

Proposed Program: Master of Public Health Program

Degree: Master of Public Health (MPH)

Requested Implementation Term: Fall 2013

School: Health Sciences

Program: Health Sciences

Director: Patricia A. Wren, PhD, MPH

Governance

Health Sciences Program

Date Submitted	Date Approved
9/1/12	9/10/12

School of Health Sciences Committee on Instruction

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School of Health Sciences Faculty Assembly

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University Governance

Graduate Council

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Presidents Council

Date Submitted	Date Approved
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Abstract

The School of Health Sciences is proposing a new graduate degree program – a Master of Public Health (MPH) program. To that end, we undertook a rigorous planning process in developing this program. We consulted with colleagues and potential collaborators both inside and outside Oakland University. We conducted surveys of potential students, drawing on a rich cross-section of currently enrolled Oakland University undergraduates, as well as a survey of potential employers drawn from participants in the Human Health Career Exploration Fair sponsored by OU's Career Services Department.

There is a great need in our region for more specialized training in public health and improved delivery of health promotion interventions. The proposed MPH program would graduate students specially trained to meet this need. The proposed Master of Public Health Program will train students to improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals. These public health professionals may be employed in a variety of settings including, but not limited to, international health organizations (e.g., World Health Organization, Doctors Without Borders), federal government agencies (e.g., Centers for Disease Control and Prevention, Department of Health and Human Services, National Institutes of Health), state and local health departments (e.g., Michigan Department of Community Health and Oakland County Health Department), voluntary and philanthropic organizations (e.g., American Red Cross, Kaiser Permanente), corporations and worksite wellness sites, local hospitals and non-profit organizations (e.g., Migrant Health Promotion, Alternatives For Girls).

The Master of Public Health program at Oakland University is a generalist, professional program that delivers the core and cross-cutting competencies established by the Council on Education for Public Health (CEPH) and the Association of Schools of Public Health (ASPH). The program as proposed does not segment into specializations or concentrations but is designed to be modular and scalable and responsive to changing needs. While obviously not currently an accredited program, Oakland University's proposed MPH program is committed to adhering to the principles and expectations of the two main governing organizations – CEPH and ASPH – to best position itself for future accreditation. Moreover, it is our expressed intention to seek CEPH accreditation for this MPH program as soon as technically possible. The requirement for the proposed MPH is 44 credits. If students successfully carry and complete a normal load, it will be possible to graduate in two calendar years. Students enrolled in the program will be expected to complete 20 credits of MPH core required courses, 8 credits of cross-cutting core courses, 8 credits of required culminating courses, and 8 credits of elective courses.

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Rationale

Regional Need

There remains a great need for more specialized training in public health and improved delivery of health promotion interventions. In 2006, Michigan ranked among the worst five states with regard to racial and ethnic disparities in infant mortality rates. In Detroit, in 2006, infant mortality was more than four times as high in blacks compared to whites (14.9/1,000 versus 3.5/1000 live births).¹ Infant mortality rates in Michigan have increased from 6.6/1,000 in 2000 to 11.3/1,000 in 2006 for Hispanics and from 5.9/1,000 in 2000 to 7.6/1,000 in 2006 for Arab Americans.² In addition, Michigan's Behavioral Risk Factor Surveillance Survey identified many risk factors leading to premature death or disability in the state.³ Results of the 2002 survey indicated that 24.1% of Michigan adults were current cigarette smokers (whites 23.9%, blacks 25.3%, Arab-Americans 38.9%); 25.2% were obese (whites 23.7%, blacks 34.5%); and 24.3% engaged in no physical activity (whites 22.7%, blacks 32.2%). Michigan has been among the ten heaviest states for the past 14 years, and currently has the third highest obesity prevalence in the U.S.³ Worse, Michigan residents living in the Detroit metropolitan area may still have difficulty obtaining health care because providers are currently in short supply. In fact, various counties in Michigan have been recognized as health professional shortage areas.⁴

The creation of a Master of Public Health (MPH) program at Oakland University would greatly contribute to the health care industry in Southeast Michigan, which has been identified as one of the few growing sectors in our economy.⁵ MPH graduates of Oakland University could be employed by public health departments, health maintenance organizations (HMOs), pharmaceutical and life science companies, community-based non-profit health agencies, and other organizations conducting health-related research and interventions. These graduates, like other OU graduates, are likely to stay in Southeast Michigan and contribute to this growing economic sector.

According to the Bureau of Labor Statistics⁶, Michigan is among the states with the highest employment of medical and health services managers. In Michigan, the mean salary of medical and health service managers was \$88,930. The Michigan Department of Technology⁷ forecasts Oakland County job growth rates of 16.6%, 25.1%, and 11.9% for healthcare practitioners/technical occupations, healthcare support occupations, and community/social service occupations, respectively, in the decade between 2008 and 2018, indicating strong growth potential in local jobs for Oakland University students graduating with a MPH degree. Moreover, according to a report based on data from the 2011 American Community Survey⁸, people who earned a bachelor's degree in social science on average earned \$2,406,000 over their lifetime. Social science bachelor's degree earners who went on to obtain a master's degree had work-life earnings of \$2,986,000. Further, those who received a professional degree (for example a master of public health degree) had work-life earnings of \$4,310,000.

Promoting the Role and Mission of Oakland University

The proposed MPH program in the School of Health Sciences would promote all aspects of the teaching, research, and service mission of Oakland University. This program supports the provision of excellent and relevant instruction by building on the specialized training of existing

faculty members and providing students with training in an important growth sector in Michigan's economy. The formation of this program will bring together new and existing faculty with research interests in the wide-ranging field of public health. This synergy will foster new collaborative projects and better-position Oakland University to be competitive for health-related grant funding. In addition, the proposed MPH program will employ a service-learning approach to instruction so Oakland University MPH students will engage the community in relevant public health practice while learning the necessary theory and didactic information necessary to complete their degree.

Program Mission, Goals and Objectives

The mission of the Master of Public Health (MPH) degree program at Oakland University is to prepare graduate students to preserve, protect, and promote the health of human populations through organized community effort. We value the full and active participation of our community partners in the promotion of health. We strive through our teaching, research, and service to lift the capacity of our community partners to engage in public health practice including, but certainly not limited to, needs assessment; program planning, implementation, and evaluation; health policy formation; and health literacy campaigns. Our goals reflect our overarching purposes of teaching, research, service, and workforce development.

Teaching Goals

1. Incorporate in classroom discussion and activities the knowledge and expertise of students whose background, experiences, and professional goals enrich the program;
2. Provide theoretically sound and evidence-based instruction in the core public health competencies; and
3. Deliver service-learning experiences and other community-based participatory practices throughout the curriculum.

Research Goals

1. Engage in community-based participatory research to improve the health of vulnerable populations; and
2. Enable students to participate in research to better connect theory and practice and enhance the development of their core competency skills.

Service Goals

1. Through teaching and research, launch productive partnerships with local community-based organizations;
2. Establish formal relationships with national, state, and local public health organizations and non-profit agencies; and
3. Use expertise to help improve the capacity of local agencies through membership in various organizations.

Workforce Development Goals

1. Provide formal continuing education and informal training to service-learning and community-based participatory research partners; and
2. Use information technology and distance education to deliver educational programs and services to persons working in public health.

Comparison with Other Programs

The table in Appendix A briefly notes other schools, degrees, and certificate programs throughout Michigan that are similar or related to the proposed Master of Public Health Program at Oakland University. Many other universities offer some kind of related program, such as Health Education, but none offer the kind of broad training across disciplines that an MPH program offers. Currently, MPH degrees are only granted by the University of Michigan, Michigan State University, and Wayne State University. A summary of these program requirements can be found in Appendix B.

The proposed Master of Public Health program would be a unique program for the School of Health Sciences and for Oakland University. Within the School of Health Sciences, graduate-level coursework and degrees are currently available in exercise science, occupational safety and health, and physical therapy. The MPH program would complement these offerings without duplicating efforts, as graduates of each of these programs will receive tailored training in the specifics of their chosen health-related field.

Indicators of Student Demand

In order to obtain some baseline estimates of the potential demand for the MPH program, we conducted a web-based survey of currently enrolled undergraduate students at Oakland University. The survey briefly introduced students to the five major disciplines within public health and solicited students' level of interest in obtaining a graduate MPH degree in each discipline as well as their overall level of enthusiasm for an MPH at Oakland University. All of the questions and complete descriptive statistics are presented in Appendix C. Broad summary indicators are reported here.

A total of 454 students completed the questionnaire with the majority enrolled in the School of Health Sciences (56.6%), and smaller numbers drawn from the School of Nursing (22.2%) and College of Arts and Sciences (9.0%) among other units. Some respondents chose not to answer individual items so the sample size does vary by question. The demographics of this sample closely mirrored the OU student population – 76.7% female, 84.1% white/Caucasian, and 35.8% between 21-24 years of age with an additional 31.6% who reported being 25 years of age or older.

Students were asked to express their degrees of interest in the five public health disciplines on a 5-point Likert-type scale. We collapsed the two most favorable categories (extremely interested and very interested) to yield summary levels of student interest detailed below. Students could express interest in multiple specialization areas so the column will not total to 100%. In addition, students were asked a broad overarching question, “Overall, how interested would you

be in getting an MPH in any of the five specializations at Oakland University?” and those data are shown in the last line of the table.

Specialization	Percent Extremely or Very Interested	Number Interested (n=433 total)
Biostatistics	13.4%	58
Environmental Health Sciences	42.7%	185
Epidemiology	53.6%	232
Health Education	71.1%	308
Health Policy	46.4%	201
Overall Interest in OU MPH degree	54.6	234

Importantly, the majority of potential students surveyed reported that there is a great or moderate need for this program (77.2%). Close to 40% of respondents indicated that they would be extremely or very likely to apply for admission to the MPH program and 58.7% reported that they also knew someone who would be interested in the MPH program at OU. When asked if a new graduate program in public health would change the way they feel about attending Oakland University, 12.7% of respondents said they would feel much more positive, an additional 45.8% said they would feel more positive, with almost all of the rest indicating that their feelings toward OU would be unchanged.

Program's Unique Aspects

As already noted, the proposed program would be a new but complementary graduate program in the School of Health Sciences at Oakland University. The MPH program would have two specific defining features to distinguish it from other public health programs in the area. First, in keeping with faculty strengths and national guidelines, students will graduate with generalist professional training in all of the traditional public health disciplines (biostatistics, environmental science, epidemiology, policy, and education).

Second, the entire curriculum will be infused with and guided by the principles of a service learning-based educational model. In each course and throughout the whole of their training, students will both learn and apply their skills in the field through practicums, class projects, and capstone experiences incorporating Community-Based Participatory Research (CBPR) and other community-based models of health promotion practice.

Sources of Advice and Consultation

In addition to the survey of potential students, a survey of potential employers was also conducted with the help of Michael Stromayer from Career Services. Mr. Stromayer and his staff have been instrumental in sponsoring the Human Health Career Exploration Fair, a collaborative venture between the Schools of Health Science and Nursing. Mr. Stromayer sent the link to the survey to past organizational participants of the Career Exploration Fair representing area hospitals, health care organizations, and public health departments. Nineteen potential employers completed the survey. All of the questions and summary statistics are shown in Appendix D. Excerpts from these findings are presented below.

The vast majority of potential employers responded that there is a need for the MPH program at OU; specifically, 12.5% said it was a great need, 25.0% said moderate need, and 37.5% said some need. Just over 30% indicated that their organization would be very interested in serving as a potential internship or employment site for students enrolled in the MPH program. Similar to the student data, the employers also expressed interest in seeing OU produce public health professionals with a range of specialized training:

Specialization	Percent Extremely or Very Interested	Number Interested (n=13 total)
Biostatistics	38.5%	5
Environmental Health Sciences	46.2%	6
Epidemiology	30.8%	4
Health Education	46.2%	6
Health Policy	53.9%	7

The proposed program plan was modeled after recommendations by the Association of Schools of Public Health (ASPH) and The Council on Education for Public Health (CEPH). The ASPH document entitled, “Master’s Degree in Public Health Core Competency Model, Version 2.3, May 2007) outlines five core areas as well as seven cross-cutting competencies: (1) communication & informatics; (2) diversity & culture; (3) leadership; (4) professionalism; (5) program planning; (6) public health biology; and (7) systems thinking. The model of the core competencies is reproduced in Appendix E and the competencies are defined in Appendix F.

CEPH is the organization that accredits programs and schools of public health (See Appendix G). CEPH accreditation standards require that MPH degree programs be at least 42 semester credits in length. CEPH also requires that the program deliver sufficient core coursework for students to obtain breadth and depth in the five core areas of public health knowledge: (1) biostatistics; (2) epidemiology; (3) environmental health sciences; (4) health services administration; and (5) social and behavioral sciences. Students must also have the opportunity to further develop their skills through approved, supervised practice experiences at international, national, state, or local governmental or non-governmental health organizations. Finally, students enrolled in a CEPH-accredited MPH program must demonstrate their skill proficiency

and knowledge integration through the completion of an approved culminating experience (e.g., comprehensive examination, applied practice project, thesis or research paper, case study, capstone seminar, etc). Of additional interest to the proposed Oakland University MPH program, CEPH also categorizes graduate MPH degree programs as either professional or academic and offers these definitions:

A professional degree is one that, based on its learning objectives and types of positions its graduates pursue, prepares students with a broad mastery of the subject matter and methods necessary in a field of practice; it typically requires students to develop the capacity to organize, analyze, interpret, and communicate knowledge in an applied manner.

A research or academic degree program is one that, based on its learning objectives and the paths its graduates follow, prepares students for scholarly careers, particularly in academia and other research settings; it typically prepares students to investigate, acquire, organize, analyze, and disseminate new knowledge in a discipline or field of study. (CEPH Accreditation Criteria: Public Health Programs, June 2011, page 12).

It is our intent to seek accreditation for this MPH program as soon as technically possible as expressed in the published CEPH criteria.

Self-Study

How the Program Would Serve the Goals of the Unit

The proposed MPH program will enhance the ability of Oakland University and the School of Health Sciences to meet their overarching goals. Notably, through the delivery of this program, the institution will:

1. Provide a variety of courses and curricular experiences to ensure an enriched life along with superior career preparation and enhancement;
2. Assume an obligation to advance knowledge through research and scholarship of its faculty and students;
3. Cooperate with businesses, governmental units, community groups and other organizations on research, technical development and problem-solving enterprises in an attempt to apply the expertise of the university to the issues of society in general or the region in particular so as to further advance the quality of life in these service area of the university;
4. Serve its constituents through a philosophy and program of public service that is consistent with instructional and research missions; and
5. Offer continuing education to provide Michigan residents with high-quality course work for professional development and personal enrichment.

Staffing Needs

There is considerable relevant expertise and appropriate credentials among the full-time, tenured and tenure-track faculty in the School of Health Sciences. We are already well-positioned to

deliver several key foundational courses in the MPH curriculum, notably in the social/behavioral sciences and epidemiology. In addition, the proposed MPH program would require three new full-time faculty in Health Sciences in order to meet the ASPH and CEPH competency requirements. Accreditation requires adequate faculty and staff resources. CEPH requires considerable evidence that program personnel resources meet the standard of “adequate” to the task of graduate public health education and training: (1) a minimum of three primary full-time faculty for each concentration or generalist degree offered; (2) representation of the various public health disciplines among the faculty regardless of the size of the student body; and (3) a student:faculty ratio of 10:1 or lower in recognition of the demanding instructional, service-learning, practicum, and advising activities required of faculty.

The pro forma budget (Appendix H) also includes resources to support the administrative and advising needs of this program. A three-quarter time staff person has been included in year one increasing to full-time in all subsequent years. This person will help direct our recruitment and admissions processes, as well as practicum and capstone placements. The full-time staff person is sought in order to help meet the considerable administrative demands of the program. This individual will assist in monitoring student and programmatic outcomes; coordinating any required CEPH pre-accreditation consultation visit; assembling the relevant CEPH accreditation application and supporting self-study materials; identifying and maintaining relationships with community-based organizations participating as practicum, service-learning, and capstone sites; recruiting potential graduate students and fostering relationships with alumni among other activities. In addition, this staff person will aid in advising prospective and admitted graduate students. Currently, the School of Health Sciences Advising Office has three professional advisors serving the needs of more than 2000 undergraduate majors. There is no member of the advising staff with professional graduate advising responsibilities and the MPH would require a significant commitment of staff time.

Faculty Qualifications

The School of Health Sciences currently employs several experienced and highly regarded faculty with advanced credentials, including the MPH, who can contribute to the teaching, research, and service goals of the program (Appendix I). These faculty have excellent training in the principles of community-based participatory public health and have vibrant research portfolios in addition to excellent teaching evaluations. Our existing faculty represent the public health disciplines of social/behavioral sciences and epidemiology. Core courses in the MPH sequence will be delivered by qualified School of Health Sciences faculty including Drs. Cheezum, Dallo, and Wren.

Classroom and Laboratory Space

The MPH program will be able to utilize teaching, research, and community engagement spaces in the new \$62 million, 160,000-square foot Human Health Building. Occupied by the Schools of Health Sciences and Nursing, the Human Health Building has state-of-the-art teaching, clinical, lab, and simulation spaces. The building was designed to embody, in its design and function, the hands-on, specialized, and technical nature of these two fields. The building has expanded the University’s capacity to engage in funded research initiatives as well as

educational and service-learning partnerships. The MPH program will require additional faculty and staff offices as well as research facilities within the Human Health Building.

Equipment

Modest and standard funding for equipment, largely desktop computing and software infrastructure for new faculty and staff, has been included in the budget.

Program Plan

Degree Requirements

The Master of Public Health program at Oakland University seeks to improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals. These public health professionals may be employed in a variety of settings including, but not limited to, international health organizations (e.g., World Health Organization, Doctors Without Borders), federal government agencies (e.g., Centers for Disease Control and Prevention, National Institutes of Health), state and local health departments (e.g., Michigan Department of Community Health and Oakland County Health Division), voluntary and philanthropic organizations (e.g., American Red Cross, Kaiser Permanente), corporations and worksite wellness sites, local hospitals and non-profit organizations (e.g., Migrant Health Promotion, Alternatives For Girls).

The Master of Public Health program at Oakland University is a generalist, professional program that delivers the core and cross-cutting competencies established by the Council on Education for Public Health (CEPH) and the Association of Schools of Public Health (ASPH). The program as proposed does not segment into specializations or concentrations but is designed to be modular and scalable and responsive to changing needs. While obviously not currently an accredited program, Oakland University's proposed MPH program is committed to adhering to the principles and expectations of the two main governing organizations – CEPH and ASPH – to best position itself for future accreditation. The requirement for the MPH is 44 credits. CEPH accreditation requires that MPH programs be at least 42 credit hours in length; the proposed credit distribution is consistent with this requirement and in keeping with the majority of other MPH degree programs in our region (see Appendix B). If students successfully carry and complete a normal load, it will be possible to graduate in two calendar years. The 20 credits of MPH core courses must be taken at Oakland University unless prior departmental written permission is obtained. The graduate assessment plan for the MPH program can be found in Appendix J.

MPH Core Required Courses	20 credits
Cross-Cutting Competency Courses	8 credits
Required Culminating Courses	8 credits
Elective Courses	8 credits
Total Program	44 credits

We will recruit students that represent a broad spectrum of diverse backgrounds including underrepresented students. We understand that, in particular, race can be included as part of a holistic and flexible admissions and financial aid process. Because much of our faculty's research centers on health disparities and the impacts on vulnerable populations, we expect to garner considerable attention from potential students drawn from these circumstances, settings, and communities. The travel monies included the pro forma budget are to support recruitment.

