust, Philadelphia; review of ARRA grant for Los Angeles County dept of public health; Vice-Chair, HP2020 Advisory Committee; Phila Dept of Public Health ARRA obesity initiative committee; chaired World Health Organization expert panel meeting; Guest Editor, American Journal of Preventive Medicine; Chair, IOM Committee on Evidence Framework for Obesity Prevention; Co-Chair, International Obesity Task Force; Presented at briefing on Child Obesity Issues, White House Staff; consulted to public health research group in Edinburgh, Scotland; prepared written testimony for City Council public hearings on child obesity; written and oral testimony for State of PA Policy Committee hearings on Child Obesity; service to APHA on a food systems grant project and also on a cancer prevention project	lecture to public health students at Jefferson;	N/A	N/A	N/A
Terri Lipman	Chair of the Surveillance committee for the Pennsylvania Diabetes Action Plan	Precept NP students who provide health care to children in a community day care center	N/A	N/A	Direct an ABCS course
David Mandell	Consult to School District of Philadelphia and PA Dept of Public Welfare to improve autism services	N/A	N/A	Immediate past chair of Mental Health Section of the APHA	N/A
Andres Pinto	reviewer , Journal of Dental Education, Journal of Public Health Dentistry	N/A	N/A	oral health consultant - Puentes organization - Philadelphia	N/A

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Timothy Rebbeck	N/A	N/A	N/A	Service on CDC advisory committee and workshops related to public health genomics	N/A
Gary Smith	Consulted with DHS on the aspects of screening for disuse at US airports; Member of a National Academy of Sciences Committee reviewing the environmental impact statements for two BSL4 containment facilities.	N/A	N/A	N/A	N/A
Phyllis Solomon	work with a group of providers in administrators that are working to transform public mental health system through efforts of family inclusion	N/A	Board of private nonprofit that providers case management and representative payee services to persons with severe psychiatric disorders; also serve on journal boards of numerous academic journal and reviews for journals that deal with public mental health topics	N/A	N/A
Brian L. Strom	Institute of Medicine committees, consultant to industry and FDA on preventing adverse drug events, teaching pharmacoepidemiology to FDA	editor-in-chief of pharmacoepidemiology and drug safety; substantial research activities	N/A	N/A	N/A
Duane Thomas	consultation with Cartoon Network/Turner Broadcasting on youth violence prevention	N/A	served as a member of a community health organization	N/A	N/A
Flaura Winston	Workgroup Chair - National Action Plan for Child Injury, CDC	Scientific Director, Center for Injury Research and Prevention at CHOP/Penn; Director, NSF Center for Child Injury Prevention Studies. Many speaking engagements, media opportunities re: injury, host multiple public-facing injury websites	N/A	Associate Editor, BMJ's Injury Prevention	N/A

2009-2010 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Cynthia Zubritsky	Provided consultation on the development of mental health programs to six states, eight community agencies, and three federal programs	N/A	Served on the advisory boards of three public health organizations	N/A	attend seminars, provide consultation to current faculty on MH issues and practices

Table 3.2.b.3 2010-2011 MPH Faculty External Public Health Service Activities

2010-2011 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Primary Faculty					
Frances K. Barg	served on Special Emphasis Panels (2) for the CDC	N/A	N/A	Board member for the American Cancer Society	N/A
Philippe Bourgois	N/A	1) I am a PI on a 13 year NIDA/NIH research grant on Street-based injectors' in the inner city; 2) Engaged in a Clinical Trial for HIV and incarceration prevention with the community-based organization Philadelphia Fight; 3) Conduct Participant-observation fieldwork in Puerto Rican North Philadelphia on HIV risk environment supervising two full-time resident researchers; Collaborate as Co-I on the R01s of four other PIs of NIH grants conducting research on 1) violence, 2) nutrition, 3) HIV, 4) substance abuse	Collaborator with Philadelphia FIGHT (HIV treatment access and HIV prevention	Standing Member of the Behavioral and Social Science Study section of the National Institutes of Health (4 year term)	N/A
Charles Branas	yes	yes	no	yes	no

2010-2011 MPH Faculty External Public Health Service Activities

2010-2011 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
Carolyn Cannuscio	I have served as a consultant and research collaborator on several projects with Mural Arts. A recent project related to housing insecurity and youth was also conducted with WHYY.	See above	N/A	I have also served as a reviewer for several journals, including Social Science and Medicine and Health Affairs, as well as for professional meetings like the International Conference on Urban Health and the Society for Behavioral Medicine annual meeting.	N/A
Edward Emmett	State of Pennsylvania Department of Health, collaboration on addressing asbestos related Disease, consultant assisting in Departmental Research, risk communication	Various community activities with communities facing Public health problems, particularly City of Chester, Ambler PA, and Gulf communities affected by Macondo Oil Spill	Chester Environmental Partnership, Ambler Bo-Rit Community advisory Group.	N/A	N/A
Rosemary Frasso	I have worked with the Northern Home for Children on developing an evaluation of the services they provide homeless teen mothers and I have been working with faculty at CHOP on the Homeless Health Initiative.	See above	N/A	member of committee - National Board of Public Health Examiners	Presenting at APHA and HHARC (Health Literacy Research Conference)
Karen Glanz	Service to Institute of Medicine committees, CDC, and federal committees; and multiple editorial boards	Phila Dept of Public Health's obesity prevention activities/coalition		Senior editor of Social Science & Medicine; Member, Community Guide Task Force (US Task Force on Community Prev Services); and others	I give seminars, but not sure if this is formally 'the MPH continuing education program'
Amy Hillier	map consultant to Project Home; map consultant to Health Promotion Council	N/A	N/A	N/A	GIS and Public Health institute--lead faculty
Chanita Hughes-Halbert	Served on external advisory board for an academic-community partnership.	Conducted research on promoting public health in the African American community.	N/A	Vice Chair for Cancer Forum at APHA.	Taught a course on public health genetics.
Heather Klusaritz	Faculty Advisor to student-run community health clinic; provide guidance on community outreach for chronic disease programs	N/A	N/A	N/A	N/A

2010-2011 MPH Faculty External Public Health Service Activities					
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jennifer pinto martin	CDC consultation, NIH consultation and grant reviews, Autism Speaks consultation and grant reviews	CDC Center for Autism Research ongoing project	Autism Speaks	Society for Pediatric Epidemiology Research	N/A
Kathryn Schmitz	YMCA, Lance Armstrong Foundation	Translation of an efficacious rehabilitative exercise program for cancer survivors into clinical practice	YMCA Pioneering Healthy Communities Executive Panel, LAF-YMCA LiveSTRONG at the Y collaborative	Executive Committee for Live STRONG at the Y	N/A
Secondary Faculty					
Peter Cronholm	Qual methods - winter institute	multiple	multiple	Board member: Institute for Safe Families; Women Organized Against Rape, Men's Resource Center, Academy on Violence and Abuse	focused work with MPH students
Neal Nathanson	Active member of GHEC, Global Health Education Consortium	N/A	N/A	Leader of AFYA BORA Consortium, Training African Health Professionals to Be Leaders in Global Health	N/A
Susan B Sorenson	Worked with multiple government and community-based agencies to reduce violence against women	N/A	N/A	N/A	N/A
Walter Tsou	Smokefree Philadelphia Thought Leader, consultant to local Sierra Club, Clean Air Council, Penn Environment	N/A	Green Tree Community Health Foundation Board, Edna Kynett Foundation Board	APHA Awards Chair; Phila Physicians for Social Responsibility Board President; National Board of Public Health Examiners Secretary/Treasurer; Physicians for a National Health Program National Board Advisor; Health Care for All Pennsylvania Secretary	N/A
Associated Faculty					
Joel Fein	N/A	PI and Director, Philadelphia Collaborative Violence Prevention Center (research, education and dissemination)	Board Chair, Institute for Safe Families; Board Member, Philadelphia Anti-drug Anti-violence Network	N/A	N/A
Terri Lipman	N/A	Maintain a registry of the epidemiology of diabetes in children in Philadelphia	N/A	chair diabetes surveillance committee for the state of PA	N/A

2010-2011 MPH Faculty External Public Health Service Activities					
	In the space provided below, describe how you have participated in professional public health activities external to the MPH program (ie: board member Community Health organization, APHA practice group, editorial board, public health journal, etc.) over the 2009-2010 academic year. Note: Membership alone in a professional organization does not constitute service.				
Faculty Name	Consulting or providing technical assistance to a public or private organization on public health issues	Contributions to the field through public health practice	Serving as a member of a community-based public health organization	Serving in a leadership capacity for a professional public health association or practice group	Making a substantive contribution to the MPH continuing education program
David Mandell	Consultant to School District of Philadelphia and various city and state departments	N/A	N/A	Immediate past chair, MH section of APHA	N/A
Daniel Morris	Advisor to the veterinary student public health club	Consultant to the Pennsylvania Dept. of Public Health and to veterinarians nationally regarding staphylococcal zoonosis	N/A	N/A	N/A
Trevor M Penning	External Advisory Board Member, Environmental Health Science Centers: Columbia, Rutgers, and U. Cincinnati	N/A	N/A	N/A	N/A
Daniel Polsky	I serve on an IOM committee on a framework for value for community-based wellness programs. I participate in vaccine coverage stakeholder meetings and work on economic models related to vaccine coverage	N/A	N/A	N/A	N/A
Phyllis Solomon	150 hours - consult with agencies engaged in public mental health practice	ditto from above	board member and sit board committee, other community committees - all dealing with public mental health	N/A	N/A
Brian L. Strom, M.D., M.P.H.	IOM committees, FDA committees, advising pharma on issues of drug safety	N/A	N/A	N/A	N/A

The CPHI also engages in community service activities and as such strengthens the MPH academic program with ties to the community. Below is a summary of CPHI service activities:

The CPHI recently worked with a group of first year medical students to found ServiceLink. This project, which is managed by a medical student group formally registered with the school, is based in Sayre Health Center and trains students to link clinic clients with public benefits and specialty care services. Half of the project's volunteers are Penn medical students. This project is also in the process of developing a capstone experience for an MPH student to help track and evaluate program success. Furthermore, ServiceLink's impact on access to specialty care is being evaluated by a SOM faculty member, thus expanding their research portfolio.

The CPHI was the key in brokering relationships and terms of agreement between UPHS, Penn Center for Primary Care and HIAS and Council in the development of a refugee health center. In addition to adding to the community benefit profile of the SOM, the refugee center, which is staffed by global health residents, has provided an invaluable learning environment for globally minded residents at Penn. Two MPH students are assigned to this project for the Capstone and additional research initiatives with the Department of Infectious Disease at the SOM are planned.

The CPHI develops and disseminates a newsletter (The Public Health Record) three times per year to a list-serve of over 900 members representing Penn schools and public health organizations city-wide. The newsletter highlights faculty research and awards as well as provides information about MPH Program offerings and MPH alumni achievements. Since the inaugural issue was released in 2008, the newsletter has highlighted the research and other achievements of over 15 SOM faculty members. To see all of the Public Health Record editions, visit: http://www.cphi.upenn.edu/CPHI_Newsletter.shtml

c. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.

Table 3.2.c.1 Measuring Community Service Success

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
5.a MPH faculty will be asked to submit an annual report of service activities.	100%	50% response rate	35% response rate	64% response rate	38% response rate
5.b MPH faculty will participate on external committees or boards related to public health as a primary public health resource for the University and the greater community.	80% of “core teaching” faculty	3/5 core teaching faculty 60%	6/7 core teaching faculty 86%	13/14 core teaching faculty 93%	13/15 core teaching faculty 87%
5.c The CPHI will engage the community through sustained outreach efforts to provide opportunity for linking with Penn’s public health community.	8 CPHI seminars per year (See Criterion 3.2.b.)	N/A	(7) Unnatural Causes: Exploring Equity through the PBS series	(11) Creative Action: The Arts in Public Health	(8) Crisis as Catalyst series
5.d Sustainability of public health initiatives led by Penn faculty and students and the adoption of those initiatives by the communities they were designed to serve will be assessed by the CPHI beginning academic year 2011-2012.	N/A	N/A	N/A	N/A	This will be assessed by the CPHI beginning academic year 2011-2012.
6.a Community partners will provide input into the MPH program via surveys to assure the academic program is relevant to community needs.	This will be implemented for the 2011-2012 academic year.	N/A	N/A	N/A	N/A

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
6.b Focus groups will be conducted with community preceptors to assess their satisfaction with their interactions and engagement with MPH capstone projects.	Capstone course directors targeted this for the 2011-2012 academic year.	N/A	N/A	N/A	N/A
6.c MPH program will offer continuing education for non-degree students.	Yes, we screen and approve qualified non-degree students for PUBH courses.	17 non-degree students/course units taught	39 non-degree students/course units taught	42 non-degree students/course units taught	33 non-degree students/course units taught
6.d To increase interdisciplinary training in public health, the MPH program will offer a Certificate in Public Health to qualified students enrolled in other degree programs at Penn.	Yes, we screen and approve qualified students for the certificate in public health.	6 certificate students	13 certificate students	14 certificate students	19 certificate students
6.e MPH students will be recognized for outstanding leadership and the vision and ability to make a difference in the health of a community via the Shiriki Kumanyika award.	One award annually.	Shiriki Kumanyika Award Winner – Joanna Holsten	Shiriki Kumanyika Award Winner – Shally Iyer	Shiriki Kumanyika Award Winner – Adrienne Wallace	Shiriki Kumanyika Award Winner- Aqsa Durrani

d. A description of student involvement in service.

In addition to the community engagement of MPH students as part of their academic requirements, the MPH students participate in organized service activities as described below. Since 2007, the PPHS student organization has been responsible for National Public Health Week activities on Penn’s campus. At present they are assisted with coordination of these efforts by the CPHI. As the student body has grown in number so have the opportunities for participation in organized service activities which are summarized below:

July 2009: Sponsored American Public Health Association Student Connections Booth for 2009 Annual Conference in Philadelphia, PA

October 2009: Participated in American Public Health Association National Conference by organizing additional passes for students to attend; also organized volunteering slots for MPH/CPHI Booth

November 2009: Students in MPH Program participated in community service activity known as “Give Kids Sight Day” at Wills Eye Institute

December 2009: Planning for National Public Health Week; proposed events thus far: Public Health Career Panel, Public Health Film Festival, Blood Drive, HIV Screening

Spring 2010: Continuous volunteer opportunities such as Ronald McDonald House and Wills Eye

February 2010: Volunteered at Give Kids Sight Day, sponsored by Focus First in Philadelphia

March 2010: World Water Day 5K Run/Walk-a-Thon (students ran/walked and signed the pipeline)

March 2010: Volunteer with the Jewish Relief Agency/Philadelphia Cares

April 2010: National Public Health Week Events

Graduate Alumni Career Panel (4 Alumni from various fields and 1 Career Services Staff)

Health Screenings at Civic House (HIV Testing from Philly Fight and Blood Pressure Testing from Penn Medical Students)

Movie Screening of Food, Inc.

April 2010: Walk Against Hunger (Members walked with the Food Trust Team)

October 2010: Philadelphia Cares

November 2010: Give Kids Sight Day

March 2011: NPHW: A look at Violence and Guns, Screening Bowling for Columbine

April 2011: Philabundance

e. Assessment of the extent to which this criterion is met.

This criterion is met.

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

Required Documentation:

a. A description of the program’s continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies.

One of the key roles for the CPHI is to provide continuing education opportunities for faculty, students, and community. The CPHI Summer and Winter Institutes involve teaching faculty from across the University. For example, the Summer Institute on GIS and Public Health regularly involves faculty from the School of Design, School of Medicine, and School of Social Policy and Practice. The Winter Institute on Qualitative and Mixed Methods Research utilizes faculty drawn from the School of Medicine, School of Arts and Sciences, School of Nursing and the Children’s Hospital of Philadelphia. In turn, with regards to both institutes, participants are drawn from an equally diverse pool of public health professionals, which results in rich discussion, networking and multi-faceted problem solving. (http://www.cphi.upenn.edu/cont_ed.shtml)

In addition, the CPHI seminar series offers rich seminars, based a theme selected yearly. The attendance has varied from about 15 to about 950 for individual seminars. On average about one quarter of the attendees at the seminar series are community partners, mostly non-profit public health oriented organizations and the Philadelphia public health department (to whom we sometimes provide discounts).

The CPHI Institutes (the GIS and Public Health Summer Institute and the Winter Institute on Qualitative and Mixed Methods Research) have done the same. For example, presenting organizations at the GIS Institute have included the Food Trust and the Philadelphia Department of Public Health. Attendees in both institutes have been drawn from the Philadelphia Department of Public Health, Veriquest Health, the Environmental Protection Agency, Maternal and Family Health Services, Philadelphia Office of HIV Planning, and the Family Planning Council.

The CPHI continuing education Institutes are held at the same time every year (e.g. January and June). These time periods were selected due to the availability of academic course leaders (e.g. they fall outside of the fall and spring semesters). Community partner organizations have also found these times convenient since they fall immediately after the winter holiday season and at the beginning of the summer when workloads typically lighten for some. The programs are advertised through the CPHI list-serve which includes over 900 contacts, 30% of whom are drawn from public and private public health organizations in the Philadelphia area. Topics have been selected based on interests expressed by community partner organizations and areas of strengths of the public health community at Penn. For example, the GIS and Public Health Institute was started in collaboration with Penn’s Cartographic Modeling Lab and as a result of an interest by the Philadelphia Department of Public Health and the Food Trust.

The CPHI regularly evaluates the effectiveness of its programs and gathers feedback for future program improvement. This is done through providing paper-based evaluations at events such as the annual retreat, Injury Science Day, Community Driven Research Day, the Roundtable

Discussion on the Health of Immigrant Communities, the Summer and Winter Institutes, etc. In addition to the paper-based surveys, the CPHI follows up with registered participants after events using survey monkey, which helps capture additional feedback.

Additional continuing education such as the certificate program and course offerings for non-degree students are described in more detail below.

b. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

The MPH Program provided a certificate in core public health content areas with courses drawn from the core MPH curriculum. Enrollment in the Public Health Certificate program is open to graduate or professional students at Penn. The majority of the certificate students are in the Biomedical Graduate Studies program in the School of Medicine.
(http://www.med.upenn.edu/bgs/pub_health_certificate.shtml)

The certificate option approved by the MPH Curriculum Committee in 2007 is described below. The Master of Public Health Program provides a generalist certificate in the core public health content areas. The certificate courses are drawn from the core MPH curriculum. Enrollment in the Public Health Certificate program is open to graduate or professional students in good academic standing among partnering schools at Penn.