We expect to admit a small cohort of full-time graduate students in order to meet the financial demands of the program outlined in the pro forma budget. Of course, once the required projected cohort is achieved, the MPH admissions committee will also give every consideration to qualified part-time students, particularly those health care workers already employed in our surrounding communities seeking advanced credentials. We expect that the professional experiences and expertise of these part-time students will enrich the composition and instructional experiences of each cohort. The length of time it will take a part-time student to complete the curriculum will vary by the number of courses the student takes each semester, but is likely to be between three and four years. While the curriculum is not presently designed to specifically accommodate part-time students (e.g., weekend courses; longer practicum periods with fewer hours required per week), as the program grows it is possible that the course schedule and delivery system will be adjusted to meet the needs of a growing part-time student population.

Admission Requirements

Prospective students will apply through the OU Graduate Admissions gateway by February 15th each year in order to be reviewed for admittance into the program for the Fall Semester. Admission to the MPH program is selective. Applicants will be expected to provide the following required elements:

- Official transcripts indicating baccalaureate degree from a regionally accredited undergraduate institution
- Undergraduate overall grade point average of at least 3.0
- Application for Admission to Graduate Study
- Graduate Record Examination (GRE) score from within the last five (5) years
- Three (3) recommendation letters from faculty members, supervisors, or professional mentors. Letters must be on letterhead, signed, and should include a statement describing the referee's relationship to the applicant, duration of the relationship, and an assessment of the applicant's aptitude for graduate school and public health practice.
- Personal Statement of at least 1000 words describing the applicant's reasons for seeking an MPH degree, related public health experiences, and long-term professional goals.
- International applicants will additionally have to meet the University's standards established in the International Student Supplemental Application Packet.

Potential students will not be asked to complete a criminal background check. The MPH program does not rely on "clinical" placements but instead helps students to secure appropriate educational practicum placements. We do not expect that any student with a criminal record will, by definition, experience problems finding a practicum placement. Often community-based organizations hire people representative of the population they serve, which may include those

with criminal records. The MPH program will, of course, comply with standard University procedures with respect to criminal background checks and practicum students will be expected to meet the individual employment requirements of any participating agency.

Sample Curriculum

All proposed required courses and a listing of potential graduate level elective courses drawn from around the campus or elective courses in the MPH program are listed below. We are sensitive to the impact the proposed MPH program will have on other graduate programs on campus. It is our expectation that the small cohort of full-time MPH students will disperse themselves across a wide range of potential elective courses and, consequently, no one graduate program will bear a disproportionate burden of supporting this initiative. Rather, we would seek collaborative, reciprocal arrangements whereby graduate students in other programs are also eligible to take electives from the MPH program. Draft syllabi for new proposed MPH courses (noted with an asterisk below) can be found in Appendix K. The proposed schedule for the full-time student cohort is shown below:

Year One	
Fall Semester	Winter Semester
Foundations of Health Behavior and Health Education (PH 600) (4) (Wren)	Organization & Administration of Health & Medical Care Programs (PA569) (4) (DesJardins – MPA)
Principles of Community-Based Participatory Research (PH 610) (4) (Cheezum)	Planning, Implementation, and Evaluation of Public Health Interventions (PH 620) (4) (Cheezum)
Elective Class (4) (TBD)	
Summer Semester	
Public Health Practicum (PH 630) (4)	
Year Two	
Fall Semester	Winter Semester
Statistical Methods in Public Health (PH 640) (4) (TBD)	Introduction to Environmental Health Sciences (PH 660) (4) (TBD)
Introduction to Epidemiology (PH 650) (4) (Dallo)	Public Health Capstone (PH 690) (4) (TBD)
Elective Class (4) (TBD)	

MPH Core Required Courses (20 credits)

Five courses, one apiece in the traditional public health disciplines, are required of all admitted and enrolled students in order to satisfy the Council on Education for Public Health's core curricular elements for an MPH degree. These five courses are as follows:

Statistical Methods in Public Health (PH640)* 4 credits

Descriptive statistics - graphical and quantitative, confidence limits and statistical tests, sample size requirements, linear regression and correlation, multiple and curvilinear regression, count data and contingency tables, control charts, sampling and specifications.

Introduction to Epidemiology (PH 650)* 4 credits

This course introduces students to the basic concepts and methods involved in the study of the distribution and determinants of diseases in populations. Content will include types of epidemiologic research, biases in design and sources of error, as well as techniques for analyzing epidemiologic data.

Introduction to Environmental Health Sciences (PH 660)* 4 credits

This course presents the core concepts, principles and applications of environmental health sciences. Students will learn the sources of and ways to control the important physical, chemical, biologic, and sociologic factors that impact human health in various environments.

Organization & Administration of Health & Medical Care Programs (PH/PA 569) 4 credits

Emphasis on the application of administrative and organizational analytical perspectives to health and human service organizations. Concepts and perspectives from the governmental and public interest concerns will be applied.

Foundations of Health Behavior and Health Education (PH 600)* 4 credits

This course explores the psychosocial bases for health decision-making and health behaviors. The main individual, community-based, and social-ecological conceptual models will be addressed. Perceptions of health and illness, methods of changing health behaviors, and the importance of communication will be covered.

Cross-Cutting Competency Courses (8 credits)**Principles of Community-Based Participatory Research (PH 610)* 4 credits**

Public health research in a community setting can benefit from involvement of community members throughout the research process. Community-based participatory research (CBPR) methods will be explored from a theoretical and practical perspective through various stages of the research process, from conception, grant writing, intervention development, implementation, evaluation, and reporting results.

Planning, Implementation, and Evaluation of Public Health Interventions (PH 620)* 4 credits

This course covers the development of health interventions including literature reviews and program justifications, needs assessment methodologies, and critical review of materials. Issues relevant to implementation and management of health interventions will be addressed. Strategies for effective program evaluation will also be addressed.

Required Culminating Courses (8 credits)**Public Health Practicum (PH 630)* 4 credits**

The practicum provides the opportunity to work in an organization that addresses public health issues. Students will apply public health principles and theories learned and demonstrate their mastery of CEPH/ASPH public health competencies. The practicum enables students to bridge the gap between classroom learning in years one and two with public health practice in summer.

Public Health Capstone (PH 690)* 4 credits

Students will participate in a culminating capstone experience showcasing their knowledge of public health theory, principles of practice, research methods and data analysis. Through this experience, students will demonstrate leadership, teamwork, and creativity. Students will complete a defined portfolio showcasing their mastery of public health practice defined with their advisor and will participate in capstone seminars.

Elective Courses (8 credits – can be taken within Public Health or Related Disciplines)

Please note that what follows is a listing of proposed elective courses both within the MPH program and drawn from other graduate programs on campus. This list is not intended to be exhaustive nor is it intended to imply that MPH students will enroll en masse as a cohort in any one or more of these courses. This list is intended to showcase the range of potential programs and departments that could be interested in some reciprocal graduate student exchanges and curriculum planning opportunities.

Proposed MPH Program

- Quantitative and Qualitative Research Methods (PH 615)* 4 credits
- Mechanisms of Chronic and Infectious Disease (PH 625)* 4 credits
- Social Determinants of Health (PH 655)* 4 credits
- Legal and Ethical Issues in Public Health (PH 685)* 2 credits

Biomedical Sciences

- Topics in Physiological Ecology (BIO 581) 3 credits
- Topics in Evolutionary Biology (BIO 582) 3 credits
- Topics in Community and Population Biology (BIO 583) 3 credits
- Topics in Behavioral Biology (BIO 584) 3 credits
- Science and Business of Biotechnology (CHM 550) 3 credits
- Industrial and Environmental Toxicology (ENV 446) 3 credits
- Environmental Fate and Transport (ENV 485) 3 credits
- Toxic Substance Control (ENV 486) 3 credits
- Seminar in Health and Environmental Chemistry (CHM 685) 2 credits

Mathematics and Statistics

- Multivariate Statistical Methods I (STA 521) 4 credits
- Nonparametric Methods (STA 526) 4 credits
- Linear Statistical Models (STA 527) 4 credits
- Reliability and Life Data Analysis I (STA 528) 4 credits
- Statistical Methods in Sample Surveys (STA 529) 4 credits

Time Series I (STA 530) 4 credits
Multivariate Statistical Methods II (STA 621) 4 credits
Reliability and Life Data Analysis II (STA 628) 4 credits
Time Series II (STA 630) 4 credits

Public Administration

Nonprofit Organization and Management (PA 510) 4 credits
Fundraising and Philanthropy (PA 511) 4 credits
Public Policy and Health Care (PA 559) 4 credits
Health Planning: Policies and Processes (PA 568) 4 credits
Grants: Politics and Administration (PA 631) 4 credits
Public Budgeting and Finance (PA 653) 4 credits

Sociology

Specialized Field Techniques of Social Research (SOC 502) 4 credits

School of Business Administration

Health Economics (HCM 527) 2 credits
Quality Improvement in Health Care (HCM 606) 2 credits
Government Policy in Health Care (HCM 624) 2 credits
Hospital Administration (HCM 634) 2 credits
Transforming the Health Care Organization (HCM 635) 2 credits
Managing Technology in Health Care (HCM 645) 2 credits
Health Care Marketing and Consumer Satisfaction (HCM 661) 2 credits
Hospital Finance and Managed Care (HCM 670) 3 credits

School of Education and Human Services

Instructional Design (HRD 503) 4 credits
Trends and Issues in Technology-Based Training (HRD 550) 4 credits
Advanced Instructional Design (HRD 603) 4 credits
Instructional Design Theory to Practice (HRD 625) 4 credits

School of Health Sciences

Advanced Exercise Physiology (EXS 520) 4 credits
Diagnostic Testing and Exercise Prescription (EXS 530) 3 credits
Nutrition, Weight Management and Exercise (EXS 540) 2 credits
Corporate and Worksite Wellness Programs (EXS 565) 2 credits
Integrative Holistic Medicine Principles for Practice (HS 641) 4 credits

School of Nursing

Diversity and Social Issues (NRS 521) 2 credits
Holistic Perspectives on Aging (NRS 598) 2 credits
Health Promotion Across the Lifespan (NRS 631) 2 credits

New Courses

All currently proposed new courses, include 3 core courses, 3 cross-cutting competency courses, and multiple public health electives are listed below:

Introduction to Epidemiology (PH 650)* 4 credits
Introduction to Environmental Health Sciences (PH 660)* 4 credits
Foundations of Health Behavior and Health Education (PH 600)* 4 credits
Principles of Community-Based Participatory Research (PH 610)* 4 credits
Planning, Implementation, and Evaluation of Public Health Interventions (PH 620)* 4 credits
Public Health Practicum (PH 630)* 4 credits
Public Health Capstone (PH 690)* 4 credits
Quantitative and Qualitative Research Methods (PH 615)* 4 credits
Mechanisms of Chronic and Infectious Disease (PH 625)* 4 credits
Social Determinants of Health (PH 655)* 4 credits
Legal and Ethical Issues in Public Health (PH 685)* 2 credits

Required Courses from Other Units

Required coursework for the MPH Degree will be completed in Public Administration.

Public Health Practicum Placements

As part of the curriculum, each student will complete a public health practicum during the summer between Years 1 and 2. It is necessary to note that the summer practicum (like any internships, job shadowing, and service-learning experiences) are **not** clinical. It is entirely in keeping with CEPH accreditation requirements that these placements occur in communities, in association with local governmental health agencies, and especially with non-profit organizations. We have, consequently, tried very hard to stay away from describing these relationships, organizations, and activities as clinical or even as specifically occurring within a clinical setting. Examples of potential practicum placement activities include analyzing epidemiological data for a county health department; developing health education programs in a community-based, non-profit organization; assisting a regional transportation authority with a community needs assessment; or developing a community outreach plan for a local public hospital.

While specific internships have not yet been developed, many organizations have been identified as likely sites for practicum placements, and the faculty of the Health Sciences Department are continuing to build relationships with organizations in Oakland, Macomb, and Wayne Counties that may serve as potential practicum sites. In addition, interested students may leave the region to complete the practicum. A variety of placements outside of the metro Detroit area may be possible, such as working for the Centers for Disease Control and Prevention or with an international public health agency. The School of Health Sciences will not provide funds to support practicum placements.

Students will be expected to find and secure their own practicum sites. This is standard practice within the field of public health and with CEPH-accredited schools and programs. We will have faculty and staff working with students and potential sites to support these efforts. We will begin

discussing the practicum requirements during new student orientation. We will continue these efforts during faculty advising sessions. We will also spend time as appropriate in the introductory first semester courses.

Practicum organizations and their participating preceptors will not be reimbursed by Oakland University for the supervision of MPH students. Agency preceptors will not, normally, become OU faculty unless they have sole or shared responsibility for teaching a formal class within the curriculum. A standard letter of agreement will be signed by the agency preceptor and faculty advisor expressing the shared set of understandings and expectations of everyone's roles. While organizational staff time must be devoted to supervising the MPH student, we hope that agencies will view practicum students as value-added resources thereby increasing the capacity of the organization to develop tools or programs.

Most practicum placements will not require IRB approval (i.e., most students will be engaged in health promotion interventions or formative evaluations for program planning purposes and not in research). All of the students will have completed CITI training and their practicum work will be executed with purposeful attention to the protection of any human subjects/participants involved. In the case that a practicum placement does require IRB approval, two MPH faculty currently serve on the IRB (Drs. Wren and Dallo) and will act as a liaison to assist students in obtaining necessary approval. Of course, Drs. Wren and Dallo will abstain from voting on any application on which they appear as a faculty mentor or key personnel according to the Standard Operating Procedures of the IRB.

Distance Education Technology

As noted previously, the MPH program is designed to be modular, scalable, and responsive to changing needs. The inaugural classes of incoming students would move through the curriculum as a single cohort affording us the greatest amount of curricular control within a limited budget while still positioning the program to meet accreditation requirements. Because the program is designed to be flexible and responsive, we can envision the ability to offer select courses via distance learning as an option once the MPH program is operational. Similarly, we could also develop an executive-style version of the program, where specialized student groups (including but not limited to current public health professionals seeking advanced credentials or dually enrolled medical students) may complete coursework electronically, at night, or on weekends.

New Internal Procedures

The proposed Oakland University MPH Program will be administered by Dr. Patricia Wren. Before joining the OU faculty, Dr. Wren was a faculty member in the Department of Health Behavior/Health Education at the University of Michigan School of Public Health and delivered four graduate MPH courses while there. Currently, she serves as the Director of the Health Sciences Program in the School of Health Sciences and has been in that position for the past three years. Funds are provided in the pro forma budget to support the creation of program coordinators to help direct and supervise the admissions, practicum, and capstone requirements of the degree.

Specific Responsibilities

As per the model of the School of Health Sciences, the Health Sciences Program Director together with any Program Coordinator will oversee admissions, student advising, curriculum development, program evaluation, and any accreditation efforts. Faculty input will be sought out throughout all of these processes.

Recruiting Plans

The recruitment of new graduate students in this major would follow general school policies, with additional attention paid to the needs of current graduating undergraduate students and professionals in the field of public health within the Metro Detroit region. We will recruit students that represent a broad spectrum of diverse backgrounds including underrepresented students. We understand that, in particular, race can be included as part of a holistic and flexible admissions and financial aid process. Because much of our faculty's research centers on health disparities and the impacts on vulnerable populations, we expect to garner considerable attention from potential students drawn from these circumstances, settings, and communities. The travel monies included the pro forma budget are to support recruitment.

Planned Enrollment Levels

We have planned for an inaugural cohort of ten full-time MPH students. In subsequent years, we are proposing to grow the size of the entering class to 12 in Year Two, 15 in Year Three, and 18 in Years Four and Five.

Student Advising

We have included funding in this proposal for a staff person to assist with the administrative and advising components of this new graduate program. As noted previously, the School of Health Sciences Advising Office has three professional advisors serving the needs of more than 2000 undergraduate majors. There is no member of the advising staff with professional graduate advising responsibilities. A new staff person with a range of skills, increasing to full-time in year two, is needed to serve the complex demands of the MPH program. In addition, it is our expectation that faculty teaching in the MPH program will be engaged in the professional development and ongoing mentoring of the student cohort. Each student will be assigned to a faculty mentor upon admission into the MPH program. We will rely on the professional staff person to provide technical assistance to our recruitment, admission, and advising efforts in order to successfully offer this new graduate degree program.

Accreditation

The proposed MPH program has been modeled after the requirements and guidelines of CEPH, the national accrediting body for public health programs. We have also strictly adhered to the tenets and curricular requirements of ASPH. We anticipate beginning the process of seeking CEPH accreditation following the formative first five years of the program once sufficient admissions, graduation, and outcome metrics become available. The MPH program was built from the ground up around the CEPH requirements to best position the program for future

accreditation. Among the key CEPH accreditation requirements are: (1) at least 42 credit hours in length; (2) evidence of curricular breadth and depth as well as adequate full-time faculty representing the five core disciplines in public health: biostatistics, epidemiology, environmental health sciences, health services administration, and the social and behavioral sciences; (3) student:faculty ratio must not exceed 10:1; and (4) inclusion of both a supervised practicum experience and an approved capstone.

Program Evaluation

The Health Sciences Program Director, Program Coordinator, and all faculty in the MPH program will participate in the ongoing monitoring and evaluation efforts. Process and outcome information will be used to inform future program developments. The MPH Program's curriculum and assessment committees will work together to infuse systematic feedback and quality improvement suggestions provided by students, faculty, practicum preceptors, and community members. This process will continue throughout the life of the program. These efforts are standard and required of all units. Again, an overarching assessment plan is included as Appendix J.

Needs and Costs of the Program

Meeting the Cost of the Program

The costs of the program are entirely covered by graduate tuition (see Appendix H for the pro forma budget). It is anticipated that there will be 10 students in the first cohort taking 24 credits in their first year and 20 credits in their second year. Enrollment is expected to increase to 22 students (12 first-year and 10 second-year) in Year Two. Enrollment is expected to grow at a moderate but steady rate to reach a stable annual enrollment of at least 36 full-time students. The projected cohort enrollment figures will generate approximately \$142,860 in current year tuition dollars in year one; by year five, an enrollment of 36 students in the MPH program will generate approximately \$471,438 in current year tuition dollars. Please note that these revenue projections are entirely predicated on the full-time student cohort needed. Successful recruitment and retention of highly qualified part-time students can be used to significantly augment these revenue projections.

Direct Support from Outside Agencies

There are no resources supporting this program projected from any outside agencies. We expect to fully cover the costs of the MPH program from graduate tuition. We do anticipate, in addition, that faculty engaged in the MPH program will have successful funded research programs.

Required Support of Other Units

We will require continued University support of the MPH program until such time as we can add faculty lines and expertise in needed areas. The program is projected to provide a surplus of funds starting in Year One and continuing in all subsequent years.

Increased Revenue Analysis

We have every expectation that the delivery of the MPH will enhance the revenue generation for the School of Health Sciences and the University. The present proposal is the most modest expression of a full-time cohort-based MPH program and does not factor in additional tracks for part-time students, medical or other health professional school students, dual degree possibilities, or executive-style offerings. Faculty in the MPH program will be expected to have vibrant research portfolios, at least in part to support the community-based participatory research emphasis of this program. Faculty will be expected to submit grant applications to major foundations, philanthropies, as well as take advantage of funding initiatives sponsored by the National Institutes of Health (NIH), the National Science Foundation, and the Michigan Department of Community Health (MDCH), among others. The presence of graduate assistants will significantly enhance the capacity of the faculty to engage in funded research. The addition of new full-time, tenure-track faculty with specific expertise currently missing will enhance the research capacity within Health Sciences and make collaborative research even more possible. The MPH program returns net income to the University in Year One and beyond.