Required Courses

PUBH 500 Introductions to Public Health

PUBH 502 Introduction to Principles and Methods of Epidemiology.

Select 3 of the Following Courses:

PUBH 501 Introduction to Biostatistics

PUBH 503 Environmental & Occupational Health

PUBH 504 Behavioral & Social Sciences in Public Health

PUBH 505 Public Health Administration and Policy

PUBH 507 Public Health Ethics, Policy and Law

As a final course, certificate students may choose to do an approved PUBH 599 Independent Study with an MPH faculty mentor or any PUBH prefix course(s) (core or elective) for a total of 1.0 cu.

A total of 4 courses completed in the certificate program may be applied toward the MPH degree if the student subsequently enrolls in the MPH program. Acceptance into the Public Health Certificate Program does not guarantee admission to the MPH degree program.

Table 3.3.b Enrollment Data for the Public Health Certificate Programs

	BGS-PhD	Nursing	Law	Dental
2007-2008	5			
2008-2009	5	1	1	1
2009-2010	5	1		

2010-2011	4			
completed			1	

c. A list of the continuing education programs offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

Non-degree Students and CPHI Institutes

The MPH allows non-degree students to take PUBH courses. At a minimum these applicants must have a bachelor’s degree with a 3.3 minimum GPA. Many students who take classes as a non-degree student subsequently apply to the MPH. Most non-degree students are prospective MPH applicants who are interested in exploring a course or two to assist with their decision process about pursuing a public health career path. At least 50% of the non-matriculated students are eventually matriculated into the MPH.

<http://www.publichealth.med.upenn.edu/non-mph.shtml>

Table 3.3.c.1 Number of Non-Degree Students Taking MPH PUBH Courses

Fall 2007	Spring 2008	Summer 2008
8	6	3
Fall 2008	Spring 2009	Summer 2009
15	19	5
Fall 2009	Spring 2010	Summer 2010
15	12	12
Fall 2010	Spring 2011	Summer 2011
12	12	3

The CPHI seminar series has attracted between 15 and 950 individuals per seminar.

The CPHI facilitates an annual seminar series and retreat. Seminar Series themes have included a focus on the PBS series Unnatural Causes, which explores Health Disparities, the use of Art to Affect Public Health and the Impact of Crises on Public Health Response and Innovations. These event programs have bolstered public health programming available to faculty, staff and students at Penn. They also provide a forum for public health-minded faculty to present research findings and to meet potential research partners from across the university and from the community. To date, all of these programs have been well received by audiences and strongly utilized. For example, in the last year, participants at CPHI programs (all of which attract an audience between 40 and over 100) were drawn from every school across the University (including both undergraduate and graduate students). About 30%-40% of seminar series attendees represent area public health organizations and non-profits. For example, organizations commonly in attendance include the Philadelphia Department of Public Health, the Food Trust, the Environmental Protection Agency, the Department of Health and Human Services, the Maternity Care Coalition, the Public Health Management Corporation among others. Events in 2011 featured the research of and presentations by current faculty drawn from the SOM, SON, SOD, SAS, SP2, SON, GSE, Wharton, and Penn Law and organizations such as the Philadelphia Department of Public Health, SOIL, Partners in Health, the Department of Health and Human Services, Pennsylvania Human Relations Committee, Pennsylvania Immigration and Citizenship

Coalition, and Alex's Lemonade Foundation. For a full listing of all events within the seminar series program (2008 to present), visit: <http://www.cphi.upenn.edu/PreviousSpeakerSeries.shtml>.

Table 3.3.c.2 CPHI Institute Attendees

CPHI Summer & Winter Institutes	
Event	Total Number of Attendees
2008 GIS Institute	23
2008 Winter Institute	14
2009 Summer Institute	18
2010 Summer Institute	13
2011 Winter Institute	10
2011 Summer Institute	22

d. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

This does not apply.

e. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

Required Documentation:

a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution. See CEPH Data Template F.

Table 4.1.a Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

Table 4.1.a Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area												
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
Generalist	Philippe Bourgois	PhD/ Professor	PIK Professor Tenured	70	M	Caucasian	MA; MA; PhD	Stanford University; Stanford University, Food Research Institute; Stanford University	Anthropology; Development Economics; Anthropology	Anthropology	Drugs, Violence, Labor Migration, Ethnic Conflict & Urban Poverty	-PI on a 13 year NIDA/NIH research grant on Street-based injectors in the inner city; 2) Engaged in a Clinical Trial for HIV and incarceration prevention with the community-based organization Philadelphia Fight; 3) Conduct Participant-observation fieldwork in Puerto Rican North Philadelphia on HIV risk environment supervising two full-time resident researchers; Collaborate as Co-I on the R01s of four other PIs of NIH grants conducting research on 1) violence, 2) nutrition, 3) HIV, 4) substance abuse, -Collaborator

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
												with Philadelphia FIGHT (HIV treatment access and HIV prevention - Standing Member of the Behavioral and Social Science Study section of the National Institutes of Health
Generalist	Barrett Bridenhagen	JD/ Lecturer	Non-tenure	40	F	Caucasian	JD					Philadelphia immigration task force and the Philadelphia bar foundation's vision committee
Generalist	Rosemary Frasso	MSc, CPH/ Lecturer	Non-tenure	90	F	Caucasian	PhD; MSc; MSC	University of Pennsylvania; Harvard School of Public Health; Harvard School of Public Health	Social Policy & Practice; Society, Human Development, & Health; Maternal Child Health	Behavioral health and capstone	Improving access to physical and mental health services for vulnerable populations, maternal child health, health disparities, health literacy and qualitative methodology	-worked with the Northern Home for Children on developing an evaluation of the services they provide homeless teen mothers and I have been working with faculty at CHOP on the Homeless Health Initiative. -member of committee - National Board of Public Health

Table 4.1.a Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area												
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
												Examiners -Presenting at APHA and HHARC (Health Literacy Research Conference)
Generalist	Jeane Ann Grisso	MD, MSC/ Professor	Tenured	80	F	Caucasian	MD; MSc	University of North Carolina at Chapel Hill; London School fo Hygiene and Tropical Medicine	Medicine; Clinical Epidemiology	Biostatistics	Prevention of Childhood Obesity, Intimate Partner Violence Prevention; Collaborative Public Health Research	
Generalist	Chanita Hughes-Halbert	PhD/ Associate Professor	Tenured	70	F	African American	MS; PhD	Howard University; Howard University	Psychology; Personality Psychology	Genetics	Understanding Sociocultural Underpinnings of Cancer Prevention & Control Behaviors	Served on external advisory board for an academic-community partnership. Conducted research on promoting public health in the African American community. Vice Chair for Cancer Forum at APHA.

Table 4.1.a Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area												
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
Generalist	Heather Klusaritz	MSW/ Lecturer	Non-tenured	50	F	Caucasian	PhD; MSW	University of Pennsylvania; University of Pennsylvania	Social Welfare; Social Work	Methods and epidemiology	Social determinants of health inequities, access to care, health care policy	Faculty Advisor to student-run community health clinic; provide guidance on community outreach for chronic disease programs
Generalist	Jennifer Pinto-Martin	PhD, MPH/ Professor	Tenured	70	F	Caucasian	PhD; MPH	University of California, Berkeley; University of California, Berkeley	Epidemiology; Health Administration	Epidemiology	Neonatal Brain Injury, Autism Spectrum Disorders, & Other Childhood Disabilities	-CDC consultation, NIH consultation and grant reviews, Autism Speaks consultation and grant reviews -CDC Center for Autism Research ongoing project -autism speaks -Society for Pediatric Epidemiology Research
Generalist	Kathryn Schmitz	PhD, MPH/ Associate Professor	Tenured	90	F	Caucasian	MSEd; PhD; MPH	Queens College; University of Minnesota; University of Minnesota	Exercise Physiology; Kinesiology; Epidemiology	Epidemiology	Role of Physical Activity on Etiology, Prevention, Treatment, & Rehabilitation from Chronic Diseases	-YMCA, Lance Armstrong - Translation of an efficacious rehabilitative exercise program for cancer survivors into clinical - YMCA Pioneering Healthy

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
												Communities Executive Panel, LAF-YMCA LiveSTRONG at the Y -Executive Committee for Live STRONG at the Y
Global Health	Frances Barg	PhD, MEd/ Assistant Professor	Clinician Educator Track (non-Tenured)	70	F	Caucasian	MEd; PhD	University of Pittsburgh; University of Pennsylvania	Rehabilitation Counseling; Medical Anthropology	Anthropology	Environmental Risk Factors for Injury, Intimate Partner Violence, & Impact of Daily Routines on Health-Related Behavior	-served on Special Emphasis Panels (2) for the CDC -Board member for the American Cancer Society
Global Health	Charles Branas	PhD/ Associate Professor	Tenured	50	M	Caucasian	MS; PhD	Hahnemann University; Johns Hopkins University Bloomberg School of Public Health	Emergency Medical Services; Health and Public Policy	Epidemiology	Healthcare Improvement, Violence Reduction, Emergency Care Enhancement, Human Geography & Spatial Interactions	President of SAVIR

Table 4.1.a Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area												
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
Global Health	Giang Nguyen	MD, MPH/ Assistant Professor	Clinician educator track (non-tenure)	50	M	Asian	MD; MPH; MSCE	UMDNJ Robert Wood Johnson Medical School; UMDNJ School of Public Health; University of Pennsylvania School of Medicine	Medicine; Public Health, Epidemiology; Clinical Epidemiology	Global health	Viral Pathogenesis, Epidemiology of Viral Diseases	technical assistance and CBPR work with nonprofit groups health fairs, immunization clinics, free clinic board member for 2 nonprofit groups that have health programs
Global Health	Wendy Voet	MPH/ Lecturer	Non-tenure	50	F	Caucasian	MPH	Tulane University School of Public Health	Health Education and Maternal/ Child Health			Board member Philadelphia Refugee Collaborative which is led by NSC (Nationalities Service Center) and also on the PICC (Pennsylvania Immigration and Citizenship Coalition) interagency healthcare working group. I did a review for Routledge Publishers of their book, Health and Human Rights: A Reader.