Faculty Positions

The Council on Education for Public Health (CEPH) requires accredited programs to have adequate faculty resources. Specifically, the 2011 CEPH accreditation criteria mandate that, “A critical mass of faculty is necessary to support each MPH degree offered, including generalist degrees.... To assure a broad ecological perspective, the faculty complement will need to represent various public health disciplines, regardless of the size of the student body.”⁹

Specifically, as noted earlier, CEPH requires considerable evidence that program personnel resources meet the standard of “adequate” to the task of graduate public health education and training: (1) a minimum of three primary full-time faculty for each concentration or generalist degree offered; (2) representation of the various public health disciplines among the faculty regardless of the size of the student body; and (3) a student:faculty ratio of 10:1 or less in recognition of the demanding instructional, service-learning, practicum, and advising activities. Growing the faculty in Health Sciences to meet the curricular needs of the MPH program, best position the program for possible accreditation, and safeguard the curricular needs of the existing bachelors degree program in Health Sciences is of prime importance.

Drs. Wren and Cheezum currently teach required courses within the undergraduate program in Health Sciences. The Health Sciences Program has close to 1500 majors and just one tenured faculty member (Dr. Wren) and three tenure-track faculty (Dr. Lucarelli in her third year and Drs. Cheezum and Lynch in their first year). Balancing the distinct faculty resource needs of the BS in Health Sciences and MPH program is a key consideration in budgeting for this proposal.

In Year One, teaching responsibility for the proposed MPH program will be handled by the current full-time, tenured or tenure-track faculty in the School of Health Sciences. The members of the MPH Planning Committee have the requisite credentials and teaching experience to manage the proposed coursework and reduced student numbers in the short-term. In Year One only, we have budgeted faculty inload replacement costs for Drs. Wren and Cheezum so they may teach 4-credits apiece of the required core competency MPH courses. Drs. Wren and

Cheezum will dedicate 0.5 FTE to the MPH program in Year One. As the size of the MPH student body grows, the amount of faculty time dedicated to the MPH program and number of full-time affiliated faculty will increase such that the CEPH-required student:faculty ratio of no more than 10:1 is maintained.

One new full-time, tenure-track position is requested in each of Years Two, Three, and Four in order to meet the cross-cutting competencies required by CEPH and to ensure continued delivery of all courses required in the undergraduate and graduate programs in Health Sciences. Under Administrative costs, we have included \$12,600 each year to compensate the Program Coordinator applying the standard formula used in the School of Health Sciences.

Staff Positions

We have included funds for minimal staff to support the operations of this master's program. We have budgeted one staff position to help us manage marketing, graduate applications and admissions, as well as all of the required paperwork and processing associated with CEPH-required practicum and capstone sites. This staff member will also be expected to help with advising, curriculum planning, and student retention. Because the Health Sciences Program does not currently have any graduate programs, there are no existing resources or economies of scale to draw upon making this position essential.

Library Holdings

Shawn Lombardo, Coordinator of Collections, Kresge Library, prepared a formal evaluation of the library holdings in support of the proposed MPH program. Her evaluation is included in Appendix L. We have taken the annual library budget provided on the last page of this report and inserted it into the pro forma. In sum, these funds support a subscription to the Health and Psychosocial Instruments index, purchase of additional monographs and reference books, relevant journal subscriptions and a modest annual stipend to support ongoing resources that will support the MPH program.

Graduate Assistants

We budgeted for two Graduate Assistant (GA) positions in the first four years increasing to four (4) in Year Five. We believe these Graduate Assistants will be warranted in terms of the increased support and mentorship provided by the new faculty lines. These positions can be further divided into four (and subsequently eight) partial GA positions if the pool of talented graduate student applicants warrants. Tuition for these positions is also included under Operating Expenses.

Space

In 2012, the Schools of Health Sciences and Nursing moved into the new LEED-platinum certified Human Health Building. Sufficient classroom, office, and research space for the faculty, staff person, and graduate assistants is available in the new building. As the number of MPH faculty increases, additional office and research space in the new Human Health Building will be necessary.

Equipment, Computer and Other Maintenance Costs

Expenditures for equipment and computers are \$7000 in Year One in order to provide sufficient hardware and software technology support for the full-time staff person and advisor. Reduced funding is requested in Years Two, Three, and Four in order to provide required and standard computing for the new full-time tenure-track faculty. In Year Five, ongoing equipment funding is requested for routine maintenance and upgrades to hardware, software, and licensing fees.

Supplies and Services

We have included a modest \$15,000 in supplies and services in Year One to cover the initial costs of marketing, brochures, and printing, banners, sponsorships, media buys, trade show materials and table rentals at relevant public health meetings. Travel costs are \$5000 in the first year to raise awareness of a new program and are reduced in subsequent years. These costs will enable the professional staff person and perhaps one faculty member to travel to a professional meeting for student recruitment. Telephone costs, required, are budgeted at the minimum amount. These expenditures, notably supplies and services costs, are reduced in Years Two and Three and hold steady beginning in Year Four.

Five-Year Timeline

The 5-year timeline is contained with the pro forma budget shown in Appendix H.

Program Assessment Plan

The approved assessment plan for the MPH program is included as Appendix J.

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Appendix A: Comparable Public Health-Related Programs in the Area

University	Location	School or College	Departments / Programs	Degrees	Credit Hrs	Cost/tuition	CEPH Accrd?
University of Michigan – Ann Arbor	MI (Ann Arbor)	School of Public Health	Biostatistics Environmental Health Science Epidemiology Health Behavior & Health Education Health Management & Policy	MPH MS MHSA PhD	Typically 60 in four terms but reduction possible	\$47900 (resident); \$80,000 (non-resident)	YES
Central Michigan University	MI (Mount Pleasant)	College of Education and Human Services	Nutrition and Dietetics (Distance learning) Health Promotion and Program Mgmt (currently closed)	MS	31-37	\$15,000 (resident); \$28000 (non-resident)-- fees not available	No
Eastern Michigan University	MI (Ypsilanti)	College of Health and Human Services	Health Education Dietetics Human Nutrition (Distance learning)	MS	36 72 30	\$20,000 (resident); \$36,000 (non-resident)	No
University of Michigan – Flint	MI (Flint)	School of Health Professions and Studies	Health Education	MS	39	\$20,000 (resident); \$30,000 (non-resident)	No
Michigan State University	MI (East Lansing)	College of Human Medicine College of Agriculture and Natural Resources College of Communication Arts and Sciences	Epidemiology Public Health Human Nutrition Health Communication	MS MPH PhD MS PhD MA	42 33	\$24,000 (resident); \$48,000 (non-resident)	No
Wayne State University	MI (Detroit)	School of Medicine College of Education College of Liberal Arts and Sciences College of Pharmacy and Health Sciences	Public Health Medical Research Health Education Nutrition and Food Science Medical Research Occupational and Environmental Health	MPH Med MA MS MS	42 36 32 30 32	\$29,000 (resident); \$55,000 (non-resident)	YES

University	Location	School or College	Departments / Programs	Degrees	Credit Hrs	Cost/tuition	CEPH Accrd?
University of Illinois at Chicago	IL (Chicago)	School of Public Health	Community Health Sciences (Online option) Environmental and Occupational Health Sciences Epidemiology Biostatistics Health Policy and Administration (online option)	MPH MHA MS PhD DrPH	42-53	\$37,000 (in-state); \$61,000 (out-of-state)	YES
Northern Illinois University	IL (DeKalb)	College of Health and Human Sciences	Health Promotion Health Services Management	MPH	43-46 (non-thesis; +6 for thesis option)	\$20,000 (resident); \$35,000 (non-resident)	YES
Northwestern University	IL (Chicago)	School of Medicine	Public Health Epidemiology and Biostatistics	MPH MSEB	19 UNITS/classes (2.5 year program)	\$79,000	YES
Southern Illinois University - Carbondale	IL (Carbondale)	College of Education and Human Services	Community Health Education	MPH	43	\$25,000 (resident); \$52,000 (non-resident)	YES
Loyola University	IL (Mayville), but MPH program is ONLINE	School of Medicine (online)	Health Policy and Law Epidemiology Health Management	MPH	44	\$48,000	
Indiana University & Purdue University - Indianapolis	IN (Indianapolis)	School of Medicine (but accredited by ASPH)	Epidemiology Health Policy and Management Biostatistics Health Administration Environmental Health Social and Behavioral Sciences	MPH MHA PhD	45	\$21,000 (resident); \$52,000 (non-resident)	YES
Indiana University - Bloomington	IN (Bloomington)	School of Public Health	Behavioral, Social, and Community Health Biostatistics Environmental Health Epidemiology Exercise Physiology Health Behavior Health Promotion Nutrition Science Public Health Public Health Administration	MPH PhD MS	43	\$23,000 (resident); \$45,000 (non-resident)	YES

University	Location	School or College	Departments / Programs	Degrees	Credit Hrs	Cost/tuition	CEPH Accrd?
Ohio State University	OH (Columbus)	School of Public Health	Biostatistics Environmental Health Sciences Epidemiology Health Behavior and Health Promotion Health Services Management and Policy Clinical Translational Science Veterinary Public Health	MPH MHA MS PhD	45-48	\$26,000 (resident); \$60,000 (non-resident)	YES
Case Western Reserve University	OH (Cleveland)	School of Public Health School of Medicine	Population Health Research Global Health Health Care Policy and Administration Health Promotion and Disease Prevention Genetic Epidemiology and Bioinformatics Global Health Epidemiology Health Behavior and Prevention Health Care Organizations, Outcomes, and Policy Biostatistics Nutrition Public Health Nutrition Internship Program Environmental Health Sciences	MPH PhD MS	36-42	\$53,500	YES
Northwest Ohio Consortium for Public Health (Bowling Green State University and University of Toledo); accredited	OH (Toledo)	Consortium	Environmental and Occupational Health Sciences Health Promotion and Education Public Health Administration Public Health Epidemiology Public Health Nutrition	MPH	45	\$23,000 (resident); \$42,000 (non-resident)	YES

University	Location	School or College	Departments / Programs	Degrees	Credit Hrs	Cost/tuition	CEPH Accrd?
Wright State University	OH (Dayton)	School of Medicine	Emergency Preparedness Global Health Health Promotion and Education Public Health Management	MPH	42	\$25,000 (resident); \$42,000 (non-resident)	YES
University of Minnesota	MN (Minneapolis)	School of Public Health	Biostatistics Community Health Promotion Environmental Health Epidemiology Maternal and Child Health Public Health Administration and Policy Public Health Medicine Public Health Nutrition Veterinary Public Health	MPH MHA MS PhD	42-48	\$32,000 (resident); \$46,000 (non-resident)	YES
University of Wisconsin-Lacrosse	WI (Lacrosse)	College of Science and Health	Community Health Education	MPH	44	\$14,000 (resident); \$71,000 (non-resident)	YES
University of Wisconsin-Milwaukee	(WI) Milwaukee	Zilber School of Public Health	Enviornmental and Occupational Health Community Health Promotion	MPH MPH, PhD (2013) MPH,PhD (TBD)	 42 45	~\$38,200-40,950	No
University of Wisconsin-Madison	(WI) Madison	School of Medicine and Public Health	Population Health Sciences	MPH PhD, Population Health MPH dual degrees MS, Population Health	42	33,800 (in state), 68,750 (out of state)	YES
Medical College of Wisconsin	(WI) Milwaukee (program is on-line)	Institute for Health and Society	Public Health	MPH BS/MPH	42 (certificate 15)	\$29,820 \$10,650	YES

Appendix B: MPH Curriculum Comparison

	Michigan State University	Cr	University of Michigan	Cr	Wayne State University	Cr
Core Courses						
Biostatistics	Biostatistics for Public Health (HM 802)	3	Introduction to Biostatistics (BIO 503)	4	Biostatistics (FPH 7015)	4
Environmental Health Sciences	Environmental Factors of Health (HM 806)	3	Principles of Environmental Health Sciences (EHS 500)	3	Principles of Environmental Health (OEH 7420)	3
Epidemiology	Epidemiology and Public Health (HM 803)	3	Strategies & Uses of Epidemiology (EPID 503)	3	Epidemiology (FPH 7240) & Applied Epid (FPH 7250)	6
Health Policy & Management	Public Health Administration (HM 804)	3	Survey of the US Health Care System (HMP 602)	3	Social Basis of Health Care (FPH 7320)	3
Social & Behavioral Sciences	Social and Behavioral Aspects of Public Health (HM 805)	3	Psychosocial Factors in Health-Related Behavior (HBHE 600)	3	Community Health Organization and Administration (FPH 7100)	3
Additional Required Courses	Introduction to Public Health (HM 801)	3	Program Development in Health Education (HBHE 651)	3	Seminar in Public Health (FPH 7010)	1
			Techniques of Survey Research (HBHE 530)	3	Health Program Evaluation (FPH 7230)	3
					Research Methods for Health Professionals (FPH 7210)	4
Elective Courses	6 elective courses	18	10-11 elective courses	~ 30	3 elective courses	9
Field/Practicum Experience	Introduction to Public Health Practicum (HM 891)	1	318 to 636 hours of supervised work	3-6 credit reduction	Practicum in Public Health (FPH 7440)	3
	Public Health Practicum (HM 892) + 240 hours of work	3				
Capstone	Public Health Capstone (HM 893)	2	MPH Capstone	1	MPH Research Project (FPH 8990)	3
Total Credits		42		60		42

Appendix C: Student Survey Instrument and Results

Public health involves improving people's health with research and education about causes of disease and ways to lead healthier lives. People who earn a master's degree in public health (MPH) pursue meaningful careers in organizations as varied as the World Health Organization (WHO), the Centers for Disease Control (CDC), local health departments, community organizations, hospitals, HMOs, and consulting firms, among others.

We want to learn about your interest in studying public health, your current status as a student, and whether a potential new master's program in public health might change your academic and career plans.

Please read each question carefully and give the answer that best describes you. There are no right or wrong answers and all answers are confidential. After completing the survey, you will have an opportunity to enter a drawing for an iPod Touch.

Did you know that Oakland University is considering offering a master's degree in public health (MPH)?		
Answer Options	Response Percent	Response Count
Yes	22.9%	104
No	77.1%	350
<i>answered question</i>		454
<i>skipped question</i>		0

Public health master's degree programs sometimes offer specializations in five areas: biostatistics, environmental health science, epidemiology, health education, and health policy.

In the next few questions, we will describe each specialization and ask how interested you are in getting an MPH in each area.

BIOSTATISTICS involves using mathematical modeling and statistics to solve health problems. How interested are you in getting an MPH with a specialization in BIOSTATISTICS at Oakland University?		
Answer Options	Response Percent	Response Count
Extremely interested	1.6%	7
Very interested	11.8%	51
Neither interested nor disinterested	46.9%	203
Very disinterested	26.3%	114
Extremely disinterested	13.4%	58
<i>answered question</i>		433
<i>skipped question</i>		21

ENVIRONMENTAL HEALTH SCIENCE involves examining how toxins and other environmental factors affect human health. How interested are you in getting an MPH with a specialization in ENVIRONMENTAL HEALTH SCIENCE at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	6.7%	29
Very interested	36.0%	156
Neither interested nor disinterested	40.6%	176
Very disinterested	12.0%	52
Extremely disinterested	4.6%	20
<i>answered question</i>		433
<i>skipped question</i>		21

EPIDEMIOLOGY involves studying disease patterns and outbreaks in large populations. How interested are you in getting an MPH with a specialization in EPIDEMIOLOGY at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	10.4%	45
Very interested	43.2%	187
Neither interested nor disinterested	33.3%	144
Very disinterested	8.1%	35
Extremely disinterested	5.1%	22
<i>answered question</i>		433
<i>skipped question</i>		21

HEALTH EDUCATION involves understanding health behaviors and encouraging people to make healthier choices. How interested are you in getting an MPH in HEALTH EDUCATION at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	28.6%	124
Very interested	42.5%	184
Neither interested nor disinterested	21.7%	94
Very disinterested	4.4%	19
Extremely disinterested	2.8%	12
<i>answered question</i>		433
<i>skipped question</i>		21

HEALTH POLICY involves using management and public policy tools to improve health and health care. How interested are you in getting an MPH in HEALTH POLICY at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	12.5%	54
Very interested	33.9%	147
Neither interested nor disinterested	37.4%	162
Very disinterested	12.5%	54
Extremely disinterested	3.7%	16
<i>answered question</i>		433
<i>skipped question</i>		21

Overall, how interested would you be in getting an MPH in any of the five specializations at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	16.1%	69
Very interested	38.5%	165
Neither interested nor disinterested	34.3%	147
Very disinterested	8.2%	35
Extremely disinterested	3.0%	13
<i>answered question</i>		429
<i>skipped question</i>		25

Would you prefer a program where students are equally trained in all five specializations or would you prefer to focus on one, but learn a little about the others?

Answer Options	Response Percent	Response Count
Equal training in all specializations	30.3%	130
Focus on one specialization	61.3%	263
No opinion	8.4%	36
<i>answered question</i>		429
<i>skipped question</i>		25

How much need is there for a master's degree program in public health at Oakland University?

Answer Options	Response Percent	Response Count
Great need	39.9%	171
Moderate need	37.3%	160
Some need	18.9%	81
A little need	3.0%	13
No need	0.9%	4
<i>answered question</i>		429
<i>skipped question</i>		25

How likely would you be to apply for admission to an MPH program at Oakland University?

Answer Options	Response Percent	Response Count
Extremely likely	10.5%	45
Very likely	27.3%	117
Neither likely nor unlikely	33.2%	142
Very unlikely	17.3%	74
Extremely unlikely	11.7%	50
<i>answered question</i>		428
<i>skipped question</i>		26

Would you prefer an MPH program that is full- or part-time?

Answer Options	Response Percent	Response Count
Full-time	34.3%	147
Part-time	36.4%	156
No opinion	29.2%	125
<i>answered question</i>		428
<i>skipped question</i>		26

How would you like the MPH program to be structured? Check more than one option, if you want.

Answer Options	Response Percent	Response Count
Blocked class times (one four-day weekend a month)	25.9%	111
Traditional full-day program	41.8%	179
Evening program	30.6%	131
Web-based instruction	36.2%	155
Distance learning / video conferencing	14.0%	60
No preference	22.9%	98
<i>answered question</i>		428
<i>skipped question</i>		26

If you were admitted to an MPH program at Oakland University, how soon would you want to start?

Answer Options	Response Percent	Response Count
As soon as possible	21.4%	91
Within the next 1-2 years	27.0%	115
Within the next 3-5 years	11.3%	48
I would like to enroll, but I am not sure when	13.4%	57
I would not enroll	27.0%	115
<i>answered question</i>		426
<i>skipped question</i>		28

Do you know anyone else who would be interested in an MPH program at Oakland University?

Answer Options	Response Pernt	Response Count
Yes	58.7%	250
No	41.3%	176
<i>answered question</i>		426
<i>skipped question</i>		28

How would a new master's degree program in public health change your feelings about attending Oakland University now or in the future? Would your feelings be:

Answer Options	Response Percent	Response Count
Much more positive	12.7%	54
More positive	45.8%	195
Unchanged	41.1%	175
More negative	0.0%	0
Much more negative	0.5%	2
<i>answered question</i>		426
<i>skipped question</i>		28

Are you now working or have you ever worked in public health, medicine, health sciences, wellness, or health promotion?

Answer Options	Response Percent	Response Count
Yes	57.1%	241
No	42.9%	181
<i>answered question</i>		422
<i>skipped question</i>		32

Have you declared a major?

Answer Options	Response Percent	Response Count
Yes, I am majoring in a health-related field.	79.5%	337
Yes, I am majoring in a non-health field.	13.4%	57
No, I am currently undecided.	7.1%	30
<i>answered question</i>		424
<i>skipped question</i>		30

In which school or college are you enrolled?