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
Environmental Health	Carolyn Cannuscio	ScD/ Assistant Professor	Clinician Educator (non-tenure) track	50	F	Caucasian	ScM; ScD	Harvard University, School of Public Health; Harvard University, School of Public Health	Health and Social Behavior; Health and Social Behavior	Epidemiology	Visual Methods, Urban Health, Health Disparities, Material Resources, Housing, Food Insecurity, Financial Strain, Cardiovascular Disease	-consultant and research collaborator on several project with Mural Arts. A recent project related to housing insecurity and youth was also conducted with WHYY. Reviewer for several journals, including Social Science and Medicine and Health Affairs, as well as for professional meetings like the International Conference on Urban Health and the Society for Behavioral Medicine annual meeting.

Table 4.1.a Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area												
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
Environmental Health	Edward Emmett	MD, MS/ Professor	Clinician Educator (non-tenured)	50	M	Caucasian	MS	University of Cincinnati, College of Medicine	Environmental Health	Environmental health	Health Disparity Research & Policy, Oral-Medical Disparities & Access to Care Issues in Minority Populations, & in Finding Venues for Effective Intervention by Oral Care Professionals in Promoting Patient's Overall Health	-State of Pennsylvania Department of Health, collaboration on addressing asbestos related Disease, consultant assisting in Departmental Research, risk communication: -Various community activities with communities facing Public health problems, particularly City of Chester, Ambler PA, and Gulf communities affected by Macondo Oil Spill - Chester Environmental Partnership, Ambler Bo-Rit Community advisory Group.

Table 4.1.a Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area												
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest	Current/ Past PH Activities**
Environmental Health	Karen Glanz	PhD, MPH/ Professor	PIK Professor Tenured	50	F	Caucasian	MPH; PhD	University of Michigan School of Public Health; University of Michigan Rackham School of Graduate Studies	Health Behavior and Health Education; Health Behavior and Health Education	Behavioral Health	Health-related Behavior, Modification of Risks for Cancer & Obesity	Service to Institute of Medicine committees, CDC, and federal committees; and multiple editorial - Phila Dept of Public Health's obesity prevention activities/coalition Serving as a member of a community-based public health organization - Senior editor of Social Science & Medicine; Member, Community Guide Task Force (US Task Force on Community Prev Services); and others
Environmental Health	Amy Hillier	PhD, MSW/ Assistant Professor	Tenure Track	50	F	Caucasian	MSW; PhD	University of Pennsylvania	Social Work; Social Welfare	GIS and built environment	Geographic Disparities, GIS Applications in Redlining & Housing Discrimination, Affordable Housing, & Public Health	map consultant to Project Home; map consultant to Health Promotion Council

b. If the program uses other faculty in its teaching program (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in table format and include at least a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, e) gender, f) race, g) graduate degrees earned, h) disciplines in which degrees were earned, and i) contributions to the teaching program. See CEPH Data Template G.

Table 4.1.b.1 Current Secondary Faculty Used to Support Teaching Program

Table 4.1.b.1 Current Secondary Faculty Used to Support Teaching Program									
Department/ Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time	Gen- der	Race or Ethnicity	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
Generalist	David S. Barnes	PhD/ Associate Professor	Associate Professor, UPENN	35	M	Caucasian	PhD; MA	History; History	History of Public Health
Generalist	Ian Moore Bennett	MD, PhD/ Assistant Professor	Assistant Professor, UPENN	20	M	Caucasian	MD; PhD	Medicine; Immunology	Family Planning
Generalist	Michael Blank	PhD/ Associate Professor	Associate Professor, UPENN	10	M	Caucasian	MA; PhD	Psychology; Psychology	Behavioral Health
Generalist	Peter Foster Cronholm	MD, MSCE/ Assistant Professor	Assistant Professor, UPENN	20	M	Caucasian	MD; MSCE	Medicine; Epidemiology & Biostatistics	Family Medicine
Generalist	Allison Karpyn	PhD/ Adjunct Instructor	The Food Trust	20	F	Caucasian	PhD	Education	Program Evaluation
Generalist	Arnold Rosoff	JD/ Professor	Professor, UPENN	35	M	Caucasian	JD	Law	Public Health Law and Ethics
Generalist	Susan Sorenson	PhD/ Professor	Professor, UPENN	40	F	Caucasian	PhD; MS	Clinical Psychology; Psychology	Violence Prevention
Generalist	Walter Tsou	MD, MPH/ Adjunct Professor	Adjunct Professor, Consultant	20	M	Asian	MD; MPH	Medicine; Public Health	Public Health and Health Disparities
Generalist	Douglas James Wiebe	PhD/ Assistant Professor	Assistant Professor, PENN	40	M	Caucasian	MA; PhD	Criminology; Social Ecology	Geography and Health
Global Health	Christiaan Morssink	MPH, PhD/ Adjunct Assistant Professor	Adjunct Assistant Professor, UPENN	5	M	Caucasian	MPH; PhD	Health Planning & Management; Health Policy & Administration	Health Disparities
Global Health	Neal Nathanson	MD/ Professor Emeritus	Professor Emeritus, UPENN	50	M	Caucasian	MD	Medicine	Immunology and Global Health
Environmenta l Health	Marilyn Howarth	MD/ Lecturer	Lecturer, UPENN	10	F	Caucasian	MD	Medicine; Occupational Health	Environmenta l Health
Environmenta l Health	Judith McKenzie	MD, MPH/ Assistant Professor	Assistant Professor, UPENN	30	F	African American	MD; MPH	Medicine; Public Health, Occupational Medicine	Critical Appraisal of Literature
Environmenta l Health	Richard Pepino	MS, MSS/ Lecturer	Lecturer, UPENN	20	M	Caucasian	MS; MSS	Biology; Science Education	Environmental Health

The following table identifies MPH Program Associated Faculty who do not have primary or secondary teaching effort for the program rather they participate on standing committees or in the advising/mentoring. Faculty listed below are not included in the Faculty FTE calculations.

Table 4.1.b.2 Current Associated Faculty Supporting the Academic Program

Table 4.1.b.2 Current Associated Faculty Supporting the Academic Program							
Department/ Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	Gender	Race or Ethnicity	Graduate Degrees Earned	Discipline for earned graduate degrees
Pulmonary, Allergy and Critical Care Medicine (SOM)	Andrea J. Apter	MD, MSc/ Professor	Professor	F	Caucasian	MA; MD; MSc	Mathematics; Medicine; Epidemiology
General Internal Medicine (SOM)	Katrina Armstrong	MD, MSc/ Professor	Professor	F	Caucasian	MD; MSCE	Medicine; Clinical Epidemiology
Family Medicine and Community Health (SOM)	Marjorie Bowman	MD, MPA/ Professor	Professor	F	Caucasian	MD; MPA	Medicine; Public Administration
Family Medicine and Community Health (SOM)	Kent D. Bream	MD/ Assistant Professor	Assistant Professor	M	Caucasian	MD	Medicine
Pediatrics (SOM)	Susan Coffin	MD, MPH/ Associate Professor	Associate Professor	F	Caucasian	MD; MPH	Medicine; Epidemiology
Center for Health Equity Research (SON); Psychiatry (SOM)	Christopher Lance Coleman	PhD, MPH/ Associate Professor	Associate Professor	M	African American	MPH; PhD; MS	Epidemiology and Infectious Diseases; Quantitative Measurement of Spirituality and Religion attributes in persons with HIV/AIDS; Quantitative Family and Child Psychiatric Nursing
Community Oral Health (DENT)	Robert Collins	DMD, MPH/ Professor	Professor	M	Caucasian	DMD; MPH	Dental Medicine; Public Health
Nutrition Science (SON)	Charlene W. Compher	PhD, RD, FADA, CNSD/ Associate Professor	Associate Professor	F	Caucasian	PhD; MS	Biology, Nutrition Science; Nutrition Science
Social Welfare Policy (SSW), Psychology (SOM)	Dennis Culhane	PhD/ Professor	Professor	M	Caucasian	PhD	Social Psychology
Critical Care (VET)	Kenneth J. Drobatz	DVM/ Professor	Professor	M	Caucasian	MSCE; DVM	Clinical Epidemiology; Veterinary Medicine