Answer Options	Response Percent	Response Count
College of Arts and Sciences	9.0%	38
School of Business Administration	4.2%	18
School of Education and Human Services	1.4%	6
School of Engineering and Computer Science	0.5%	2
School of Health Sciences	56.6%	240
School of Nursing	22.2%	94
Undecided	6.1%	26
<i>answered question</i>		424
<i>skipped question</i>		30

Sex

Answer Options	Response Percent	Response Count
Male	23.3%	99
Female	76.7%	325
<i>answered question</i>		424
<i>skipped question</i>		30

Race/Ethnicity (Check all that apply)

Answer Options	Response Percent	Response Count
White/Caucasian	84.1%	354
Black/African-American	5.5%	23
Hispanic/Latino	3.1%	13
Asian/Pacific Islander	4.8%	20
Native American	1.0%	4
Arab American/Chaldean/Middle Eastern	4.5%	19
Other (please specify)	1.4%	6
<i>answered question</i>		421
<i>skipped question</i>		33

Age

Answer Options	Response Percent	Response Count
18 years or younger	7.5%	32
19-20 years	25.0%	106
21-24 years	35.8%	152
25-29 years	12.5%	53
30 years or older	19.1%	81
<i>answered question</i>		424
<i>skipped question</i>		30

Thank you for completing this survey. If you want to be included in the drawing for the iPod Touch, please type your full name and Oakland University email address here. This information will only be used for the drawing and will not be linked to your survey answers.

Appendix D: Employer Survey Instrument and Results

The School of Health Sciences at Oakland University is considering the creation of a new master's degree program in public health. We are interested in your thoughts about the potential need and structure of this program, as well as whether you think your employer would be interested in hiring graduates of this program. Your answers are confidential and we very much appreciate your time.

Before starting this survey, did you know that Oakland University is considering offering a master's degree in public health (MPH)?		
Answer Options	Response Percent	Response Count
Yes	15.8%	3
No	84.2%	16
<i>answered question</i>		19
<i>skipped question</i>		0

Does your employer currently employ persons in the field(s) of public health, epidemiology, biostatistics, health education, health sciences, wellness, or health promotion?		
Answer Options	Response Percent	Response Count
Yes	52.6%	10
No	47.4%	9
<i>answered question</i>		19
<i>skipped question</i>		0

How likely is your employer to hire persons in the field(s) of public health, epidemiology, biostatistics, health education, health sciences, wellness, or health promotion in the next two years?		
Answer Options	Response Percent	Response Count
Extremely likely	10.5%	2
Very likely	15.8%	3
Neither likely nor unlikely	26.3%	5
Very unlikely	26.3%	5
Extremely unlikely	21.1%	4
<i>answered question</i>		19
<i>skipped question</i>		0

How much need is there for a master's degree program in public health at Oakland University?

Answer Options	Response Percent	Response Count
Great need	12.5%	2
Moderate need	25.0%	4
Some need	37.5%	6
A little need	0.0%	0
No need	25.0%	4
<i>answered question</i>		16
<i>skipped question</i>		3

How interested would your employer be in serving as a certified internship or employment site for MPH students during their studies at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	0.0%	0
Very interested	31.3%	5
Neither interested nor disinterested	31.3%	5
Very disinterested	12.5%	2
Extremely disinterested	25.0%	4
<i>answered question</i>		16
<i>skipped question</i>		3

How likely is your employer to hire a graduate of Oakland University with an MPH?

Answer Options	Response Percent	Response Count
Extremely likely	0.0%	0
Very likely	12.5%	2
Neither likely nor unlikely	56.3%	9
Very unlikely	18.8%	3
Extremely unlikely	12.5%	2
<i>answered question</i>		16
<i>skipped question</i>		3

Traditionally, public health programs include five areas of specialization: biostatistics, environmental health science, epidemiology, health education/behavioral science, and health management/policy. In the next few questions, we would like to know how interested you (or your employer) would be in seeing graduate students prepared in each of these areas.

How interested would you be in seeing graduate students prepared with an MPH in Biostatistics (using mathematical modeling and statistical procedures to solve public health problems) at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	15.4%	2
Very interested	23.1%	3
Neither interested nor disinterested	38.5%	5
Very disinterested	15.4%	2
Extremely disinterested	7.7%	1
<i>answered question</i>		13
<i>skipped question</i>		6

How interested would you be in seeing graduate students prepared with an MPH in Environmental Health Science (examining how toxins and other environmental factors affect human health) at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	7.7%	1
Very interested	38.5%	5
Neither interested nor disinterested	30.8%	4
Very disinterested	15.4%	2
Extremely disinterested	7.7%	1
<i>answered question</i>		13
<i>skipped question</i>		6

How interested would you be in seeing graduate students prepared with an MPH in Epidemiology (studying disease patterns and outbreaks in large populations) at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	7.7%	1
Very interested	23.1%	3
Neither interested nor disinterested	46.2%	6
Very disinterested	15.4%	2
Extremely disinterested	7.7%	1
<i>answered question</i>		13
<i>skipped question</i>		6

How interested would you be in seeing graduate students prepared with an MPH in Health Education/Behavioral Science (understanding health behaviors and encouraging people to make healthier choices) at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	7.7%	1
Very interested	38.5%	5
Neither interested nor disinterested	30.8%	4
Very disinterested	23.1%	3
Extremely disinterested	0.0%	0
<i>answered question</i>		13
<i>skipped question</i>		6

How interested would you be in seeing graduate students prepared with an MPH in Health Management/Policy (using policy and management tools to improve health and health care) at Oakland University?

Answer Options	Response Percent	Response Count
Extremely interested	15.4%	2
Very interested	38.5%	5
Neither interested nor disinterested	23.1%	3
Very disinterested	15.4%	2
Extremely disinterested	7.7%	1
<i>answered question</i>		13
<i>skipped question</i>		6

Do you know of other employers who might be interested in seeing graduate students with an MPH from Oakland University?

Answer Options	Response Percent	Response Count
Yes	30.8%	4
No	69.2%	9
<i>answered question</i>		13
<i>skipped question</i>		6

Would you prefer to see graduate students with specialist or generalist (across all specializations) MPH training?

Answer Options	Response Percent	Response Count
Specialist training	30.8%	4
Generalist training	15.4%	2
No preference	53.8%	7
<i>answered question</i>		13
<i>skipped question</i>		6

What is your current job?

Answer Options	Response Percent	Response Count
Public health professional	7.7%	1
Physician	0.0%	0
Registered nurse	7.7%	1
Exercise physiologist	0.0%	0
Physical therapist	7.7%	1
Registered dietitian	0.0%	0
Other	84.6%	11
<i>answered question</i>		13
<i>skipped question</i>		6

Do you have a graduate degree or certification in public health?

Answer Options	Response Percent	Response Count
Yes	23.1%	3
No	76.9%	10
<i>answered question</i>		13
<i>skipped question</i>		6

Sex

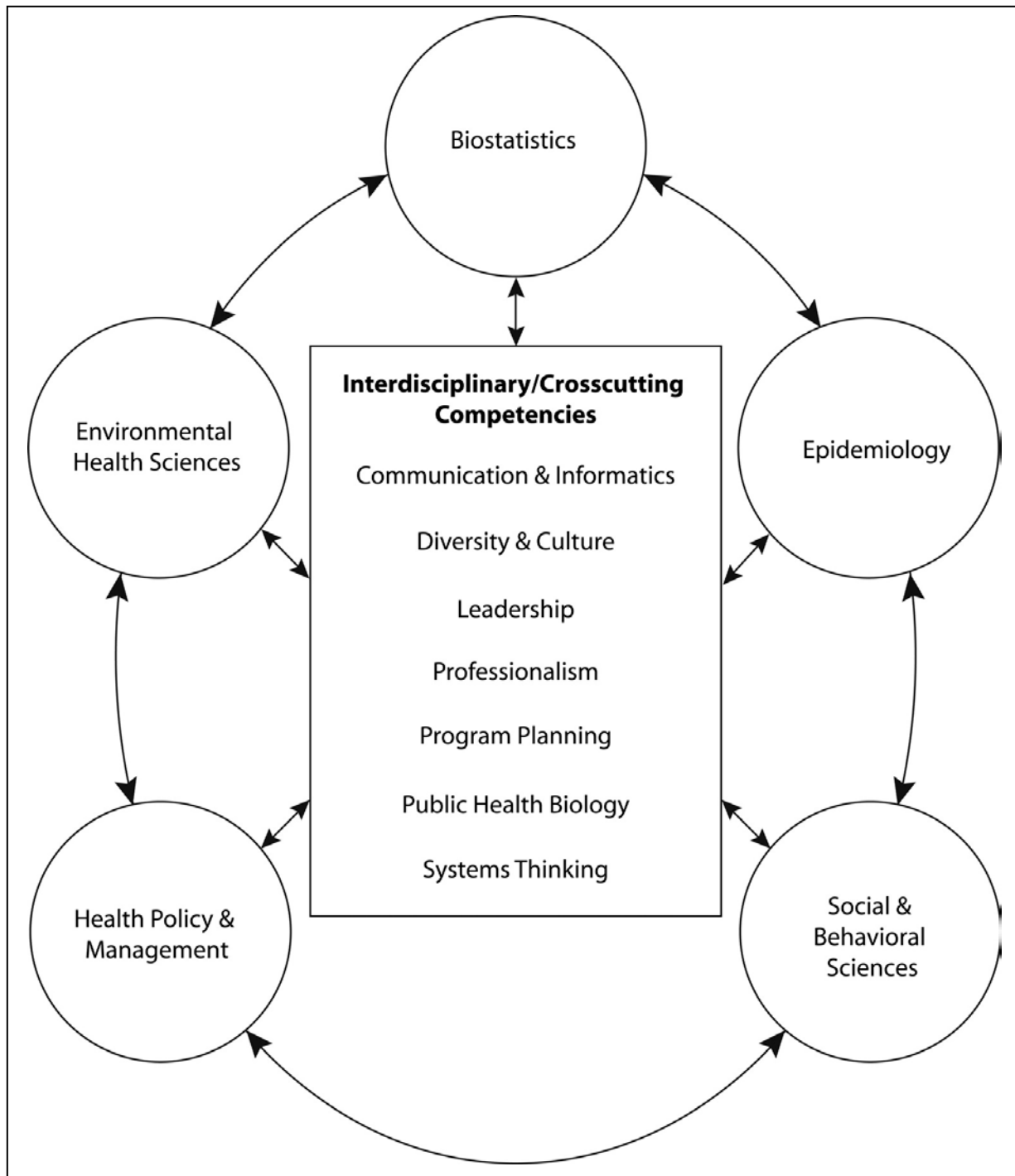
Answer Options	Response Percent	Response Count
Male	38.5%	5
Female	61.5%	8
<i>answered question</i>		13
<i>skipped question</i>		6

Race/Ethnicity (Choose all that apply)

Answer Options	Response Percent	Response Count
White/Caucasian	84.6%	11
Black/African-American	7.7%	1
Hispanic/Latino	0.0%	0
Asian/Pacific Islander	0.0%	0
Native American	0.0%	0
Arab American/Chaldean/Middle Eastern	0.0%	0
Other (please specify)	7.7%	1
<i>answered question</i>		13
<i>skipped question</i>		6

Thank you for completing our survey. Your answers will be very helpful as we seek to develop new educational opportunities at Oakland University.

Appendix E: Association of Schools of Public Health (ASPH) Core Competency Model



Appendix F: Association of Schools of Public Health (ASPH) Core Competencies

A. BIostatistics is the development and application of statistical reasoning and methods in addressing, analyzing and solving problems in public health; health care; and biomedical, clinical and population-based research.

- A. 1. Describe the roles biostatistics serves in the discipline of public health.
- A. 2. Describe basic concepts of probability, random variation and commonly used statistical probability distributions.
- A. 3. Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.
- A. 4. Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.
- A. 5. Apply descriptive techniques commonly used to summarize public health data.
- A. 6. Apply common statistical methods for inference.
- A. 7. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.
- A. 8. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.
- A. 9. Interpret results of statistical analyses found in public health studies.
- A.10. Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.

B. Environmental Health Sciences represent the study of environmental factors including biological, physical and chemical factors that affect the health of a community.

- B. 1. Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.
- B. 2. Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.
- B. 3. Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.
- B. 4. Specify current environmental risk assessment methods.
- B. 5. Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.
- B. 6. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.
- B. 7. Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.
- B. 8. Develop a testable model of environmental insult.

C. EPIDEMIOLOGY is the study of patterns of disease and injury in human populations and the application of this study to the control of health problems.

- C. 1. Identify key sources of data for epidemiologic purposes.
- C. 2. Identify the principles and limitations of public health screening programs.
- C. 3. Describe a public health problem in terms of magnitude, person, time and place.
- C. 4. Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.
- C. 5. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.
- C. 6. Apply the basic terminology and definitions of epidemiology.
- C. 7. Calculate basic epidemiology measures.
- C. 8. Communicate epidemiologic information to lay and professional audiences.
- C. 9. Draw appropriate inferences from epidemiologic data.
- C. 10. Evaluate the strengths and limitations of epidemiologic reports.

D. HEALTH POLICY AND MANAGEMENT is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

- D.1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
- D. 2. Describe the legal and ethical bases for public health and health services.
- D. 3. Explain methods of ensuring community health safety and preparedness.
- D. 4. Discuss the policy process for improving the health status of populations.
- D. 5. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
- D. 6. Apply principles of strategic planning and marketing to public health.
- D. 7. Apply quality and performance improvement concepts to address organizational performance issues.
- D. 8. Apply "systems thinking" for resolving organizational problems.
- D. 9. Communicate health policy and management issues using appropriate channels and technologies.
- D.10. Demonstrate leadership skills for building partnerships.

E. SOCIAL AND BEHAVIORAL SCIENCES address the behavioral, social and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration and evaluation of programs and policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations.

- E. 1. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
- E. 2. Identify the causes of social and behavioral factors that affect health of individuals and populations.
- E. 3. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
- E. 4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.
- E. 5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
- E. 6. Describe the role of social and community factors in both the onset and solution of public health problems.
- E. 7. Describe the merits of social and behavioral science interventions and policies.
- E. 8. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
- E. 9. Apply ethical principles to public health program planning, implementation and evaluation.
- E. 10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.

F. COMMUNICATION AND INFORMATICS The ability to collect, manage and organize data to produce information and meaning that is exchanged by use of signs and symbols; to gather, process, and present information to different audiences in-person, through information technologies, or through media channels; and to strategically design the information and knowledge exchange process to achieve specific objectives.

- F. 1. Describe how the public health information infrastructure is used to collect, process, maintain, and disseminate data.
- F. 2. Describe how societal, organizational, and individual factors influence and are influenced by public health communications.
- F. 3. Discuss the influences of social, organizational and individual factors on the use of information technology by end users.
- F. 4. Apply theory and strategy-based communication principles across different settings and audiences.
- F. 5. Apply legal and ethical principles to the use of information technology and resources in public health settings.
- F. 6. Collaborate with communication and informatics specialists in the process of design, implementation, and evaluation of public health programs.
- F. 7. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
- F. 8. Use information technology to access, evaluate, and interpret public health data.
- F. 9. Use informatics methods and resources as strategic tools to promote public health.
- F. 10. Use informatics and communication methods to advocate for community public health programs and policies.

G. DIVERSITY AND CULTURE The ability to interact with both diverse individuals and communities to produce or impact an intended public health outcome.

- G.1. Describe the roles of, history, power, privilege and structural inequality in producing health disparities.
- G. 2. Explain how professional ethics and practices relate to equity and accountability in diverse community settings.
- G. 3. Explain why cultural competence alone cannot address health disparity.
- G. 4. Discuss the importance and characteristics of a sustainable diverse public health workforce.
- G. 5. Use the basic concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.
- G. 6. Apply the principles of community-based participatory research to improve health in diverse populations.
- G. 7. Differentiate among availability, acceptability, and accessibility of health care across diverse populations.
- G. 8. Differentiate between linguistic competence, cultural competency, and health literacy in public health practice.
- G. 9. Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.
- G.10. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.

H. LEADERSHIP The ability to create and communicate a shared vision for a changing future; champion solutions to organizational and community challenges; and energize commitment to goals.

- H.1. Describe the attributes of leadership in public health.
- H. 2. Describe alternative strategies for collaboration and partnership among organizations, focused on public health goals.
- H. 3. Articulate an achievable mission, set of core values, and vision.
- H. 4. Engage in dialogue and learning from others to advance public health goals.
- H. 5. Demonstrate team building, negotiation, and conflict management skills.
- H. 6. Demonstrate transparency, integrity, and honesty in all actions.
- H. 7. Use collaborative methods for achieving organizational and community health goals.
- H. 8. Apply social justice and human rights principles when addressing community needs.
- H. 9. Develop motivating strategies for collaborative problem solving, decision-making, and evaluation.

I. PUBLIC HEALTH BIOLOGY The ability to incorporate public health biology – the biological and molecular context of public health – into public health practice.

- I.1. Specify the role of the immune system in population health.
- I. 2. Describe how behavior alters human biology.
- I. 3. Identify the ethical, social and legal issues implied by public health biology.
- I. 4. Explain the biological and molecular basis of public health.
- I. 5. Explain the role of biology in the ecological model of population-based health.
- I. 6. Explain how genetics and genomics affect disease processes and public health policy and practice.
- I. 7. Articulate how biological, chemical and physical agents affect human health.
- I. 8. Apply biological principles to development and implementation of disease prevention, control, or management programs.
- I. 9. Apply evidence-based biological and molecular concepts to inform public health laws, policies, and regulations.
- I. 10. Integrate general biological and molecular concepts into public health.

J. PROFESSIONALISM The ability to demonstrate ethical choices, values and professional practices implicit in public health decisions; consider the effect of choices on community stewardship, equity, social justice and accountability; and to commit to personal and institutional development.

- J.1. Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field.
- J. 2. Apply basic principles of ethical analysis (e.g. the Public Health Code of Ethics, human rights framework, other moral theories) to issues of public health practice and policy.
- J. 3. Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.
- J. 4. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.
- J. 5. Promote high standards of personal and organizational integrity, compassion, honesty and respect
- J. 6. Analyze determinants of health and disease using an ecological framework.
- J. 7. Analyze the potential impacts of legal and regulatory environments on the conduct of ethical public health research and practice.
- J. 8. Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.
- J. 9. Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.
- J. 10. Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies and organizations).
- J. 11. Value commitment to lifelong learning and professional service

K. PROGRAM PLANNING The ability to plan for the design, development, implementation, and evaluation of strategies to improve individual and community health.

- K.1. Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community health outcomes.
- K. 2. Describe the tasks necessary to assure that program implementation occurs as intended.
- K. 3. Explain how the findings of a program evaluation can be used.
- K. 4. Explain the contribution of logic models in program development, implementation, and evaluation.
- K. 5. Differentiate among goals, measurable objectives, related activities, and expected outcomes for a public health program.
- K. 6. Differentiate the purposes of formative, process, and outcome evaluation.
- K. 7. Differentiate between qualitative and quantitative evaluation methods in relation to their strengths, limitations, and appropriate uses, and emphases on reliability and validity.
- K. 8. Prepare a program budget with justification.
- K. 9. In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs.
- K. 10. Assess evaluation reports in relation to their quality, utility, and impact on public health.

L. SYSTEMS THINKING The ability to recognize system level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments.

- L. 1. Identify characteristics of a system.
- L. 2. Identify unintended consequences produced by changes made to a public health system.
- L. 3. Provide examples of feedback loops and “stocks and flows” within a public health system.
- L. 4. Explain how systems (e.g. individuals, social networks, organizations, and communities) may be viewed as systems within systems in the analysis of public health problems.
- L. 5. Explain how systems models can be tested and validated.
- L. 6. Explain how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health systems.
- L. 7. Illustrate measurement of changes in public health systems (including input, processes, output)
- L. 8. Analyze inter-relationships among systems that influence the quality of life of people in their communities.
- L. 9. Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels.
- L. 10. Analyze the impact of global trends and interdependencies on public health related problems.
- L. 11. Assess strengths and weaknesses of applying the systems approach to public health problems.

**ACCREDITATION
CRITERIA
PUBLIC HEALTH PROGRAMS**

AMENDED JUNE 2011



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Basis of Accreditation Review

CEPH Purpose and Procedures

The Council on Education for Public Health (CEPH) is the only independent agency recognized to accredit graduate schools of public health and graduate public health programs outside schools of public health. CEPH assists schools and programs in evaluating the quality of their instructional, research and service efforts, and grants accreditation to those schools and programs that meet its published criteria.