Pediatrics and Emergency Medicine (SOM)	Joel Fein	MD, MPH/ Professor	Professor	M	Caucasian	MD; MPH	Medicine; Public Health
Biostatistics and Epidemiology (SOM)	Harold I. Feldman	MD, MSCE/ Professor	Professor	M	Caucasian	MD; MS	Medicine; Clinical Epidemiology
Community Oral Health (DENT)	Joan I. Gluch	RDH, PhD/ Adjunct Associate Professor	Adjunct Associate Professor	F	Caucasian	EdM; PhD	Psychoeducation Processes; Education, Culture & Society
History, Urban Studies, Africana Studies, and City & Regional Planning (Netter Center for Community Partnerships)	Ira Harkavy	PhD/		M	Caucasian	MA; PhD	History; History
Clinical Epidemiology and Biostatistics (SOM, SON)	John Holmes	PhD/ Associate Professor	Associate Professor	M	Caucasian	MS; PhD	Information Systems; Information Science
Center for Health Disparities Research (SON)	Loretta Sweet Jemmott	PhD, FAAN, RN/ Professor	Professor	F	African American	PhD; MSN	Human Sexuality Education; Child, Adolescent and Family Mental Health Nursing
Cardiovascular Medicine (SOM)	Martin G. Keane	MD/ Associate Professor	Associate Professor	M	Caucasian	MD; MSCE	Medicine; Clinical Epidemiology & Biostatistics
Clinical Epidemiology and Biostatistics (SOM)	Thomas O. Kelly	PhD/ Adjunct Assistant Professor	Adjunct Assistant Professor	M	Caucasian	MSEd; PhD	Counseling and Guidance; Higher Education
Biostatistics and Epidemiology (SOM)	Shiriki K. Kumanyika	PhD, MPH/ Professor	Professor	F	African American	MS; PhD; MPH	Social Work; Human Nutrition; Public Health
Family and Community Health (SON)	Terri Lipman	PhD, CRNP/ Professor	Professor	F	Caucasian	CRNP; PhD; MSN	Pediatric Acute/Chronic Nurse Practitioner Post Masters Program; Pediatric Nursing; Clinical Specialist-Nursing of Children
Family Medicine and Community Health (SOM)	Jianghong Liu	PhD, RN/ Assistant Professor	Assistant Professor	F	Asian	MN, PhD	Maternal-Child Health Nursing; Nursing
Psychiatry (SOM)	David S. Mandell	ScD/ Associate Professor	Associate Professor	M	Caucasian	ScD	Public Mental Health

Clinical Studies-Philadelphia (VET)	Daniel Morris	DVM/ Associate Professor	Associate Professor	M	Caucasian	MPH; DVM	Public Health; Veterinary Medicine
Pediatrics Division of Infectious Diseases (SOM)	Paul A. Offit	MD/ Professor	Professor	M	Caucasian	MD	Medicine
Center of Excellence in Environmental Toxicology (SOM)	Trevor Penning	PhD/ Professor	Professor	M	Caucasian	PhD	Biochemistry
Oral Medicine (DENT, SOM)	Andres Pinto	DMD, MPH/ Assistant Professor	Assistant Professor	M	Latino	DMD; MPH; MSCE	Dental Medicine; Public Health; Clinical Epidemiology
General Internal Medicine Division, Healthcare Management (SOM, Wharton)	Daniel Polsky	PhD, MPP/ Professor	Professor	M	Caucasian	MPP; PhD	Public Policy; Economics
Biostatistics and Epidemiology (SOM)	Timothy R. Rebbeck	PhD/ Professor	Professor	M	Asian	MSc; MA; PhD	Epidemiology; Statistics; Human Genetics
Epidemiology and Public Health Section, Biostatistics and Epidemiology (VET, SOM)	Gary Smith	PhD/ Professor	Professor	M	Caucasian	PhD	Parasite Ecology
Social Work Mental Health Research Center (SP2)	Phyllis L. Solomon	PhD/ Professor	Professor	F	Caucasian	PhD; MA	Social Welfare; Sociology
Biostatistics and Epidemiology (SOM)	Brian Strom	MD, MPH/ Professor	Professor	M	Caucasian	MD; MPH	Medicine; Epidemiology
Family and Community Health (SON)	Anne Teitelman	PhD, CRNP, FAANP/ Assistant Professor	Assistant Professor	F	Caucasian	MSN; PhD	Nursing; Nursing
Applied Psychology and Human Development (GSE)	Duane Thomas	PhD/ Assistant Professor	Assistant Professor	M	African American	PhD; MS	Clinical Psychology; Clinical Psychology
Biostatistics and Epidemiology (SOM)	Lucy Tuton	PhD/ Adjunct Professor	Adjunct Professor	F	Caucasian	MA; PhD	Human Development; Human Development Psychology
Center for Injury Research and Prevention (SOM)	Flaura K. Winston	MD, PhD/ Professor	Professor	F	Caucasian	MSE; PhD; MD	Bioengineering; Bioengineering; Medicine

Center for Mental Health Policy and Services Research (SOM)	Cynthia Zubritsky	PhD/ Research Associate	Research Associate	F	Caucasian	PhD	Social Welfare
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c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.

Most members of the MPH faculty are engaged in full-time research and teaching in keeping with Penn’s overall academic mission. Intrinsic to this central mission is collaboration with a broad local, national, and global community of practitioners, organizations and groups whose mission is primarily that of service. MPH faculty, and key staff (MPH Associate Director and CPHI Administrative Director) engage broadly with communities and practitioners through: 1) research collaborations and CPHI workgroups, 2) CPHI Retreats, speaker series and events such as Community Driven Research Day, 3) experienced public health practitioners who teach or guest lecturer in PUBH courses, 4) relationships and partnerships with public health professionals who precept the field experiences of MPH students.

All MPH faculty core and other member faculty are highly qualified for their roles in the MPH program by virtue of their academic degrees and their experience in their respective fields, their research and evidence-based contributions to the field of public health, and their degree of community engagement. The MPH Advisory Committee approves faculty affiliations based on experience and research interests. While faculty research interests vary, there is an emphasis on an interdisciplinary approach to teaching and research. Instructor and adjunct appointments for practitioners who are not members of the University of Pennsylvania standing and associated faculty are made through the Department of Family and Community Medicine.

d. Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

During the academic year 2007-2008 the MPH program was not using consistent evaluations scales across all courses. This occurred because of the multi-school organizational nature of the program and the fact that schools within the university do not use consistent evaluation questions or scales. The program opted to standardize their course and faculty evaluations across all courses in 2008-2009 to facilitate comparisons across years. In general, the average “overall rating for the course” is a valuable a performance measure. Complete course evaluations can be found in Appendix 4.1.

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
1.d Core courses will be evaluated each academic year for “overall quality of the course” and “quality of the course director”. (Oasis scale of 1-5 with 5 as best).	Quality of course and course directors will be 3.0 or above in 100% of core courses.	Oasis implemented 2008	100% core courses above 3.0/100% of course directors above 3.0	100% core courses above 3.0/100% of course directors above 3.0	100% core courses above 3.0/100% of course directors above 3.0

Table 4.1.d.1 Overall Ratings of MPH Core Courses, AY 2007-2008

Scale: 1= outstanding and 5 = poor									
2007-2008	Data	501	502	503	504	505	506	507	508
8. What is your overall rating of the course?	Average Score 2007	2.9	2.3	3.5	1.7	2.8	1.3	1.8	2

And PUBH 500 Introduction to Public Health from fall 2007 course evaluated via School of Nursing using a 0 to 4 scale where 4 is the highest rating.

Table 4.1.d.2 Overall Quality of PUBH 500, Fall 2007

FALL 2007	
All ratings are on a scale from 0 to 4. A value of 4.00 represents the most/best unless otherwise noted.	NURS 570-401 PUBH 500
Overall Quality of the course.	2.70

Table 4.1.d.3 Course Evaluations with OASIS

OASIS - Core Course Evaluations MPH 2008-2010 (scale 1-5, 5 high)				
	Overall Quality of Course	2008-2009	2009-2010	2010-2011
PUBH 500	Intro to Public Health	3.4	3.9	4.0
PUBH 519	Intro to Global Health	3.7	3.9	3.4
PUBH 508.1	Capstone 1	4.1	3.8	4.8
PUBH 508.2	Capstone 2	4.1	3.9	4.7
PUBH 501	Intro to Biostatistics	4.6	4.8	4.6
PUBH 502	Intro to Epidemiology	4.1	3.9	3.9
PUBH 503	Intro to Occup and Environ Health	3.9	3.2	4.4
PUBH 507	Ethics, Law & Policy	4.00	4.2	4.4
PUBH 504	Behav & Social Sciences	4.2	3.4	4.5
PUBH 505	Public Health Policy & Admin	3.2	4.2	4.4
PUBH 506	Methods	NA	3.2	3.4

e. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

Required Documentation:

a. A faculty handbook or other written document that outlines faculty rules and regulations.