CEPH accreditation procedures are detailed in a separate manual, which should be used in conjunction with these criteria. A separate criteria document is published by CEPH for schools of public health.

Bases for Accreditation Criteria

Accreditation of institutions that prepare graduates for public health practice, as an area of specialized accreditation, is based on the unique functions that public health schools and programs perform in universities and health science centers. Their educational functions derive from the variety of functions performed by school and program graduates in the health and medical care system and in society. The goals of those professionals working “to enhance health in human populations, through organized community effort”¹ are to identify the totality of health problems and needs of defined populations, to consider mechanisms by which the needs may be met, and to assure services essential to protect and promote the health of populations.

The missions and goals of public health schools and programs focus on preparing individuals who will serve as practitioners, researchers and instructors who are competent to carry out broad public health functions in local, state, national and international settings.

For purposes of CEPH accreditation, excellence in education relates directly to proficiency in practice. By defining educational quality in terms of competence of the graduates of schools and programs reviewed for accreditation, CEPH criteria serve to link learning with application in practice or research settings. Graduates who prepare for practice in a defined professional specialty area should be ready, when granted their degrees, to begin professional careers with a level of competence appropriate to their education and previous experience, and to stay current with developments in public health and related fields. Graduates who prepare for research careers should be prepared to engage in research that addresses community-relevant public health questions.

¹ Definition adopted by CEPH, 1978

CEPH criteria for accreditation, as set out on the following pages, deal with both process and outcomes—the ends to be achieved through public health educational, research and service activities, the means used to achieve the desired ends and evaluation of the degree to which the desired ends are attained.

Characteristics of a Public Health Program

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

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

Criteria, Interpretations and Documentation

1.0 The Public Health Program

1.1 **Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.**

Interpretation. While each program must define its own mission, it is expected that all programs of public health will be guided by the broad mission of public health, which was defined by CEPH in 1978 as “enhancing health in human populations, through organized community effort.” Public health embraces an ecological approach that recognizes the interactions and relationships among multiple determinants of health. Thus, all programs of public health will be constituted as a consortium of disciplines, together addressing the health of the community through instruction, research and community service. It is further expected that all programs of public health, at a minimum, will prepare public health practitioners who have a prevention orientation and are able to identify and assess needs of populations; plan, implement and evaluate programs to address identified needs; and otherwise assure conditions that protect and promote the health of populations.

In addition, the program may define its mission to include other roles and functions, which derive from the purposes of its parent institution, reflect its own aspirations and are responsive to the changing health needs and demands of populations within the program’s defined service area(s). These factors may be important considerations in the program’s definition of its values. The mission, goals and objectives should reflect the program’s defined values.

The mission, goals and objectives must specifically identify what the program has proposed to accomplish through its public health instructional, research and service activities.

The mission, goals and objectives of a program should prescribe and limit the activities of the program in ways that permit both the rational allocation of resources and evaluation of outcomes. The goals and objectives should be the basis of the program’s evaluation activities. There should be clearly delineated relationships between the mission and goals and between the goals and objectives. Each program will be evaluated by CEPH based on its self-defined mission, goals and objectives.

Required Documentation. The self-study document should include the following:

- a. A clear and concise mission statement for the program as a whole.
- b. A statement of values that guides the program.
- c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.
- d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

- e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.
- f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.
- g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

1.2 Evaluation. The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

Interpretation. A public health program must undertake ongoing, well-documented, systematic, broad-based and integrated evaluation of its activities to determine its effectiveness in achieving its stated mission, goals and objectives. The results of this process must be regularly used to inform the program's planning and decision-making processes. A program must demonstrate how evaluation efforts contribute to quality enhancement of its programs and activities.

The program should have specific data collection mechanisms to provide information for the evaluation, which can be used to improve its management and planning. The program should engage its constituents, including community stakeholders, alumni, employers and the university, in evaluation to ensure the consideration of external contextual factors; a wide variety of methods for obtaining stakeholders' input is possible.

Accreditation, and the self-study process, is one, although not the only, method of evaluation for programs of public health. A program that pursues accreditation must undertake a self-study process that is reflective, thoughtful and analytical and that produces a candid assessment of the program's strengths and weaknesses in reference to accreditation criteria.

Like other evaluation activities, the self-study process should involve the program's institutional officers, administrative staff, faculty, student body, alumni and other significant constituencies, especially representatives from the public health community.

Required Documentation. The self-study document should include the following:

- a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

- b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.
- c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.
- d. 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, faculty, students, alumni and representatives of the public health community.
- e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. An accredited institution of higher education is one that is accredited by a regional accrediting agency recognized by the US Department of Education. When a public health program is sponsored by more than one institution and is operated as a single organizational unit, each parent university must be accredited by a regional accrediting agency. Regardless of whether only one parent university is the degree-granting institution, the organizational relationships with each participating institution shall be clearly defined and shall contribute to the integrity of the program.

Required Documentation. The self-study document should include the following:

- a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.
- b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.
- c. Description of the program's involvement and role in the following:
 - 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
- d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.
- 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.

- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

1.4 Organization and Administration. The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

Interpretation. Organization of the program should enhance the potential for fulfillment of its stated mission and goals. The administrative structure and resources should allow the program to carry out its instructional, research and service functions. The environment must be characterized by commitment to the integrity of the institution, including high ethical standards in operations, equity in its dealings with all constituents, support for the pursuit and dissemination of knowledge and accountability to its constituencies. The environment should create an interdisciplinary public health community that fosters learning, research and service.

Required Documentation. The self-study document should include the following:

- a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.
- b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.
- c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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.

Interpretation. Within the framework of the university's rules and regulations, program administration and faculty should have sufficient prerogatives to assure integrity of the program and to allow accomplishment of the program's stated mission, goals and objectives. Program faculty should have formal opportunities for input in decisions affecting admissions and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements. Where degrees are awarded to program students through the university's graduate school, program faculty should represent program views and interests in graduate school policy setting and decision making. Students should have formal methods to participate in policy making and decision making within the program.

Students should participate in appropriate aspects of governance including providing student perspectives on instruction, research and service opportunities, field experiences, and career counseling and placement procedures. Administrative mechanisms should permit appropriate

student involvement in program policy formulation and review. Standing and ad hoc committees, with explainable exceptions, should include student members.

Required Documentation. The self-study should include the following:

- a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.
- b. Identification of how the following functions are addressed within the program's committees and organizational structure:
 - general program policy development
 - planning and evaluation
 - budget and resource allocation
 - student recruitment, admission and award of degrees
 - faculty recruitment, retention, promotion and tenure
 - academic standards and policies, including curriculum development
 - research and service expectations and policies
- c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.
- d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.
- e. Description of student roles in governance, including any formal student organizations.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Program financial resources shall be sufficient to achieve the program's mission, goals and objectives. Financial support must be adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees, and must adequately support the program's ongoing operation.

Required Documentation. The self-study document should include the following:

- a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description 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 the fiscal resources available to the program.

- 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, whichever 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 a table format as appropriate to the program. See CEPH Data Template 1.6.1.
- 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.
- d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

1.7 Faculty and Other Resources. The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

Interpretation. Program resources shall be sufficient to achieve the program's mission, goals and objectives. These include personnel (faculty, administration and staff), offices, classrooms, library facilities and holdings, laboratories, computer facilities, field experience sites and other community resources that facilitate partnerships with communities to conduct instruction, research and service.

Adequate faculty resources are critical to the development and sustenance of a public health program. A critical mass of faculty is necessary to support each MPH degree offered, including generalist degrees. While instructional resources may be drawn from other parts of the university and from professionals in practice settings and the community, there must be primary faculty to sustain the curricular requirements for each specialty. To assure a broad ecological perspective, the faculty complement will need to represent various public health disciplines, regardless of the size of the student body.

The size of the faculty complement in relation to the size of the student body should support and encourage effective and regular student/faculty interactions. An appropriate student/faculty ratio (SFR) depends on a number of factors, including the nature of the institution, the range of instructional responsibilities (bachelor's, master's and doctoral) and instructional intensity (eg, didactic material, laboratory supervision, practical experiences, electronic methodologies). Public health instruction is labor intensive and will generally require low SFRs. For graduate education, the SFR should typically be 10:1 or lower. The program's mission and curriculum add context that may make a lower SFR necessary. Both the student headcount (HC) and the student full-time equivalent (FTE) are relevant to the consideration of adequacy of the SFR. For bachelor's degrees in accredited public health programs, the SFR should 1) be adequate for the number of

students, 2) be adequate for the specific curricular goals and methods of delivery and 3) demonstrate consistency with normal and acceptable ratios for other baccalaureate programs within the institution.

An accredited public health program must have at least three primary faculty for each concentration offered and for a generalist degree, if offered. If the program also offers a doctoral degree in any concentration area within the unit of accreditation, then the minimum faculty requirement rises: the program must have five primary faculty in each concentration area that includes both master's and doctoral degrees.

Collaborative programs are subject to the same minimum faculty requirements. Each concentration offered must be supported by the requisite number of faculty members, although faculty may be drawn from multiple institutions to support a single concentration, when appropriate but, typically, the minimum number of faculty may not be sufficient.

Primary faculty are full-time university employees. Primary faculty spend a majority of time/effort (.50 FTE or greater) on activities associated with the public health program. These activities must include regular responsibility for a public health class or classes. Research and service effort should be included in the FTE if the project impacts the public health program and its students.

Adjunct faculty whose primary appointment is elsewhere (eg, at a local health department) are not eligible to count as primary faculty, regardless of their level of commitment to the program, nor are individuals whose appointment at the university is less than full-time. Faculty with nine-month contracts may constitute primary faculty if nine-month contracts are usual practice at the university.

Overall adequacy of resources relates to the ability of the program to assure the continuity of its degree programs and meet its commitments to students and other constituents. The probable stability of resources is a factor in evaluating resource adequacy.

Required Documentation. The self-study document should include the following:

- a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.
- b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including

other faculty. 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 Criteria 4.1.a. (Template 4.1.1) and 4.1.b (Template 4.2.2).

- c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.
- d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.
- e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.
- f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.
- g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.
- h. A concise statement of any other resources not mentioned above, if applicable.
- i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.
- j. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

1.8 Diversity. The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

Interpretation. Recognizing that graduates of public health programs may be employed anywhere in the world and work with many different populations, programs should provide a learning environment that prepares their students with broad skills regarding diversity and cultural competence, within the context of their own institution's mission statement. Systematic, coherent and long-term efforts to incorporate elements of diversity are expected at all levels including faculty, staff, students, curriculum, research and service. Programs can accomplish these aims through a variety of practices including incorporation of diversity and cultural competency considerations in the curriculum; recruitment/retention of faculty, staff and students; policies that are free of harassment and discrimination; reflection in the types of research conducted; and cultural considerations in service or workforce development activities.

Cultural competence, in this context, refers to skills for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite skills include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences. Reflecting on the public health context, recognizing that cultural

differences affect all aspects of health and health systems, cultural competence refers to the skills for recognizing and adapting to cultural differences. Each program must define these terms in its own context.

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status.

CEPH understands that the definition of diversity in international settings, as well as the ability to track such data, differs greatly from that in the United States. This does not, however, relieve international institutions from the obligation to demonstrate efforts and outcomes related to diversity and cultural competency.

Required Documentation. The self-study document should include the following:

- a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:
 - i. Description of the program's under-represented populations, including a rationale for the designation.
 - ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.
 - iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.
 - iv. Policies that support a climate for working and learning in a diverse setting.
 - v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.
 - vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.
 - vii. Policies and plans to recruit, develop, promote and retain a diverse staff.
 - viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.
 - ix. Regular evaluation of the effectiveness of the above-listed measures.
- b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.
- c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.
- d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

- e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.0 Instructional Programs

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

Interpretation. The program shall offer the Master of Public Health (MPH), the primary professional public health degree. Other master's degrees (eg, MHS, MSPH, MS in industrial hygiene) also designate preparation for professional practice in a community setting and are considered to be equivalent professional master's degrees. All equivalent professional master's degrees are expected to meet the same curricular requirements as the MPH. A program may offer other degrees as well, including bachelor's and doctoral degrees, if these are consistent with its stated mission and if it has the additional resources needed to do so.

A degree program, sometimes referred to as a program of study, course of study or curriculum, is a series of planned and evaluated learning experiences that constitute the total requirements for the award of a degree. The program of study for each concentration, specialization or track within each degree, and for tracks designated as "generalist," shall provide sufficient depth of training in the designated area through required coursework and other experiences.

CEPH categorizes graduate degree programs as professional or academic. A professional degree is one that, based on its learning objectives and types of positions its graduates pursue, prepares students with a broad mastery of the subject matter and methods necessary in a field of practice; it typically requires students to develop the capacity to organize, analyze, interpret and communicate knowledge in an applied manner. A research or academic degree program is one that, based on its learning objectives and the paths its graduates follow, prepares students for scholarly careers, particularly in academia and other research settings; it typically prepares students to investigate, acquire, organize, analyze and disseminate new knowledge in a discipline or field of study.

CEPH does not categorize baccalaureate public health degrees as academic or professional; all baccalaureate public health degrees included in the unit of accreditation are subject to the same

minimum requirements as defined in Criterion 2.8. Public health bachelor's degrees may include BSPH degrees and bachelor of arts and bachelor of science degrees in environmental health, health education and other public health fields.

A public health program may offer a course of study to provide the student with a sound academic background in order to practice competently as a generalist in public health or may offer one or more courses of study in selected areas of basic public health knowledge or closely-related areas, sufficient to constitute an area of specialization. Depth of training requires a critical mass of faculty and sufficient advanced-level courses to support the areas of specialization. "Generalist" degrees must also be defined and supported with sufficient advanced-level courses.

The program is the unit of CEPH accreditation and it is the responsibility of the program to define what degree programs are included within that unit. All MPH degree programs offered by the institution, in all areas of specialization and including those offered in a format other than regular on-site course sessions (eg, distance learning, executive) must be presented for accreditation review. Additional degrees, such as bachelor's or doctoral degrees, may be reviewed for accreditation if defined by the program as part of the unit.

Required Documentation. The self-study document should include the following:

- a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's 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 for all graduate degrees offered and should 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. See CEPH Data Template 2.1.1.
- b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.
- c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Degree programs must conform to commonly accepted standards regarding program length and objectives of the credentials. The MPH degree normally takes two years of full-time study, or the equivalent of 42 semester credit units or 56 quarter credit units. Student credit units may vary from institution to institution and program format may influence the duration of the course of study.

Required Documentation: The self-study document should include the following:

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

- b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.
- c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.
- d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.3 Public Health Core Knowledge. All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

The areas of knowledge basic to public health include the following:

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;

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;

Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Interpretation. Concepts and competencies from these five areas must be integrated into all professional public health degree curricula, including those offered at the master's and doctoral levels. Programs may define the public health core requirements more broadly than this, depending on the mission of the program and the competencies it establishes for its graduates. At a minimum, the five core areas constitute the intellectual framework through which public health professionals in all specializations approach problem solving.

Required Documentation. The self-study document should include the following:

- a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in 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. See CEPH Data Template 2.3.1.

- b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. The program must provide opportunities for professional public health degree students at the master's and doctoral levels to apply the knowledge and skills being acquired through their courses of study. Practical knowledge and skills are essential to successful practice. A planned, supervised and evaluated practice experience is an essential component of a professional public health degree program. These opportunities can take place in a variety of agencies and organizations and should include local and state public health agencies to the extent possible and appropriate. Opportunities may also include those in appropriate local, state, national and international non-governmental agencies and organizations. An essential component of the practice experience is supervision by a preceptor qualified to evaluate the professional competence of the student. Programs must have well-defined learning objectives, procedures and criteria for evaluation of the practice experience. Individual waivers, if granted, should be based on well-defined criteria; the possession of a prior professional degree in another field or prior work experience that is not closely related to the academic objectives of the student's degree program should not be sufficient reason for waiving the practice requirement.

While there are advantages to a practice placement conducted full-time in a concentrated block of time, this is not always possible for students. Programs should be sensitive to the constraints of students and may develop alternative modes for providing practice experiences. If the student can do a placement only in his or her regular place of employment, the assignment must extend beyond or be something other than his or her regular work duties and allow application of the knowledge and skills being learned. There should be regular assessment and evaluation of practice placement sites and preceptor qualifications.

Residents in preventive medicine, occupational medicine, aerospace medicine and public health and general preventive medicine completing their academic year in the program may count their practicum year, accredited by the Accreditation Council for Graduate Medical Education, as the required practice experience for the MPH program.

Required Documentation. The self-study document should include the following:

- a. Description of the program's policies and procedures regarding practice placements, including the following:
 - selection of sites
 - methods for approving preceptors
 - opportunities for orientation and support for preceptors

- approaches for faculty supervision of students
 - means of evaluating student performance
 - means of evaluating practice placement sites and preceptor qualifications
 - criteria for waiving, altering or reducing the experience, if applicable
- b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.
 - c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.
 - d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.
 - e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. A culminating experience is one that requires a student to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspect of professional practice. It must be used as a means by which faculty judge whether the student has mastered the body of knowledge and can demonstrate proficiency in the required competencies. Many different models are possible, including written or oral comprehensive examinations, applied practice projects, a major written paper such as a thesis or an applied research project, development of case studies, capstone seminars and others. Each professional public health degree program, whether at the master's or doctoral level, must require a culminating experience.

In those instances when the practice experience is closely linked with the culminating experience, it is essential that these assignments be planned and implemented to assure that the student applies skills from across the curriculum and demonstrates synthesis and integration of knowledge. A major project or analytical paper would, in most cases, be a component of the culminating experience. The evaluation of the practice experience takes on special significance when it is linked to the culminating experience.

Required Documentation. The self-study document should include the following:

- a. Identification of the culminating experience required for each professional public health 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.
- b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree programs at all levels (bachelor's, master's and doctoral).

Interpretation. Competencies define what a successful learner should know and be able to do upon completion of a particular program or course of study. These statements describe in measurable terms the knowledge, skills and abilities a successful graduate will demonstrate at the conclusion of the program. The relationship between competencies and learning objectives (the incremental learning experiences at the course and experiential levels that lead to the development of the competencies) should be explicit and aligned with the program's mission, goals and objectives.

The agreement about competencies and the articulation of learning objectives through which competencies are achieved are central to the educational process. Given that competencies define the nature and content of a program and establish explicit student expectations, they should be widely available to students and prospective students, for example, on the program's website, syllabi and/or in student handbooks. Competencies should guide the curriculum planning process and should be the primary measure against which student achievement is measured. Required competencies may change over time as practice changes and/or knowledge and research areas evolve. A program should periodically assess changing needs to ensure the continued relevance of its curricula.

A program may develop its own competencies or may subscribe to competencies that have been promulgated by recognized public health organizations that demonstrate an understanding of public health practice needs. In professional areas where competencies exist, programs should review, adapt and/or modify them, as appropriate and necessary, and use them to inform competency development efforts.

Required Documentation. The self-study document should include the following:

- a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).
- b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.
- c. A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the

program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

- d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.
- e. Description of the manner in which competencies are developed, used and made available to students.
- f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.
- g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

Interpretation. A public health program shall award or recommend the award of a degree only when the student has demonstrated mastery of necessary theories, concepts and content, and demonstrated competence in the skills defined in the competencies. Procedures for measuring attainment of competencies may include evaluation of performance in practice placements, written project reports or theses, comprehensive examinations and professional credentialing examinations, as examples. Neither grades alone nor the successful completion of a set of required courses should be considered sufficient evidence that a student has mastered the necessary content or demonstrated proficiency in the application of skills. A curriculum is more than a set of required courses. Judgment about the success of an individual student in achieving the competencies should include an assessment about the student's ability to select theories, methods and techniques from across the content matter of a field, to integrate and synthesize knowledge and to apply it to the solution of public health problems. The manner in which this assessment is done may differ between professional and academic programs, among degrees and among specializations.

Programs should be taking steps to ensure graduation rates as high as the program can reasonably attain, but no lower than 70% for baccalaureate and master's degrees and 60% for doctoral degrees. If the program cannot demonstrate graduation rates that meet or exceed these thresholds, the program must demonstrate that its graduation rates are higher than the average graduation rates for other degrees at the same level offered by the institution.

Job placement rates must also be monitored and should also be as high as the program can reasonably attain, but no lower than 80% by degree for those graduates who can be located. If the program cannot demonstrate job placement rates that meet or exceed this threshold, the program must demonstrate that its job placement rates are higher than the average job placement rates for other degrees at the same level offered by the institution. Note: "job

placement” includes both employment and pursuit of additional education through enrollment in educational or training programs.

Required Documentation. The self-study document should include the following:

- a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.
- b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.
- c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.
- d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.
- e. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.8 Bachelor's Degrees in Public Health. If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic,

quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

Interpretation. A program shall have sufficient faculty expertise to support the development and implementation of public health bachelor's degree programs. This criterion does not define a minimum number of total credit hours that are required for the baccalaureate degree, but the number and structure of credit hours must be congruent with other baccalaureate degree programs in the institution. Programs should recognize that delivering public health bachelor's degree programs may require additional or specialized resources in areas such as advising and career counseling, as compared to graduate professional public health degrees.

Required Documentation. The self-study document should include the following:

- a. Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.
- b. Description of specific support and resources available in the program for the bachelor's degree programs.
- c. Identification of required and elective public health courses for the bachelor's degree(s).
Note: The program must demonstrate in Criterion 2.6.c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).
- d. A description of program policies and procedures regarding the capstone experience.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Because public health programs must provide an interdisciplinary learning environment, students pursuing academic health degrees should acquire a broad public health orientation, as well as depth of education in a specific discipline. Given that these degree programs prepare students who may become public health faculty, as well as prepare researchers who will be expected to work in multidisciplinary settings, the curricula should facilitate a broad public health perspective. Opportunities for cross-disciplinary work should be afforded to all academic students.

Students in academic curricula should be familiar with the basic principles and application of epidemiology and should develop competence in other areas of public health knowledge that are particularly relevant to their own disciplines. Ensuring that students are familiar with and competent in public health areas outside the concentration will require at least the equivalent of three semester-credit hours of instruction that introduces students to the breadth of public health and at least the equivalent of three semester-credit hours of instruction in epidemiology. If the program can document that an academic degree student has completed these two requirements for a previous graduate degree, then the program may waive the requirement for the student.

While opportunities to engage in research activities are important for all students, they are essential for students in academic or research curricula. Such opportunities are possible only when faculty themselves are actively engaged in research.

All academic degrees, at the master's or doctoral level, should culminate in an integrative activity that permits the student to demonstrate the ability to successfully undertake research or to demonstrate analytical skills appropriate for the pursuit of further education or scholarship.

Required Documentation. The self-study document should include the following:

- a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.
- b. Identification of the means by which the program assures that students in academic 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.
- c. Identification of the culminating experience required for each academic 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.
- d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. A public health program may offer doctoral degrees if it has faculty expertise, availability of advanced-level courses and active research sufficient to support the development

and offering of doctoral degree curricula. These curricula must meet CEPH's requirements for professional or academic degrees, as appropriate.

Establishment of an accreditable doctoral program is contingent on the establishment and support of sufficient advanced-level coursework within the program. Doctoral programs must not rely extensively on master's-level courses but should have courses that are specifically developed for, and have learning objectives targeted toward, doctoral students. To attract strong doctoral students and to provide all students with a quality education, programs must ensure that doctoral courses are available beyond those associated with the master's degree, such that a student completing an MPH at the program would have ample additional coursework available if he or she were to remain at the institution for doctoral study.

The accreditation criteria do not define a minimum number of post-master's credit hours associated with the degree. The Council expects, however, that credit requirements will fall within the range typical of the discipline. It is especially important that programs clearly explain and document the proportion of total doctoral credits required in post-master's degree didactic coursework and how many credits are allocated to exams and to the dissertation or thesis and related research. In total, many successful academic doctoral programs require at least 50-60 semester credits of didactic coursework. In total, successful professional doctoral programs typically require between 30-50 semester credits of didactic coursework, plus practice experience, exams and a professional project or dissertation.

Required Documentation. The self-study document should include the following:

- a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.
- b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.
- c. Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.
- d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Public health programs, in cooperation with other degree-granting units in the institution, may offer joint, coordinated, concurrent or dual degrees, such as the MD/MPH, MBA/MPH and MPH/MSW. For the purposes of these criteria, all of these terms are synonymous and refer to programs of study that the program advertises to students as allowing

them to complete a public health degree along with, or in concert with, a second, separate degree program.

The required curriculum of the public health component of these joint degrees must be comparable to the curriculum in the separate public health degree. Any “course sharing” that allows courses or other experiences from the non-public-health degree to replace courses that would otherwise be required for a separate public health degree must be identified and supported by a competency-based analysis. Thus, the program must document that the curriculum for a joint degree addresses all of the competencies associated with the standalone public health degree.

Required Documentation. The self-study document should include the following:

- a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.
- b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.
- c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. A program of study may be delivered through various models and may use a wide range of learning technologies. Distance education or executive degree programs are those that are offered in a format or design that differs significantly from the established approach of students attending regular on-site course sessions spread over a semester, quarter or other standard term. The occasional use of sophisticated communications technologies in a regular program format need not be included in this section.

A degree program offered in a distance or executive format is a curriculum or course of study that is flexibly structured to meet the needs of a student population and that leads to the award of a degree. There is great variation in these models but generally they are designed to accommodate the needs of employed professionals (or part-time students) who cannot pursue a course of study in a standard, in-residence time frame or format. Most often, accommodations are introduced in terms of time, location or method of delivery. Executive or extended degree programs, for example, may be offered in concentrated blocks of time during the summer or throughout the academic year. They may be offered in locations distant from the main campus of the institution that awards the degree. Distance education may be offered in innovative formats, taking advantage of advanced technology such as interactive television, computer-assisted learning and other contemporary learning methods.

Innovative means of offering public health degree programs and thereby upgrading the qualifications of the public health workforce are encouraged, particularly those models that respond to the needs of mid-career working public health professionals. Programs that do so, however, must plan, implement and evaluate these degree programs, consistent with principles of good practice regarding adult learning. While format and structure of the learning experiences must be appropriate to the adult student, academic rigor must be comparable regardless of the format and structure. Academic rigor takes into consideration such factors as the qualifications of the instructor, institutional approval and review processes, and congruence between degree of complexity and the level of the degree.

While CEPH supports innovative delivery modes, including distance learning modalities, institutions that pursue them must demonstrate adequate faculty support, adequate faculty/student and student/student interaction, successful integration of supervised and evaluated practice experiences, continuity of support to sustain the degree programs and a commitment to evaluate the learning model. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

Additionally, the program must verify the identity of a student who participates in class or coursework by using, at the option of the institution, methods such as a secure login and pass code; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. The program must notify students in writing that it uses processes that protect student privacy and must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Required Documentation. The self-study document should include the following:

- 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 in Criterion 2.1.a may be referenced for this purpose.
- 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 methods.

- c. Description of the processes that the program uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.
- d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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.

Interpretation. The research program shall be consistent with the program's stated mission and goals and should complement learning objectives stated for the program's instructional programs. The program should provide an environment that is conducive to research and scholarly inquiry by all faculty. Such endeavors may involve basic and applied topics and appropriately include research aimed at improving the practice of public health. Opportunities should be available for students who would benefit from research experiences, whether or not such is required as a part of the curricula.

Required Documentation. The self-study document should include the following:

- a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.
- b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.
- c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), 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. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.
- 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. See CEPH Outcome Measures Template.

- e. Description of student involvement in research.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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.

Interpretation. The program's service activities should contribute to the fulfillment of its stated mission and goals and should complement learning objectives. Because the community is the site where public health is implemented, effective linkages with organizations and agencies in the community are essential to the success of the program in meeting its overall objectives. As a consequence, faculty should be actively involved with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and competence. There should, as well, be effective ways for the community to participate in the work of the program, including assessing the relevance of curricula, participating in instruction and evaluating the effectiveness of the program. The service activities may relate to local, regional, national and international opportunities and needs.

Opportunities to engage in service should be available to all students, regardless of curricular requirements. The program should offer opportunities for students to cultivate professionalism and conscious responsibility toward the profession and the goals of public health through service to communities, agencies, underserved populations and organizations. The primary educational function of a program is the preparation of well-qualified public health professionals, and this takes place not only through courses and degree programs but also through service-based interactions with faculty.

Service is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research. Participation in internal university committees is not within the definition of this section. Service as described herein refers to contributions of professional expertise to the public, including professional practice. While these activities may generate revenue, the value of service is not measured in financial terms.

Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; and serving as members of community-based organizations, community advisory boards or other groups.

For purposes of reporting in the self-study, the program must distinguish service efforts from research or training/continuing educational efforts; elements should not be reported in multiple

sections without distinction. For example, a single funded project might contain elements of both research and service: eg, implementation of a community-based program (service) and evaluation of the program (research). In the self-study, the program should make these distinctions explicit to allow for review of research, service and workforce development without confusion.

Required Documentation. The self-study document should include the following:

- 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.
- b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.
- c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.
- d. 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. See CEPH Outcome Measures Template.
- e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

3.3 Workforce Development. The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

Interpretation. Although the primary educational function of a public health program is the preparation of qualified professionals, a program should also address the needs of the large numbers of personnel engaged in public health practice without formal training and previously trained professionals who seek to maintain and advance their knowledge and skills. Assessment of professional needs should be undertaken periodically in public health settings and short-term programs should be developed and made available in easily accessible locales and formats. Programs should collaborate with other institutions that train or employ public health personnel to assess workforce needs and extend continuing education opportunities beyond the program's own market area.

The growth in certificate programs, both as an organized course sequence to supplement a degree program and as an independent sequence of courses to upgrade skills of non-degree

students, is a positive development for the field of public health practice. If a program offers certificate programs, it should assure adequate academic oversight, appropriate faculty qualifications and credentials, truth in advertising and appropriate quality assurance mechanisms.

If the program offers certificate programs, these shall be well defined, accurately described in promotional materials and responsive to identified professional needs. If academic credits earned for the certificate can subsequently be applied to degree requirements, the conditions and limitations for such application should be defined and shared with prospective students at the time of admission to the certificate program.

If the program offers non-degree distance learning opportunities, these shall be responsive to identified professional needs and assure appropriate technological support. Non-degree offerings, regardless of format, should be regularly evaluated.

Required Documentation. The self-study document should include the following:

- a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.
- b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie, optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.
- c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.
- d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.
- e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.
- f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

4.0 Faculty, Staff and Students

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

Interpretation. Faculty adequacy relates to a number of factors, including those stated above. The faculty of a public health program must draw broadly from the many disciplines that contribute substantially to public health and must, in particular, be able to support the instructional concentrations the program elects to offer. The full- and part-time faculty referenced in Criterion 1.7 who support each concentration area must be trained and experienced in disciplines appropriate to their instructional, research and service activities. The primary faculty may be complemented by faculty from other parts of the university as well as individuals from the community.

Faculty should teach and supervise student research and practice experiences in areas of knowledge with which they are thoroughly familiar and qualified by education and experience. To assure a broad public health perspective, in spite of increasing specialization in the field of public health, there should be faculty who have professional experience and have demonstrated competence in public health practice. To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, programs should regularly involve public health practitioners and other individuals involved in public health work through such arrangements as adjunct and part-time faculty appointments and use as preceptors. Programs should also encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

Required Documentation. The self-study document should include the following:

- 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*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1.

*Note: classification refers to alternative appointment categories that may be used at the institution.

- b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program. See CEPH Data Template 4.1.2.
- 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. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.
- d. Identification of measurable objectives by which the program assesses 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. See CEPH Outcome Measures Template.

- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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.

Interpretation. Policies, procedures and operational guidelines related to conditions of employment should be established and available to all faculty. Procedures should provide for fair and equitable treatment of faculty and should be consistently applied. Criteria for advancement should reflect the program's mission and goals. The program should provide opportunities to enhance the instructional capabilities of faculty and otherwise support their professional growth and development. If the program makes part-time, adjunct, clinical or other classes of faculty appointments, the responsibilities and privileges of these categories should be made explicit. Service to the community should be seen as a significant contribution in promotion and tenure deliberations. Procedures for evaluating faculty competence and performance, particularly in the area of instruction, should be in place and consistently applied.

Required Documentation. The self-study document should include the following:

- a. A faculty handbook or other written document that outlines faculty rules and regulations.
- b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.
- c. Description of formal procedures for evaluating faculty competence and performance.
- d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. A public health program should seek individuals who have the educational prerequisites, interest and motivation for undertaking and advancing in public health careers, consonant with the program's stated mission, goals and objectives. Admission procedures and policies should emphasize public health experience as an important factor when considering applicants.

Catalogs and bulletins used by the program to describe its educational offerings must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment

literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Required Documentation. The self-study document should include the following:

- a. Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.
- b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.
- c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, 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.
- d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.
- e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE 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 degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.
- f. Identification of measurable objectives 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. See CEPH Outcome Measures Template.
- g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

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

Interpretation. Each student enrolled in the program should have access, from time of enrollment, to advisors who are knowledgeable about the program's curricula overall and about specific courses and programs of study. Orientation, including written documentation, should be provided for all entering students. Career and placement counseling should be available to students. Advisors should be sensitive to the differing needs of students in regard to career and placement counseling.

Required Documentation. The self-study document should include the following:

- a. Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.
- b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.
- c. Information about student satisfaction with advising and career counseling services.
- d. 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 and/or student grievances submitted for each of the last three years.
- e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Templates for Data Presentations

CEPH developed data templates in an effort to simplify and standardize the program's approach to self-study documents. We realize that due to the uniqueness of each program, there may be instances in which certain data presentations may need to be modified from the format we have provided. Content for the templates is included in appropriate locations throughout the document. While the format of the tables may change so that they are more appropriate to the program, the data required, as outlined throughout the document, must be provided. Templates are available for download at www.ceph.org.

Appendix H: Pro Forma Budget

Senate Budget Review Committee Note: Two existing faculty within Health Sciences will contribute to teaching classes within the MPH program at no additional cost to the program beyond Year One.

School or College Name
Program Name
Fiscal Year
Fund Number

Proforma Income Statement
Program Title
Program Type (New, INC, CRCE, MUC)
Fiscal Year
Incremental Analysis
Fund Number

Masters in Public Health					
New					
	Year 1	Year 2	Year 3	Year 4	Year 5

Revenue Variables:						
Headcount		10	22	27	33	36
Number of Sections @ 2 cr		0	0	0	0	0
Number of Sections @ 3 cr		0	0	0	0	0
Number of Sections @ 4 cr		6	11	11	11	11
Number of Sections @ other		0	0	0	0	0
Total Credit Hours		240	488	600	732	792
Undergraduate		0	0	0	0	0
Graduate		240	488	600	732	792
Doctoral		0	0	0	0	0
UG FYES		0	0	0	0	0
Graduate FYES		10	20.33333333	25	30.5	33
Doctoral FYES		0	0	0	0	0
Total FYES		10	20.33333333	25	30.5	33
Tuition Rate Per Credit Hour						
Undergraduate		\$ -	\$ -	\$ -	\$ -	\$ -
Graduate		\$ 595.25	\$ 595.25	\$ 595.25	\$ 595.25	\$ 595.25
Enrollment Fees per Semester		\$ -	\$ -	\$ -	\$ -	\$ -
Other Fees		\$ -	\$ -	\$ -	\$ -	\$ -
Revenue						
Tuition		\$ 142,860.00	\$ 290,482.00	\$ 357,150.00	\$ 435,723.00	\$ 471,438.00
Enrollment Fees		\$ -	\$ -	\$ -	\$ -	\$ -
Course Fees		\$ -	\$ -	\$ -	\$ -	\$ -
Other Fees		\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenue		\$ 142,860.00	\$ 290,482.00	\$ 357,150.00	\$ 435,723.00	\$ 471,438.00
Expenses	ACCT					
Salaries/Wages						
Faculty Salaries	6101	\$ -	\$ 65,000.00	\$ 130,000.00	\$ 195,000.00	\$ 195,000.00
Visiting Faculty	6101	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative	6201	\$ 33,750.00	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00
Clerical	6211	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative - IC	6221	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00
Faculty Inload (Replacement Costs)	6301	\$ 11,173.00	\$ -	\$ -	\$ -	\$ -
Faculty Overload	6301	\$ -	\$ -	\$ -	\$ -	\$ -
Part-time Faculty	6301	\$ -	\$ -	\$ -	\$ -	\$ -
Graduate Assistant	6311	\$ 10,264.00	\$ 10,264.00	\$ 10,264.00	\$ 10,264.00	\$ 20,528.00
Wages	6401	\$ -	\$ -	\$ -	\$ -	\$ -
Out of Classification	6401	\$ -	\$ -	\$ -	\$ -	\$ -
Overtime	6401	\$ -	\$ -	\$ -	\$ -	\$ -
Student	6501	\$ -	\$ -	\$ -	\$ -	\$ -
Total Salary Expenses		\$ 67,187.00	\$ 132,264.00	\$ 197,264.00	\$ 262,264.00	\$ 272,528.00
Fringe Benefits	6701	\$ 21,361.34	\$ 48,402.00	\$ 74,649.00	\$ 100,896.00	\$ 100,896.00
Total Salary and Fringe Benefits		\$ 88,548.34	\$ 180,666.00	\$ 271,913.00	\$ 363,160.00	\$ 373,424.00
Operating Expenses						
Supplies and Services	7101	\$ 15,000.00	\$ 10,000.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00
Graduate Assistant Tuition	7101	\$ 19,048.00	\$ 19,048.00	\$ 19,048.00	\$ 19,048.00	\$ 38,096.00
Facility Charges	7101	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	7201	\$ 5,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
Telephone	7301	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
Equipment	7501	\$ 7,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Library	7401	\$ 7,416.00	\$ 6,730.00	\$ 7,117.00	\$ 7,532.00	\$ 7,976.00
Total Operating Expenses		\$ 53,564.00	\$ 42,878.00	\$ 40,765.00	\$ 41,180.00	\$ 60,672.00
Total Expenses		\$ 142,112.34	\$ 223,544.00	\$ 312,678.00	\$ 404,340.00	\$ 434,096.00
Net Income/Loss		\$ 747.66	\$ 66,938.00	\$ 44,472.00	\$ 31,383.00	\$ 37,342.00
Percentage of Expenses to Tuition		0.994766485	0.769562314	0.87548089	0.927974883	0.920791281