The University of Pennsylvania works diligently to retain outstanding faculty and to recruit new faculty essential to sustain the high quality of its research and academic programs. The faculty handbook outlines faculty rules and regulations. A copy of the faculty handbook will be available onsite and can be found at:

<http://www.upenn.edu/provost/images/uploads/FacultyHandbook2011.pdf>

The MPH degree is granted through the School of Medicine. Therefore, we also provide here a link to the policies and procedures for the School of Medicine:

<http://www.med.upenn.edu/policy/has.shtml>

Finally, we have a faculty advising handbook (see resource file) and MPH Bylaws (Appendix 1.5) specific to the MPH program.

b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

The academic staff of the University of Pennsylvania is divided into seven classes: the Standing Faculty, the Standing Faculty – Clinician-Educator, the Associated Faculty, the Academic Support Staff, the Postdoctoral Fellows, the Teaching Graduate and Professional Students, and the Emeritus Faculty.

The essential requisite for membership in the Standing Faculty is a commitment to both the advancement and the communication of knowledge. The Standing Faculty is composed of all faculty members with tenure on in tenure probationary status. Permissible ranks in the Standing Faculty are Professor, Associate Professor, and Assistant Professor.

The University of Pennsylvania has four schools whose activities lie within the health area: the School of Dental Medicine, the School of Medicine, the School of Nursing, and the School of Veterinary Medicine. Each of these schools has established a faculty category called “Clinician-Educators,” and appropriate Trustee action has been taken in each case. In the School of Dental Medicine, the clinician-educator category was established in 1981; in the School of Medicine in 1976; in the Schools of Nursing and Veterinary Medicine, in 1983.

Associated faculty play varied and important roles in the teaching, research, and professional programs of the University. However, they do not acquire tenure. Permissible ranks in the Associated Faculty are those used in the Standing Faculty preceded by one of the descriptive modifiers “Research”, “Clinical”, “Adjunct”, “Visiting”, “Visiting Executive”, “Practice” or “Wistar Institute”.

The Schools of Medicine, Nursing, Dentistry, and Veterinary Medicine all reward faculty for their service and teaching in the MPH program the same way they reward teaching and service in their own departments, through the usual channels of counting teaching and service. An example of this is the ‘teaching points’ system in the Department of Biostatistics and Epidemiology, which awards an equal number of teaching points credit for teaching in the MPH program as in departmental specific programs.

c. Description of formal procedures for evaluating faculty competence and performance.

For those faculty with full time appointments in the Department of Family Medicine in the School of Medicine or the Department of Biobehavioral Health Science in the School of Nursing and who devote at least 50% of their time to the MPH program through teaching and mentorship, the Department Chairs in these two Departments provide an annual review of their performance and address performance specific to the MPH program in this evaluation. The review covers the areas of teaching, research and practice, the tri-partite mission of the University. Depending on rank and faculty track, there is different emphasis placed on these three components of the job. Primary faculty develop goals and a self-evaluation based on meeting those goals and on the criteria for promotion. These are reviewed as part of the annual evaluation with the Department Chair. Because many faculty have primary appointments in other schools and departments, their evaluation relative to the MPH program comes mostly in the form of course evaluations and feedback from students. The Director reviews all course evaluations and discusses the results with the individual faculty member.

The university process for evaluating faculty competence and performance can be viewed in the following section of the faculty handbook:

http://www.upenn.edu/assoc-provost/handbook/ii_d_i.html

The Committee on Appointments and Promotion policies for the School of Medicine (where the MPH program is housed) may be viewed at:

<http://somapps.med.upenn.edu/fapd/documents/pl00030.pdf>

d. Description of the processes used for student course evaluation and evaluation of teaching effectiveness.

All MPH program specific courses have the PUBH prefix and are managed through the School of Medicine for the purpose of student course evaluation and evaluation of teaching effectiveness. The School of Medicine uses an online student evaluation service called ‘Oasis’ and reports the results of these evaluations to faculty and department chairs through an online system called ‘HAMPSTER’.

Public Health course evaluation summaries and teaching evaluations are provided in Appendix 4.1.

The curriculum committee reviews the evaluation data from all core courses and MPH elective courses and makes recommendations to the relevant faculty and the MPH advisory committee. Summary data are made available to students. All of Penn’s schools conduct systematic evaluations of courses and faculty. MPH students taking electives in other schools are asked for

recommendations regarding the contribution of these courses to their MPH program of study. The data are reviewed by the curriculum committee and are also made available to students seeking elective courses across the schools.

We aim to also conduct an exit interviews at program completion and a post-graduate evaluation of skills developed in the course work and how useful the courses seem after several years working in the field of public health.

e. Description of the emphasis given to community service activities in the promotion and tenure process.

The University states that service is an integral part of its mission and it is philosophically consistent with its founder, Benjamin Franklin. In 2004, University of Pennsylvania President Amy Gutmann started an initiative called ‘The Penn Compact’, which is about leveraging the Penn community’s passion and academic power to have the greatest impact on individuals, communities, and on the world. The four pillars of the compact are Increasing Access, Integrating Knowledge, Engaging Locally, and Engaging Globally. Examples of the Penn Compact in action are available here: <http://www.upenn.edu/president/penn-compact/penn-compact-landing>. The University of Pennsylvania Faculty Handbook outlines that weight should be given to service activities and citizenship in the appointments, promotion, and tenure process for standing and associated faculty.

Each school in the University has its own method of accounting for community service in the promotion and tenure process. The MPH degree is awarded by the School of Medicine, which weights community service particularly heavily for the clinician-educator standing faculty appointees. Community service and citizenship is reported for annual review in the Schools of Medicine and Nursing.

The School of Medicine prides itself on community outreach. Activities related to community service, locally and globally are outlined on the School of Medicine website, here: <http://www.med.upenn.edu/community.shtml>

According to the University of Pennsylvania faculty handbook, letters of support provided by department chairs in submitting a faculty candidate for appointment or promotion should include a statement regarding service and citizenship, broadly defined to include community service. Community service and administrative accomplishments are considered supporting credentials for promotion for associated faculty in the School of Medicine.

f. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

Required Documentation:

a. Summary demographic data on the program’s faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a. Data must be presented in table format. See CEPH Data Template H.

Table 4.3.a Summary of Demographic Data for Current Core and Other Faculty

Table 4.3.a Summary of Demographic Data for Current Core and Other Faculty						
	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
# % Male	4	6	31	47	35	53
# % African American Male	0	0	2	3	2	3
# % Caucasian Male	3	4.5	26	39.4	29	43.9
# % Hispanic/Latino Male	0	0	1	1.5	1	1.5
# % Asian/Pacific Islander Male	1	1.5	2	3	3	4.5
# % Native American/Alaska Native Male	0	0	0	0	0	0
# % Unknown/Other Male	0	0	0	0	0	0
# % International Male	0	0	0	0	0	0
# % Female	12	18.2	19	28.8	31	47
# % African American Female	1	1.5	3	4.5	4	6
# % Caucasian Female	11	16.7	13	19.7	24	36.4
# % Hispanic/Latino Female	0	0	0	0	0	0
# % Asian/Pacific Islander Female	0	0	1	1.5	1	1.5
# % Native American/Alaska Native Female	0	0	0	0	0	0
# % Unknown/Other Female	0	0	2	3	2	3
# % International Female	0	0	0	0	0	0
TOTAL	16	24.2	50	75.8	66	100%

b. Summary demographic data on the program’s staff, showing at least gender and ethnicity. Data must be presented in table format. See CEPH Data Template I.

Table 4.3.b. Summary of Demographics Data for Full-Time Staff

Table 4.3.b. Summary of Demographics Data for Full-Time Staff	
	# (%)
# % female	4 (100%)
# % Caucasian female	4 (100%)
Total	4 (100%)

c. Description of policies and procedures regarding the program's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

The University of Pennsylvania's Affirmative Action and Non-discrimination Policies can be viewed at:

<http://www.upenn.edu/almanac/volumes/v55/n18/aapolicy.html>

The School of Medicine established the Gender Equity Council and the Underrepresented in Medicine Committee to advance the recruitment, advancement, and retention of women and members of underrepresented minority groups.

http://www.upenn.edu/almanac/volumes/v55/n29/pdf_n29/GenderEquity.pdf

d. Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

The MPH program can only hire faculty directly via appointment in the Department of Family Medicine in the School of Medicine and via appointment in the Department of Biobehavioral Health Science or the Department of Family and Community Health in the School of Nursing if the funds are available to do so. We have run advertisements seeking faculty and have received a large number of letters of interest in the positions. The resumes of these individuals are circulated among the administration of the program and annual meetings to review the top candidates are held. Diversity is always a primary consideration in this review and evaluation. Because many of the faculty involved in the MPH program have their primary appointments in other departments and schools, the MPH program has little direct influence on the diversity of the larger pool of MPH faculty. However, the program seeks opportunities to offer partial support (by covering a percent of the individuals salary) during the process of recruitment and hiring in other schools. In this way the MPH program may exercise some influence. Again, diversity is always a key consideration.

The University has recently launched a significant campaign to improve the diversity of its faculty overall. This campaign requires all schools to articulate a specific plan to improve faculty diversity in hiring and retention and to name a diversity champion within each school. This will provide an opportunity for the MPH to do the same and the campaign may offer financial support for recruitment and retention efforts to aid in the process.