Appendix I: Abbreviated Faculty Vitae

<p>Faculty Name: Patricia A. Wren Title: Associate Professor & Program Director School: SHS</p>	<p>Office: 3098 Human Health Building</p>	<p>Office Phone: X8664 Office Email: wren@oakland.edu</p>
<p>Degrees-School-Year</p>		
<p>PhD Education-University of Michigan; 1999 MPH Health Behavior and Health Education - University of Michigan; 1992 BA Political Science – DePaul University; 1986</p>	<p>Research Interests</p> <ul style="list-style-type: none"> • Quality of life • Survey design • Patient-centered outcomes 	
<p>Grants Awarded Co-Investigator, “Preparations for In-Home Testing of Brain-Computer Interfaces Operating Assistive Technology,” National Institute on Disability and Rehabilitation Research, U.S. Department of Education, 2009-2012. PI, Jane Huggins, PhD; \$605,995. Co-Principal Investigator, “GRASP – Grizzlies Response: Awareness and Suicide Prevention.” Garret Lee Smith Suicide Prevention grant, Substance Abuse and Mental Health Services Administration, 2012-2015. PI, Michael MacDonald, PhD; \$612,000.</p>		
<p>Most Recent Publications (limit to 6) Waljee AK, Joyce JC, Wren PA, Khan TM and Higgins PDR (2009). Patient reported symptoms during an ulcerative colitis flare: A qualitative focus group study. <i>European Journal of Gastroenterology & Hepatology</i>. 21(5):558-564. Wren PA, Musch DC, Janz NK, Niziol LM, Guire KE, Gillespie BW for the CIGTS Study Group (2009). Contrasting the use of two vision-specific quality of life questionnaires in subjects with open-angle glaucoma. <i>Journal of Glaucoma</i>. 18(5):403-411. Knittel AK, Wren PA, and Gore L (2010). Lessons learned from a peri-urban needle exchange. <i>Harm Reduction Journal</i>. 7:8. Huggins JE, Wren PA, and Gruis KL (2011). What would brain-computer interface users want? Opinions and priorities of potential users with amyotrophic lateral sclerosis. <i>Amyotrophic Lateral Sclerosis</i>. 12(5):318-324. Gruis KL, Wren PA, and Huggins JE (2011). Amyotrophic lateral sclerosis patients’ self-reported satisfaction with assistive technology. <i>Muscle & Nerve</i>. 43(5):643-647. Zilliox L, Peltier AC, Wren PA, Anderson A, Smith AG, Singleton JR, Feldman EL, Alexander NB, and Russell JW (2011). Assessing autonomic dysfunction in early diabetic neuropathy: The Survey of Autonomic Symptoms. <i>Neurology</i>. 76(12):1099-1105.</p>		

<p>Graduate Courses Taught (relevant to new degree)</p> <p>Community and Public Health Techniques of Survey Research Psychosocial Aspects of Research Program Evaluation in Health Education Materials and Methods in Health Education Programs</p>	<p>Prospective Graduate Courses (relevant to new degree)</p> <p>Foundations of Health Behavior & Health Education</p>
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<p>Faculty Name: Florence J. Dallo</p> <p>Title: Assistant Professor</p> <p>School: SHS</p>	<p>Office: 3148 Human Health Building</p>	<p>Office Phone: X8679</p> <p>Office Email: dallo@oakland.edu</p>
<p>Degrees-School-Year</p>		
<p>PhD Preventive Medicine & Community Health-University of Texas Medical Branch; 2004</p> <p>MPH Epidemiology-University of Michigan; 1999</p> <p>BS Biology-University of Michigan;1996</p>	<p>Research Interests</p> <p>Arab and Chaldean Americans:</p> <ul style="list-style-type: none"> • physical health • mental health • health care access and utilization • refugee health 	
<p>Grants Awarded:</p> <p>Dallo, FJ & Fakhouri M. (2012). <i>A Health Profile of Arab Americans in Michigan: A Novel Approach to using a Hospital Administrative Database</i>. OU-Beaumont Multidisciplinary Research Award: \$20,000.</p> <p>Dallo, FJ & Kridli S. (2011). <i>Church Health Fairs: A Strategy to Improve Wellness and Health Promotion in the Chaldean American Community</i>. Oakland University: Collaborative Research Award, School of Health Sciences/School of Nursing: \$2,250.</p> <p>Dallo, FJ. (2011). <i>A Health Profile of Refugees from the Middle East</i>. Oakland University: Prevention Research Center, School of Health Sciences: \$5,000.</p> <p>Dallo, FJ. (2012). <i>Serious psychological distress: Ethnic heterogeneity among foreign-born non-Hispanic whites</i>, School of Health Sciences: \$2,500.</p>		
<p>Most Recent Publications (limit to 6)</p> <p>Billmeier TM, Dallo FJ (2010). Nativity Status and Mammography Use: Results from the 2005 National Health Interview Survey. <i>Journal of Immigrant and Minority Health</i>; March 5. Epub ahead of print.</p> <p>Morrow JB, Dallo FJ, Manjula J (2010). Community-Based Colorectal Cancer Screening Trials with Multi-Ethnic Groups: A Systematic Review. <i>Journal of Community Health</i>; 35:592-601.</p> <p>Dallo FJ, Zakar T, Borrell L, Fakhouri M, Jamil H (2011). Cancer Knowledge Increases after a Brief Intervention among Arab Americans in Michigan. <i>J Cancer Educ</i>; 26:139-146.</p> <p>Dallo Dallo FJ, Schwartz K, Ruterbusch J, Booza J and Williams DR (2011). Mortality Rates among Arab Americans in Michigan. <i>Journal of Immigrant and Minority Health</i>. Epub ahead of print. <i>February 12</i>.</p> <p>Gutierrez-Chefchis N, Gimpel N, Dallo FJ, Foster B and Ohagi E (2011). Shared Medical Appointments for Hispanic Diabetic Patients in a Residency Clinic. <i>American Journal of Managed Care</i>.</p>		

DeHaven M, Gimpel N, **Dallo F**, Billmeier T (2011). Reaching the Underserved Through Community-Based Participatory Research and Service Learning: Description and Evaluation of a Unique Medical Student Training Program. *J Public Health Management Practice*; 17:363-368.

<p>Graduate Courses Taught (relevant to new degree)</p> <p>Introduction to Epidemiology Chronic Disease Disparities</p>	<p>Prospective Graduate Courses (relevant to new degree)</p> <p>Introduction to Epidemiology Social Epidemiology Public Health Capstone</p>
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<p>Faculty Name: Rebecca R. Cheezum</p> <p>Title: Assistant Professor</p> <p>School: SHS</p>	<p>Office: 351 Human Health Building</p>	<p>Office Phone: X8681</p> <p>Office Email: cheezum@oakland.edu</p>
<p>Degrees-School-Year</p>		
<p>PhD-Health Behavior and Health Education - University of Michigan, 2012</p> <p>MPH-Social Behavioral Sciences – Boston University, 2003</p> <p>BA-Psychology – Bates College, 1997</p>	<p>Research Interests:</p> <ul style="list-style-type: none"> • Social determinants of adolescent health inequities; • Policy change to address social determinants of health; • Community-based participatory research 	
<p>Grants Awarded:</p> <p>Cheezum, RR. (2011). <i>Coalitions Working to Change Policies that Affect Adolescents: A qualitative study of three youth-serving coalitions</i>. The Society for the Psychological Study of Social Issues: \$2,500.</p> <p>Cheezum, RR. (2011). <i>Coalitions Working to Change Policies that Affect Adolescents: A qualitative study of three youth-serving coalitions</i>. Rackham Graduate Student Research Grant: \$3,000.</p>		
<p>Most Recent Publications (limit to 6)</p> <p>Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., et al. (2010). Community-based participatory research: A capacity-building approach for policy advocacy aimed at eliminating health disparities. <i>American Journal of Public Health, 100</i>(11), 2094-2102.</p> <p>Sampson, N., Parker, E. A., Cheezum, R. R., O’Toole, A., Patton, J., Lewis, T. C., Robins, T. G., Keirns, C. C. Stress and health among caregivers of children with asthma in Detroit. <i>Family and community health</i> (accepted for publication)</p> <p>Sampson, N., Parker, E. A., Cheezum, R. R., O’Toole, A., Patton, J., Lewis, T. C., Robins, T. G., Keirns, C.C. “I wouldn’t look at it as stress”: Conceptualizations of caregiver stress among low-income families of children with asthma. <i>Journal of health care for the poor and underserved</i>. (accepted for publication)</p>		
<p>Graduate Courses Taught (relevant to new degree)</p> <p>Intervention Planning for Public Health</p>	<p>Prospective Graduate Courses (relevant to new degree)</p> <p>Principles of Community-Based Participatory Research</p> <p>Planning, Implementation, and Evaluation of Public Health Interventions</p>	

<p>Faculty Name: Melissa M. Reznar</p> <p>Title: Visiting Assistant Professor</p> <p>School: SHS</p>	<p>Office: 3102 Human Health Building</p>	<p>Office Phone: x8668</p> <p>Office Email: reznar@oakland.edu</p>
<p>Degrees-School-Year</p>		
<p>PhD Human Nutrition –Michigan State University; 2012</p> <p>MPH Epidemiology-University of Michigan; 2002</p> <p>BS Biomedical Science-Western Michigan University; 1999</p>	<p>Research Interests</p> <ul style="list-style-type: none"> • Nutrition intervention • College student health • Preschool & family health 	
<p>Grants Awarded:</p>		
<p>Most Recent Publications (limit to 6)</p> <p>Horacek TM, Erdman MB, Reznar MM, Olfert M, Brown-Esters ON, Kattleman KK, Kidd T, Koenings M, Phillips B, Quick G, Shelnett KP, White AB. Evaluation of the food store environment on and near the campus of 15 post-secondary institutions. <i>American Journal of Health Promotion</i>; in-press.</p> <p>Horacek TM, White AA, Greene GW, Reznar MM, Quick VM, Morrell JS, Colby SM, Kattelman KK, Herrick MS, Mathews A, Phillips BW, Byrd-Bredbenner C (2012). Sneakers and spokes: an assessment of the walkability and bikeability of US postsecondary institutions. <i>Journal of Environmental Health</i>; 74(7):8-15.</p> <p>Khan O, Shen Y, Caon C, Bao F, Ching W, Reznar M, Buccheister A, Hu J, Latif Z, Tselis A, Lisak R. Axonal metabolic recovery and potential neuroprotective effect of glatiramer acetate in relapsing-remitting multiple sclerosis. <i>Multiple Sclerosis</i>; 11(6): 646-51.</p> <p>Alozie Arole CN, Puder KS, Reznar M, Eby E, Zhu BP. Folic acid awareness in Michigan, 1996-1999. <i>Obstetrics and Gynecology</i>; 102(5 Pt 1): 1046-50.</p>		
<p>Graduate Courses Taught (relevant to new degree)</p> <p>N/A</p>	<p>Prospective Graduate Courses (relevant to new degree)</p> <p>Statistical Methods in Public Health</p> <p>Mechanisms of Chronic and Infectious Disease</p>	

<p>Faculty Name: Amanda Lynch</p> <p>Title: Assistant Professor</p> <p>School: SHS</p>	<p>Office: 3103 Human Health Building</p>	<p>Office Phone: X8669</p> <p>Office Email: lynch3@oakland.edu</p>
<p>Degrees-School-Year</p>		
<p>PhD, Nutritional Sciences, Cornell University, 2011</p> <p>MS, Nutrition Sciences, Cornell University, 2008</p> <p>BS, Applied Nutrition, Pennsylvania State University, 2001</p>	<p>Research Interests</p> <ul style="list-style-type: none"> • Self-monitoring and weight management • Dietary and weight loss behaviors after bariatric surgery • Strategy development and habit formation in weight and dietary changes 	
<p>Grants Awarded:</p> <p>Lynch, A & Zalesin, K. (2012). <i>Examining Dietary and Weight Changes After Bariatric surgery: A Pilot Study</i>. Oakland University: OU-Beaumont Interdisciplinary Research Award: \$20, 012</p>		
<p>Most Recent Publications</p> <p>Lynch, A. & Bisogni, C. (In Press) Understanding self-monitoring and weight loss after gastric bypass surgery: An exploratory study. <i>Obesity Surgery</i>.</p> <p>Sobal, J. Blake, C. Jastran, M., Lynch, A. Bisogni, C. & Devine, C. (2012). Eating maps: Places times, and people in eating episodes. <i>Ecology of Food and Nutrition</i>. 51(3):247-264.</p>		
<p>Graduate Courses Taught (relevant to new degree)</p> <p>Adult and Pediatric Obesity Nutrition Seminar: Research and Professional Practices</p>	<p>Prospective Graduate Courses (relevant to new degree)</p> <p>Quantitative and Qualitative Research Methods Social Determinants of Health</p>	

Appendix J: Graduate Assessment Plan

Oakland University Master of Public Health Program Assessment Plan

Master of Public Health Program Goals

- 1) Provide theoretically sound and evidence-based instruction to promote student learning in the core public health competencies.**
 1. Oakland Goal Match: Each program provides a variety of courses and curricular experiences to ensure an enriched life along with superior career preparation or enhancement.

- 2) Advance knowledge through the research and scholarship of its faculty and students particularly by engaging in community-based participatory research to improve the health of populations.**
 1. Oakland Goal Match: Oakland University assumes an obligation to advance knowledge through the research and scholarship of its faculty and students.

AND
 2. Oakland University cooperates with businesses, governmental units, community groups and other organizations on research, technical development and problem-solving enterprises in an attempt to apply the expertise of the university to the issues of society in general or the region in particular so as to further advance the quality of life in the service area of the university.

- 3) Meet the needs of its constituents by delivering service-learning experiences throughout the curriculum and providing formal continuing education and informal training to community-based research partners.**
 1. Oakland Goal Match: Oakland University serves its constituents through a philosophy and program of public service that is consistent with its instructional and research missions.

AND
 2. Offerings in continuing education provide Michigan residents with high-quality course work for professional development and personal enrichment.

Student Learning Outcomes

Upon completion of the MPH program at Oakland University, the student will be able to:

1. Apply advanced content knowledge related to the core concepts of public health.(MPH Goal A)
2. Apply advanced levels of competence in the skills of public health practice including the planning implementation and assessment of public health programs in the community setting. (MPH Goal A, B, C)
3. Apply their public health skills in the field through practicum, internships, and class projects incorporating Community-Based Participatory Research (CBPR) and other community-based models. (MPH Goal A, B and C)
4. Apply the principles of seven interdisciplinary/cross-cutting competencies: 1) communication & informatics; 2) diversity & culture; 3) leadership; 4) professionalism; 5) program planning; 6) public health biology; and 7) systems thinking. (MPH Goal A)
5. Apply the ability to integrate knowledge and skills to solve problems and to produce scholarly work in an approved culminating experience. (MPH Goal A and B)
6. Apply acquisition of skills and experiences in the application of knowledge from an area of emphasis to regional, national, and/or international public health problems. (MPH Goal A and B)
7. Apply the translation of moral, ethical, legal, and operational public health standards into practices that meet the health needs of Michigan residents. (MPH Goal A and B)
8. Recognize the value of intellectual curiosity, be able to apply the scientific method, and engage in lifelong learning in order to keep abreast of changes in the field of public health. (MPH Goal A)
9. Apply sensitivity to individual, social, cultural and emotional differences/similarities in public health delivery settings in all interactions. (MPH Goal A and C)
10. Apply effective written, verbal, and non-verbal communication skills within the public health realm. (Goal A, B, C)

Direct Measures of Student Learning Outcomes

1. Poster presentation of student research, and/or community-based field project from the Public Health Practicum course with multiple internal and external evaluators. (Used to assess learning outcomes #2, 3, 4,5, 6, 8, 10). See grading rubric in Appendix A.
2. Public Health Capstone project or paper in the public health field assessed by multiple evaluators. Successful completion of 300 hours from the field experience. During their capstone project, students will complete eight self-reflections about their experiences. (Used to assess learning outcomes #1, 2, 3, 5, 7, 9, 10)
3. For selected required courses, students will take a 10 item exam at the beginning (pre-test) and end of the semester (post-test) to assess initial knowledge and learning/application of specific public health principles and concepts. The select courses are: Principles of Community-Based Participatory Research, Foundations of Health Behavior and Health Education, Program Planning and Implementation, Introduction to Epidemiology, and Introduction to Environmental Health Sciences. (used to assess learning outcomes #1, 2, 4, 7, 8, 9, 10)

Indirect Measures of Student Learning Outcomes

1. Yearly “Exit” surveys sent to students just prior to graduation. (The program director provides a report which includes summary data in the form of means and frequencies for all survey items to faculty at the yearly curriculum meeting. This tool is used to measure all program goals and learning outcomes).
2. Surveys to practicum preceptors of our students within 1-month of practicum completion.
3. Surveys to alumni at 10 months post-graduation.
4. Surveys to employers of graduates at 10 months post-graduation.

Public Health Practicum course grading rubric

Instructions: Please circle the nearest whole number in each category, drawing on the criteria as specified below the topic for ranking.

1. Strength of research/project question/argument(s):

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor - There is no identifiable research question or articulated purpose.

Fair - The main idea is not clear. The purpose of the research or project is murky or underdeveloped.

Good – Main idea somewhat clear but the writer loses focus.

Very Good – Main idea clear. Developed throughout the paper and returned to at the conclusion.

Excellent – The main idea of the project is clear and reflects a complexity of thought and synthesis of the literature. Also developed throughout the paper and returned to at the conclusion where a thoughtful contribution to the literature is made.

2. Strength of public health theory as applied to the research question/project:

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – No theoretical framework is evident.

Fair – Theoretical framework is mentioned but not addressed in detail or applied.

Good – Theoretical framework is detailed but not integrated into poster

Very Good – Single theoretical framework identified, detailed and integrated.

Excellent – Multiple theoretical frameworks detailed and applied. Clear that student has a grasp of theory and how it is integrated into research.

3. Use of appropriate methods of gathering and analyzing data:

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – No methods mentioned, unclear what data is.

Fair – Methods and data are mentioned but insufficient information on procedure, gathering of data and methodological approach.

Good – Clearly identified method section, discussion of data collection, use of data in findings/analysis.

Very Good – Clearly identified method section, discussion of why method selected, data collection and limitations. Data used in analysis/findings.

Excellent – Detailed methods section that contains information on selection of method, why research is public health, how data was gathered, method of analysis, and limitation of research. Analysis of data ties back to initial question and literature review.

4. Clarity of conclusions about research question/project drawn from research and further research suggestions:

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – No conclusion to project.

Fair – Conclusion attempted but only offers summary of findings.

Good – Conclusion consists of summary of findings, as well as speculation on future research.

Very Good – Conclusion summarizes findings, speculates on future research and ties analysis back to original question.

Excellent – Conclusion summarizes findings, speculates on future research and ties analysis to research question. Returns to literature review and clearly states the contribution of research.

5. The extent to which the poster is well organized and well written:

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – Information on the poster appears to be disorganized. Excessive amount of typos, grammar and misspellings. Clear the poster was not proofread.

Fair – Information is poorly organized throughout the poster with multiple typos, grammar and misspellings.

Good – Most sentences are well-constructed but may have stilted structure. A few grammatical errors present. Student could have improved on poster organization.

Very Good – Poster is aesthetically pleasing and most sentences are well constructed. Few grammatical errors are present. Occasionally words and phrases are used inappropriately

Excellent – Sentences are well-constructed and illustrate appropriate use of grammar. Poster has great organizational flow with figures, tables and writing. Figures, tables and words are used very appropriately.

6. Strength of public health competencies applied and demonstrated:

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – Student displays no knowledge of public health competencies.

Fair – Student displays little public health competency knowledge.

Good – Student demonstrates some public health knowledge of the core competencies.

Very Good – Student meets requirements for public health competencies.

Excellent – Student exceeds expectations for public health knowledge.

Public Health Capstone course grading rubric

My Capstone addresses the following core competencies of public health:

1. Understand the role of epidemiology in the control of health problems including: (a) an understanding of the language of epidemiology; (b) ability to calculate basic epidemiologic measures; (c) ability to comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data; and (d) ability to evaluate and communicate the strengths and limitations of epidemiologic reports and public health manuscripts.

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – Student displays no knowledge of public health competencies.

Fair – Student displays little public health competency knowledge.

Good – Student demonstrates some public health knowledge of the core competencies.

Very Good – Student meets requirements for public health competencies.

Excellent – Student exceeds expectations for public health knowledge.

2. Understand the behavioral, social, and cultural factors related to individual and population health including: (a) ability to identify basic theories, concepts, and models from a range of social and behavioral disciplines used in public health research and practice; (b) describe the role of social and community factors in both the onset and solution of public health problems; and (c) describe the use of evidence-based approaches to the development and evaluation of social and behavioral science interventions.