Overall, the MPH program has a greater proportion of its core and secondary faculty from under-represented minorities than does the University as a whole and the effort to maintain this diversity will continue. Hiring of faculty for the university is undertaken under the policies of the University of Pennsylvania. The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, creed, national or ethnic origin, citizenship status, age, disability, veteran status or any other legally protected class status in the administration of its admissions, financial aid, educational or athletic programs, or other University-administered programs or in its employment practices.

The full outline of hiring faculty as outlined at: <http://www.med.upenn.edu/fapd/> (however, some portions are not available to the public) and the faculty handbook. Positions must be approved through appropriate administrative channels. There are policies about how searches are conducted, and positions are always posted at the University of Pennsylvania, and also advertised externally, in keeping with Penn's Commitment to Diversity and affirmative action. A search committee is named, which reviews and interviews candidates. The proposed candidate and process is first reviewed by the affirmative action office, with specific attention to the requirements for minority recruitment. If approved, the candidate then must be reviewed by the departmentally-based Committee on Appointments and Promotions, followed by the school wide committee, and the University Provost Staff Council, before being approved by the University Trustees.

Appointment as MPH faculty is completed through the MPH structure. Faculty teaching individual courses are selected by the Director of the MPH with assistance from the Director of Educational Development, the Director CPHI, and the Associate Director of the MPH program. Approval as core faculty is approved after application process by the MPH Advisory Committee.

e. Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.

Many aspects of Penn and our endeavors to encourage a diverse group of students, faculty and staff have been successful. For example, 40.8 percent of those accepted for admission to the Penn undergraduate Class of 2014 are Black, Hispanic, Asian, or Native American. The School of Medicine has an Office for Diversity and Community Outreach in Undergraduate (medical) Education and has had a highly successful recruiting year for the admission of minorities, with the incoming medical student class including 25% underrepresented minorities.

Specifically in public health, the strength of our public health interdisciplinary programs and faculty encourages tolerance and understanding of, and desire for, diversity, including in types of people and thought. We have programs specific to issues of health disparities, and a large number of faculty who include health disparities in their research and academic portfolios. In addition, Drs. Marjorie Bowman (Director, CPHI) and Alan Wasserstein provide briefings on Unconscious Bias for the School of Medicine search committees (N= 40+ in past 3+ years). This is required for the search committee for positions at the Chair or school-wide Center level, and encouraged for others as well. Many talks on this subject 10 minutes to 2 hours in length have been completed for students, residents, fellows and faculty throughout the Health System.

f. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.

Proportion of MPH Faculty Who are From Underrepresented Minority Groups

11% of the MPH faculty is comprised of underrepresented ethnic minorities, including African American, Hispanic and Asian/ Pacific Islander.

Proportion of Women Faculty in the MPH Program

47% of MPH faculty are women. This proportion has had little fluctuation throughout the life of the program.

g. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

Required documentation:

a. Description of the program's recruitment policies and procedures.

The MPH Program Coordinator and the Associate Director currently respond to a constant stream email inquiries which averages about 60 initial inquiries per month. The total number of inquiries is higher because the coordinator and associate director also receive daily telephone calls about the MPH program but this is not tracked. This interest is stimulated not only by our direct recruitment activities but also word of mouth, our increased visibility on campus, and in the broader community and excellent customer service. Our specific activities are summarized below.

Recruitment Materials

Hard copy recruitment material is primarily the MPH program brochure with detailed program information. (see Appendix 4.2) The program also has a large display suitable for indoor exhibits and events (e.g., the exhibit booth at national or regional meetings). In addition, summaries of several dual degree programs with the Penn MPH have been developed and can be inserted into the MPH program brochure. Various marketing items with the MPH program logo are used as give away items (pens, water bottles, lanyards, tote bags) are used at recruiting fairs and exhibits. Materials are shared with the School of Nursing, the School of Social Policy and Practice, the Law School, Penn's MD program, and the School of Medicine's office of Minority Affairs.

Websites and E-mail

The MPH program is advertised at www.publichealth.med.upenn.edu where prospective students can find complete information about the program, including links to the websites of participating schools, contact information for MPH program staff, information about program faculty and courses, and downloadable application forms designed to facilitate access to application materials. (See Appendix 4.3) Links to the websites of the American Public Health Association and the Association of Schools of Public Health as well as multiple University of Pennsylvania centers and community links to sites of public health interest are provided also.

In-person Information Sessions

The associate director attends the following recruiting events: Penn Law School, Penn School of Nursing (twice a year), various Penn undergraduate groups including undergraduate minority students interested in health careers, Penn State health career fair, University of Medicine and Dentistry of NJ public health open house, Temple University health career fair. In addition the MPH program organizes an annual Open House event for prospective students, an information session for students interested in the MD-MPH at Penn, and exhibits at the annual American Public Health Association and Pennsylvania Public Health Association meetings.

b. Statement of admissions policies and procedures.

The following section is excerpted from the MPH program bylaws:

Applicants

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 a discipline that is related to public health, as defined above. 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.

Deadlines

The MPH program shall accept applications with a due date of April 30th for admission into the following academic year. The Admissions Committee shall review all complete applications and make admissions decisions. At present an accepted new student must matriculate in the fall semester to obtain the appropriate sequencing of core course work.

Application Procedures

Applicants to the MPH Program must submit the documentation itemized below. International applicants are required to submit GRE scores and the TOEFL unless their degree was earned from an English language institution.

- Completed Penn MPH application form
- Recent (within the past 5 years) scores on one of the following standardized tests:
 - Graduate Record Examination (GRE)
 - Medical College Admissions Tests (MCAT)
 - Graduate Management Admissions Test (GMAT)
 - Law College Admissions Test (LCAT)
 - Dental School Admissions Test (DSAT)

Note: Consideration will be given to waiving the standardized test requirement for applicants with at least a master's degree in a relevant field. When standardized test scores are waived, evidence of quantitative ability will be evaluated based on grades earned in graduate-level quantitative and science courses, in combination with standardized test scores that are older than 5 years if they are available. Official standardized test scores are required for applicants who do not have a masters degree or higher AND for applicants who are currently enrolled in a masters or Ph.D. degree program.

- English Language Proficiency (e.g. TOEFL score or degree from an English-language institution)
- Official transcripts of previous completed undergraduate and graduate course work.
- Evidence of quantitative ability (usually demonstrated by scores on the quantitative section of the GRE or successful (i.e. B or better) completion of graduate-level quantitative and science courses such as biostatistics and epidemiology)
- Up-to-date resume or curriculum vitae
- Three recommendations from individuals who can attest to suitability for graduate study and to interest in public health (see application packet for standard forms)

- Evidence of sufficient work or volunteer experience related to public health (e.g., two years or more of post baccalaureate experience in a health-related field.) This may be waived for exceptional applicants who are applying direct from undergraduate programs.
- A personal statement (short essay) demonstrating an understanding of public health and explaining the nature of interest in public health studies, the perceived advantages of public health studies from an overall personal career perspective, and the specific plan of study proposed (e.g. types of electives envisioned; timeframe for completion of program).

Decision Process

A team of 3 reviewers is assigned to each applicant and regular monthly meetings are scheduled to discuss the applicant pool. Students are admitted on a rolling basis, beginning with the first applicant review meeting in January and ending in June. Consensus on acceptance or rejection results in immediate notification of the applicant. If there is any question about an applicant, additional information is sometimes requested and admission is deferred pending receipt of further information (eg: demonstration of quantitative ability through re-taking the GREs or taking a statistics course.) The

Re-application Policy

Applicants to the Master of Public Health program who were not accepted by the program cannot appeal the decision of the Admissions Committee by contacting the Associate Director. However, they can elect to reapply to the program no sooner than the following academic year. The application fee is waived for re-applicants who re-apply within five years of the previous application date. Re-applicants are not required to submit transcripts or standardized test scores if the transcripts or scores have not changed.

c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendar, grading and the academic offerings of the program. If a program does not have a printed bulletin/ catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The following items are provided:

1. MPH brochure (Appendix 4.2)
2. MPH Student Handbook: (Appendix 1.2)
3. Academic Calendar: <http://www.upenn.edu/almanac/3yearcal.html>
4. MPH Website: (Appendix 4.3) www.publichealth.med.upenn.edu
5. List of MPH course offerings (Appendix 4.4)
<http://www.upenn.edu/registrar/register/PDF/pubh.pdf>

d. Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years. Data must be presented in table format. See CEPH data Template J.

Table 4.4.d Quantitative Information on Applicants, Acceptances, and New Enrollments, by Specialty Area for the Last 3 Years

Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area*, 2007 to 2010					
		2007	2008	2009*	2010
Specialty generalist	Applied	95	118	135	101
	Accepted	32	35	32	76
	Enrolled	12	21	11	29
Specialty global health	Applied			4	4
	Accepted			4	4
	Enrolled			4	4
Specialty environmental Health*	Applied				0
	Accepted				0
	Enrolled				0

*There are several MPH students with Environmental Health interests in the MPH but none to date have followed the approved curriculum for the specialty track.

e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format. See CEPH Data Template K.

Table 4.4.e Total Students Enrolled in Each Degree Program (Area of Specialization) Identified in Instructional Matrix for Each of the Last 3 Years

Table 4.4.e. Students Enrolled in Each Degree Program by Area of Specialization, 2007 to 2011												
	2007-2008			2008-2009			2009-2010			2010-2011		
	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
Degree Conferred – Generalist:	9	26	26	16	29	31	20	24	34.5	25	27	41
MD-MPH				(1)			(1)			(1)		
MSN-MPH				(3)			(3)			(3)		
MSW-MPH	(2)			(3)			(3)			(3)		
LAW-MPH	(3)			(1)			(2)			(1)		
PhD-MPH				(1)			(1)			(1)		
DMD-MPH	(2)			(1)			(1)			(2)		
Degree Conferred – Global Health	0	0	0	0	0	0	2	2	4	5	4	7
Degree Conferred – Environmental Health	0	0	0	0	0	0	0	0	0	0	0	0

As noted in Criterion 2.10 the combined degrees are structured as a generalist MPH. All combined degree/dual degree students are considered full time students. The estimated student FTE's represented in the table are calculated with the following assumptions: 1) a part-time student is enrolled in 4 cu per year, and 2) a full-time student is enrolled in 8 cu per year. These FTE data may vary from that previously in the annual reports which was based on the number of course units (cu's) taught under the PUBH prefix. The latter method may overestimate the cu's

taken by MPH matriculates since many certificate and non-degree students are enrolled in PUBH prefix courses.

f. Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

Outcome Measure	Target	2007-2008	2008-2009	2009-2010	2010-2011
2.b MPH students graduate within 5 years of entering the program and combined degree MPH students complete both degrees.	90% graduate within 5 years and 90% of dual degree students complete both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.	All MPH students have graduated within 5 years. All graduating dual degree students have completed both degrees.
2.d MPH students will achieve a B or better in core MPH courses.	90%	97%	100%	100%	98%

MPH applicants and combined degree students must meet all admissions requirements. Students must remain in good academic standing meeting a B- or above in all core courses. Students who are not meeting this goal are reviewed by the Director and Academic Progressions Committee and placed on academic probation for a semester to remediate the grade. No students were placed on academic probation in the last 3 academic years.

With the exception of 5 students, all MPH matriculates have completed their degree requirements within 5 years. In 2008, 3 students withdrew from the program (1 DMD-MPH, 1 MSN-MPH, 1 MPH) for personal/professional reasons unrelated to the academic program itself.

g. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

Required Documentation:

a. Description of policies, procedures and plans to achieve a diverse student population.

The MPH Program adheres to the University’s policies, procedures and affirmative action plans. The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania 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; admissions policies; scholarship and loan awards; athletic, or other University administered programs or employment. The MPH program is committed to admitting a diverse group of students from varied backgrounds. A copy of The Faculty Handbook and The Handbook on Affirmative Action and Equal Opportunity may be view at the links below and a copy is available from the MPH program office.

http://www.med.upenn.edu/fapd/documents/Faculty_Handbook_2010.pdf

<http://www.upenn.edu/affirm-action/aahandbook.html>

b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The recruiting activities are described in Criterion 4.4 and efforts to target our MPH program to a diverse audience of potential students. We interact with partnered schools and programs across the university for recruiting a diverse student body and the Associate Director presents to Penn’s Minority Association for Pre-health Students (MAPS). <http://www.dolphin.upenn.edu/maps/>

The MPH program has a practice of waiving the application fees for McNair Scholars, Gates Millennium Scholars and applicants from Historic Black Universities in an effort to encourage their applications to Penn’s MPH. The Admissions Committee is sensitive to the efforts to create and maintain a diverse MPH student body. The MPH program and the CPHI are exploring strategies to partner with the SUMR Scholars Program at Penn (Summer Undergraduate Minority Research Program) to expose these future researchers to the field of public health.

c. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format. See CEPH Data Template L.

Table 4.5.c Demographic Characteristics of the Student Body, Including Data on Applicants and Admissions for Each of the Last 3 Years

Table 4.5.c. Demographic Characteristics of Student Body from 2007 to 2011									
		2007-2008		2008-2009		2009-2010		2010-2011	
		M	F	M	F	M	F	M	F
African	Applied	0	2	3	2	0	3	2	6
	Accepted	0	1	2	1	0	2	1	4

American	Enrolled	0	0	2	0	0	1	0	2
	Applied	6	16	6	19	3	25	6	50
Caucasian	Accepted	5	12	5	12	0	16	5	43
	Enrolled	3	7	4	5	0	8	2	19
Hispanic/Latino	Applied	0	0	0	0	0	2	1	1
	Accepted	0	0	0	0	0	0	1	1
	Enrolled	0	0	0	0	0	0	1	0
Asian Pacific Islander	Applied	0	4	0	3	1	7	3	8
	Accepted	0	2	0	3	0	5	3	5
	Enrolled	0	1	0	2	0	3	1	0
Native American/Alaska Native	Applied	0	0	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0	0	0
Unknown/Other	Applied	1	4	0	1	1	4	2	7
	Accepted	1	4	0	1	1	4	1	4
	Enrolled	0	2	0	1	0	1	1	2
International	Applied	6	9	2	6	7	10	0	19
	Accepted	3	3	0	2	3	4	0	12
	Enrolled	0	0	0	1	0	1	0	5
TOTAL	Applied	13	35	11	31	12	51	14	91
	Accepted	9	22	7	19	4	31	11	69
	Enrolled	3	10	6	9	0	14	5	28
(Total Open Applications)*		95		117		139		210	

d. Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program's performance against these measures for each of the last three years.

The demographic data delineated below represent applicants to the MPH degree program and do not include data on non-degree students. The Student Data Form requests information on gender, race, and citizenship. The University of Pennsylvania designates Blacks or African Americans, Native Americans or Alaskan Natives, Pacific Islanders and Hispanics or Latinos as underrepresented minorities. Underrepresented minorities in the School of Medicine are defined according to the guidelines used by the Bureau of Health Professions. Underrepresented Minorities (URM*) are defined as minorities by ethnic groups under-represented in the physician workforce, referring to minorities as African Americans, all Hispanics, Native Americans/Alaskan Natives, Pacific Islanders, and selected Asian Groups (but excluding Chinese, Japanese, and Koreans).

Proportion of minority applicants attracted to Penn MPH program remains steady across the past 3 years.

2008-2009 = 19%

2009-2010 = 21%

2010-2011 = 20%

The proportion of minority students enrolling in the past 3 years is indicated below.

2008-2009 = 27%

2009-2010 = 29%

2010-2011 = 12%

e. Assessment of the extent to which this criterion is met.

This criterion is met.

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.

Required Documentation:

a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

At “New Student Orientation” the incoming class is provided a binder with a copy of the Student Handbook (also available online) and additional resource materials. MPH Students are assigned to a primary Academic Advisor according to their academic track: Dr. Schmitz for Generalist, Dr. Nguyen for Global Health, and Dr. Emmett for Environmental Health. Each year a representative from Career Services attends to provide an overview of the services available to MPH students. A link to Penn’s Career Services webpage for MPH is provided below:
<http://www.vpul.upenn.edu/careerservices/gradstud/resources/masters/publichealth.html>

Additionally the CPHI circulates a bimonthly digest to MPH students which contains announcements about upcoming events and job opportunities.

b. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last 3 years.

The students are free to communicate concerns about the program in multiple ways. The Director has an “open door” policy as does the Associate Director and the entire core MPH faculty. Students are encouraged to bring any student affairs issues and concerns to the attention of the program office staff. This is explained to the students at New Student Orientation and at their initial program advising session. All concerns brought to the attention of the MPH program office are immediately conveyed to the MPH Director. There have been no formal complaints filed against the program in the last 3 years.

c. Information about student satisfaction with advising and career counseling services.

The MPH Program had tried various ways over the past few years to improve student’s access to faculty advisors. Up through 2008 we assigned incoming students to an academic advisor, however, students rarely followed up to schedule advising appointments. In 2009 when the MPH program added 2 tracks and changed the number of cu’s for degree completion from 16 to 14, each student was required to attend a plan of study meeting with the Associate Director to assure their plan would fulfill the requirements during the transition period. Students were also introduced to the core competencies at this time and referred to 2 or 3 faculty who could serve as Academic Advisors or possible Capstone Mentors. Feedback obtained during the 2010 MPH internal review revealed that this process facilitated an improved orientation of students to the program and provided improved opportunities to coordinate plans of study. Students, however, identified that plans of study may be problematic due to the limitations of availability of core courses offerings. Faculty and some students expressed the need for closer advising relationships between students and faculty for career advice and facilitation of plans of study within a particular track or field of interest. To address this concern the Program Director instituted

advising panels consisting of 2-3 MPH faculty and identified a primary Academic Advisor for each academic track. We will continue to adjust advising efforts to encourage students to meet with individual faculty.

We do not directly ask students about the career counseling services on the exit interviews or alumni surveys, however, students may provide feedback on any issues in response to a general open-ended question. In past years there were comments from a few alums that they would have liked more assistance with interviewing and job placement. In response to these comments we have fostered a very cooperative relationship with Penn's Career Center. A representative from the Center speaks at new student orientation to inform students of the services which are available to them. In addition, job listings are circulated to the MPH students every other week in an electronic digest.

d. Assessment of the extent to which this criterion is met.

This criterion is met.