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – Student displays no knowledge of public health competencies.

Fair – Student displays little public health competency knowledge.

Good – Student demonstrates some public health knowledge of the core competencies.

Very Good – Student meets requirements for public health competencies.

Excellent – Student exceeds expectations for public health knowledge.

3. Describe how environmental and biological factors contribute to individual and community health problems.

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – Student displays no knowledge of public health competencies.

Fair – Student displays little public health competency knowledge.

Good – Student demonstrates some public health knowledge of the core competencies.

Very Good – Student meets requirements for public health competencies.

Excellent – Student exceeds expectations for public health knowledge.

4. Demonstrate an understanding of the legal and ethical bases for public health policies and services including: (a) showcase the process of achieving policies to improve the health status of a population; (b) knowledge of the principles of program planning, budgeting, management, and evaluation in organizational settings; and (c) describe the role of legal and regulatory environments in shaping public health policy and practices.

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – Student displays no knowledge of public health competencies.

Fair – Student displays little public health competency knowledge.

Good – Student demonstrates some public health knowledge of the core competencies.

Very Good – Student meets requirements for public health competencies.

Excellent – Student exceeds expectations for public health knowledge.

5. Demonstrate effective written and oral skills, including presentation of data, for communicating with different audiences in the context of professional public health activities.

0	1	2	3	4
Poor	Fair	Good	Very Good	Excellent

Poor – Student displays no knowledge of public health competencies.

Fair – Student displays little public health competency knowledge.

Good – Student demonstrates some public health knowledge of the core competencies.

Very Good – Student meets requirements for public health competencies.

Excellent – Student exceeds expectations for public health knowledge.

Appendix K: Syllabi for Proposed Courses

**School of Health Sciences
Master of Public Health Program
Oakland University
PH 600, Foundations of Health Behavior and Health Education
4 Credits, Semester, Year**

Instructor: Patricia Wren, PhD, MPH
Course Section: TBD
Office: 3098 Human Health Building
Telephone: 248-364-8664
Email address: wren@oakland.edu
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

This course explores the psychosocial bases for health decision-making and health behaviors. The main individual, community-based, and social-ecological conceptual models will be addressed. Perceptions of health and illness, methods of changing health behaviors, and the importance of communication will be covered.

Required Text and Readings

Glanz K, Rimer BK, Viswanath K. Health Behavior and Health Education: Theory, Research, and Practice. 4th edition, 2008. Jossey-Bass.

Course Objectives

At the end of this course, students will be able to:

1. Describe key behavioral theories, Health Belief Model, Theory of Planned Behavior, Social Ecological Model, Social Cognitive Theory, Self-Regulation, Transtheoretical Model
2. Demonstrate how these theories and models are applied
3. Critique the above theories by demonstrating an understanding of the strengths and weaknesses of each
4. Describe how behavioral sciences can be used to understand and intervene upon current public health problems
5. Articulate how psychosocial and community theories are used to design, implement, and evaluate public health problems
6. Applying theories to culturally diverse and unique populations
7. Understand communication theory as applied to health behavior change
8. Understand the application of economic theory to public health
9. Acquire skills in applying behavioral science theories and models to current public health problems

Academic Integrity

The faculty of the School of Health Sciences believes that the conduct of a student registered or taking courses in the School should be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, guest lecturers, administrative support staff, and fellow students. Similarly, students should expect faculty to treat them fairly, showing respect for their ideas and opinions and striving to help them achieve maximum benefits from their experience in the School.

Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including Handout materials), and aiding and abetting the perpetration of such acts. The preparation of reports, papers, and examinations, assigned on an individual basis, must represent each student's own effort. Reference sources should be indicated clearly. The use of assistance from other students or aids of any kind during a written examination, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the standard of academic conduct expected in this course. The Oakland University policy on academic conduct will be strictly followed with no exceptions. See catalog under Academic Policies and Procedures.

Course Procedures and Student Expectations

Regular class attendance and active participation in class discussions is important. Students are expected to arrive for class on time and to refrain from disturbing the flow of the class through conversation or distracting behavior. Attendance will be randomly taken at varying class times. A student who leaves class after attendance has been taken will be marked absent. Students are encouraged to exchange ideas and to integrate personal experiences in the class sessions.

All communication and musical devices (cell phones, pagers, PDAs, Blackberries, iPods, etc.) are to be turned **off** and stored out of sight during the class. No text messaging is permitted during class. Calls must be avoided during class breaks if the call is likely to disrupt prompt return to the classroom.

The University add/drop policy will be explicitly followed. It is the student's responsibility to be aware of the University deadline dates for dropping the course.

Students with disabilities or circumstances who may require special considerations should make an appointment with the on-campus Office of Disability Support Services. Students should bring in writing their needs and required accommodations to the instructor as soon as possible.

Grade Distribution

The grade you earn will consist of three (3) components:

1. Three exams: (45%)
2. Three individual assignments: (25%)
3. Group Presentation and Paper (30%)

Grading Scale											
A	100%	4.0	B	89%	3.5	C	79%	2.9	D	69%	1.9
	99%	4.0		88%	3.5		78%	2.8		68%	1.8
	98%	4.0		87%	3.4		77%	2.7		67%	1.7
	97%	3.9		86%	3.4		76%	2.6		66%	1.6
	96%	3.9		85%	3.3		75%	*2.5		65%	1.5
	95%	3.8		84%	3.3		74%	2.4		64%	1.4
	94%	3.8		83%	3.2		73%	2.3		63%	1.3
	93%	3.7		82%	3.2		72%	2.2		62%	1.2
	92%	3.7		81%	3.1		71%	2.1		61%	1.1
	91%	3.6		80%	3.0		70%	2.0		60%	1.0
	90%	3.6									
									F	≤59%	0.0

Time Schedule and Topical Outline: The class schedule, below, indicates class dates, exam dates, specific topical material to be covered, and reading/homework assignments. The instructor reserves the right to make adjustments to this schedule as necessary.

Week	Topics	Reading
1	Introduction. Why Theory?	
2	Social Ecological Theory	
3	Health Belief Model	
4	Social Cognitive Theory	
5	Theory of Planned Behavior & Transtheoretical models	
6	Self Regulation & Diffusion of Innovation	
7	Tailoring, Health communication	
8	Theory application to internet interventions	
9	How social and economic policy affects behavior	
10	Community organizing	
11	Behavioral economics	
12	Policy and media advocacy	
13	Re-AIM Model	
14	Price and Behavior	

**School of Health Sciences
Master of Public Health Program
Oakland University
PH 610: Principles of Community-Based Participatory Research
4 Credits, Semester, Year**

Instructor: Rebecca Cheezum, PhD, MPH
Course Section: TBD
Office: 3150 Human Health Building
Telephone: 248-364-8681
Email address: cheezum@oakland.edu
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

Public health research in a community setting can benefit from involvement of community members throughout the research process. Community-Based Participatory Research (CBPR) provides a framework for enhancing these relationships and increasing the relevance of the research process in the community. Methods in CBPR will be explored from both a theoretical as well as practical/logistical perspective, and through various stages of the research process, from conception/design, grant writing, intervention development, implementation, evaluation, and reporting of results.

Required Texts and Readings

Israel BA, Eng E, Schulz AJ, Parker EA. (2005) *Methods in Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass.

Minkler M, Wallerstein N. (2003) *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass.

Additional required readings will be posted on Moodle for each week.

Course Objectives

By the end of the course students are expected to be able to:

1. Describe basic approaches taken in community-based participatory research
2. Describe the unique strengths that CBPR brings to public health research
3. Critically assess the limitations of CBPR research
4. Develop a strategic plan to enhance community involvement in research
5. Critically assess the functioning of a community-academic research partnership
6. Use appropriate language to develop written grant proposals using CBPR

Academic Integrity

The faculty of the School of Health Sciences believes that the conduct of a student registered or taking courses in the School should be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, guest lecturers, administrative support staff, and fellow students. Similarly, students should expect faculty to treat them fairly, showing respect for their ideas and opinions and striving to help them achieve maximum benefits from their experience in the School.

Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including Handout materials), and aiding and abetting the perpetration of such acts. The preparation of reports, papers, and examinations, assigned on an individual basis, must represent each student's own effort. Reference sources should be indicated clearly. The use of assistance from other students or aids of any kind during a written examination, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the standard of academic conduct expected in this course. The Oakland University policy on academic conduct will be strictly followed with no exceptions. See catalog under Academic Policies and Procedures.

Course Procedures and Expectations of Students

All communication and musical devices (cell phones, pagers, PDAs, Blackberries, iPods, etc.) are to be turned **off** and stored out of sight during the class. No text messaging is permitted during class. Calls must be avoided during class breaks if the call is likely to disrupt prompt return to the classroom.

The University add/drop policy will be explicitly followed. It is the student's responsibility to be aware of the University deadline dates for dropping the course.

Students with disabilities or circumstances who may require special considerations should make an appointment with the on-campus Office of Disability Support Services. Students should bring in writing their needs and required accommodations to the instructor as soon as possible.

Grade Distribution

The grade you earn will consist of two (2) components:

1. Case Studies: (75%)
2. Research Proposal (25%)

Group Case Studies (3 @ 25% each): Case studies will be used throughout the semester to highlight important concepts from a real-world perspective. Research articles highlighting CBPR concepts will be assigned. Students will work in small groups to critically analyze these articles, and will present their analysis to the class. Students will assess each other's quality and quantity of efforts toward the assignment using a peer assessment tool, and individual grades on group case studies may vary based on individual efforts. Each student will present 3 case studies throughout the semester, each worth 25% of their final grade.

Research Proposal (25%): Each student will work individually to develop a public health research proposal that integrates CBPR principles throughout. Students must describe specific activities they will use to strengthen community partnerships, and division of responsibilities throughout each phase of the research project.

Participation: Regular class attendance and active participation in class discussions is important. Students are expected to arrive for class on time and to refrain from disturbing the flow of the class through conversation or distracting behavior. Attendance will be taken daily. A student who leaves class after attendance has been taken will be marked absent. Excessive absences may lower your final grade in this class. The instructor will provide a warning if participation is inadequate.

Grading Scale											
A	100%	4.0	B	89%	3.5	C	79%	2.9	D	69%	1.9
	99%	4.0		88%	3.5		78%	2.8		68%	1.8
	98%	4.0		87%	3.4		77%	2.7		67%	1.7
	97%	3.9		86%	3.4		76%	2.6		66%	1.6
	96%	3.9		85%	3.3		75%	*2.5		65%	1.5
	95%	3.8		84%	3.3		74%	2.4		64%	1.4
	94%	3.8		83%	3.2		73%	2.3		63%	1.3
	93%	3.7		82%	3.2		72%	2.2		62%	1.2
	92%	3.7		81%	3.1		71%	2.1		61%	1.1
	91%	3.6		80%	3.0		70%	2.0		60%	1.0
	90%	3.6									
									F	≤59%	0.0

Time Schedule and Topical Outline: The class schedule, below, indicates class dates, exam dates, specific topical material to be covered, and reading/homework assignments. The instructor reserves the right to make adjustments to this schedule as necessary.

Week	Topics	Readings
1	Introduction to CBPR and health disparities	Israel Chapter 1
2	Developing and maintaining partnerships in CBPR The importance of co-learning and capacity-building in CBPR	Israel Chapter 2
3	Effective group processes	Israel Chapter 3
4	Fundamental components of a research proposal; how CBPR research proposals are distinct CASE STUDY 1 PRESENTATIONS	Example RFP, proposal
5	Conducting a CBPR community assessment Identifying community strengths and resources CBPR approach to quantitative and qualitative methods for community assessment Finding local health data	Israel Chapter 4
6	Application of research methodologies for CBPR Intervention evaluation research in CBPR Ethical approaches to CBPR research design	Minkler Chapters 11 and 12
7	Disseminating findings Utilizing findings within the community	Israel Chapter 13
8	Addressing challenges in seeking funding to support CBPR CASE STUDY 2 PRESENTATIONS	
9	The impact of cultural differences in community-based work CBPR in health disparities research	Minkler Chapters 14 and 16
10	Practical implications of research-based interventions for community partners Sustainability of interventions Power sharing in CBPR	
11	Evaluation and sustainability of CBPR partnerships	Israel Chapter 12
12	Policy implications of CBPR and community advocacy	Israel Chapter 16
13	Developing a budget, workplan for CBPR research proposal CASE STUDY 3 PRESENTATIONS	
14	Academic implications of CBPR RESEARCH PROPOSAL DUE	Minkler Chapter 5

**School of Health Sciences
Master of Public Health Program
Oakland University**

**PH 620: Planning, Implementation, and Evaluation of Public Health Interventions
4 Credits, Semester Year**

Instructor: Rebecca Cheezum, PhD, MPH
Course Section: TBD
Office: 3150 Human Health Building
Telephone: 248-364-8681
Email address: cheezum@oakland.edu
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

Public health interventions are a key strategy to deliver health education and improve health behaviors in individuals and communities. This course will cover the steps necessary in development of health interventions including literature reviews and program justifications, needs assessment methodologies, and critical review of materials. Issues relevant to implementation and management of health interventions will be addressed. Strategies for effective program evaluation will focus on reliability and validity of measurements and the fit between evaluation measures and program values.

Prerequisites: PH 600: Foundations of Health Behavior and Health Education

Required Texts and Readings

McKenzie JF, Neiger BL, Thackeray R. (2009). Planning, Implementing, & Evaluating Health Promotion Programs, a Primer (5th Edition). San Francisco, CA: Pearson Education, Inc.

Additional required readings will be posted on Moodle for each week.

Course Objectives

By the end of the course students are expected to be able to:

1. Describe the appropriate steps that should be completed in designing a health intervention program
2. Critically analyze the strengths and weaknesses of various needs assessment methodologies
3. Understand and troubleshoot various issues that arise during implementation of health promotion programs
4. Develop an implementation and management program for a health intervention program
5. Understand the concepts of instrument reliability and validity for measuring program effectiveness
6. Create appropriate needs assessment and program evaluation measurements (surveys, focus group/interview guides, observation tools)

Academic Integrity

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Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including Handout materials), and aiding and abetting the perpetration of such acts. The preparation of reports, papers, and examinations, assigned on an individual basis, must represent each student's own effort. Reference sources should be indicated clearly. The use of assistance from other students or aids of any kind during a written examination, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the standard of academic conduct expected in this course. The Oakland University policy on academic conduct will be strictly followed with no exceptions. See catalog under Academic Policies and Procedures

Course Procedures and Expectations of Students

All communication and musical devices (cell phones, pagers, PDAs, Blackberries, iPods, etc.) are to be turned off and stored out of sight during the class. No text messaging is permitted during class. Calls must be avoided during class breaks if the call is likely to disrupt prompt return to the classroom.

The University add/drop policy will be explicitly followed. It is the student's responsibility to be aware of the University deadline dates for dropping the course.

Students with disabilities or circumstances who may require special considerations should make an appointment with the on-campus Office of Disability Support Services. Students should bring in writing their needs and required accommodations to the instructor as soon as possible.

Grade Distribution

The grade you earn will consist of four (4) components:

1. Health Intervention Justification: (25%)
2. Health Education Intervention (25%)
3. Midterm Exam (25%)
4. Final exam (25%)

Health intervention justification (25%): Students will be required to perform a literature review and develop a comprehensive justification portraying the importance of a health intervention program targeted to a specific health behavior and population. Students will be graded on the accuracy and completeness of information, organization, and writing abilities.

Health education intervention (25%): Students will develop a health education intervention program and all associated materials. Interventions will be presented to the class at the end of the semester.

Midterm Exam (25%)

Final Exam (25%)

Exams will consist of true/false, multiple choice, matching, and short answer essay questions. The midterm will cover all material presented in class lectures and in written materials prior to the exam, while the final exam will cover material presented after the midterm exam and before the final exam. Exams will critically assess the students ability to understand and apply key concepts relevant to health intervention design, implementation and evaluation.

Grading Scale											
A	100%	4.0	B	89%	3.5	C	79%	2.9	D	69%	1.9
	99%	4.0		88%	3.5		78%	2.8		68%	1.8
	98%	4.0		87%	3.4		77%	2.7		67%	1.7
	97%	3.9		86%	3.4		76%	2.6		66%	1.6
	96%	3.9		85%	3.3		75%	*2.5		65%	1.5
	95%	3.8		84%	3.3		74%	2.4		64%	1.4
	94%	3.8		83%	3.2		73%	2.3		63%	1.3
	93%	3.7		82%	3.2		72%	2.2		62%	1.2
	92%	3.7		81%	3.1		71%	2.1		61%	1.1
	91%	3.6		80%	3.0		70%	2.0		60%	1.0
	90%	3.6									
									F	≤59%	0.0

Time Schedule and Topical Outline: The class schedule, below, indicates class dates, exam dates, specific topical material to be covered, and reading/homework assignments. The instructor reserves the right to make adjustments to this schedule as necessary.

Week	Topics	Readings
1	Introduction to health interventions Developing a project justification Performing literature reviews	
2	Models of health intervention planning	
3	Needs assessments – purpose, population selection, finding existing data	
4	Measurement instruments and sampling methodologies HEALTH INTERVENTION JUSTIFICATION DUE	
5	Mission statements, goals, and objectives	
6	MIDTERM EXAM	
7	Review of health behavior change theories	
8	Individual-focused intervention strategies	
9	Community, environment, and policy intervention strategies	
10	Implementation strategies and associated concerns Ethical and legal concerns with health intervention implementation	
11	HEALTH EDUCATION INTERVENTION PRESENTATIONS	
12	Evaluation strategies and design	
13	Data analysis and reporting	
14	FINAL EXAM	

**School of Health Sciences
Master of Public Health Program
Oakland University
PH 630: Public Health Practicum
4 Credits, Semester Year**

Instructor: TBD
Course Section: TBD
Office: 3148 Human Health Building
Telephone: 248-364-8664
Email address: dallo@oakland.edu
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

The practicum provides the opportunity to work in an organization that addresses public health issues. Students will apply public health principles and theories learned and demonstrate their mastery of CEPH/ASPH public health competencies. The practicum enables students to bridge the gap between the classroom and public health practice.

Pre-Requisites:

1. Students must have completed all required MPH core courses and the majority of other MPH coursework in order to register for PH630
2. Students must have their proposal approved by the course faculty before starting practicum

Course Objectives

By the end of the course students are expected to be able to:

1. Develop a proposal that is mutually acceptable to the student, the preceptor and the practicum course faculty.
2. Demonstrate skills and knowledge from didactic coursework in a public health practice setting.
3. Describe the relationship of the project(s) to the organization's mission, vision and programs.
4. Apply the ASPH designated MPH public health competencies in carrying out the practicum project(s).
5. Exhibit professionalism in all work situations (e.g., behavior, dress, oral and written communication, ethics).
6. Submit a paper and do a poster presentation that describes and evaluates the practicum project as a culminating experience requiring synthesis and application of public health.

Academic Integrity

The faculty of the School of Health Sciences believes that the conduct of a student registered or taking courses in the School should be consistent with that of a professional person. Courtesy, honesty, and respect should be shown by students toward faculty members, guest lecturers, administrative support staff, and fellow students. Similarly, students should expect faculty to treat them fairly, showing respect for their ideas and opinions and striving to help them achieve maximum benefits from their experience in the School.

Student academic misconduct refers to behavior that may include plagiarism, cheating, fabrication, falsification of records or official documents, intentional misuse of equipment or materials (including Handout materials), and aiding and abetting the perpetration of such acts. The preparation of reports, papers, and examinations, assigned on an individual basis, must represent each student's own effort. Reference sources should be indicated clearly. The use of assistance from other students or aids of any kind during a written examination, except when the use of aids such as electronic devices, books or notes has been approved by an instructor, is a violation of the standard of academic conduct expected in this course. The Oakland University policy on academic conduct will be strictly followed with no exceptions. See catalog under Academic Policies and Procedures

Course Procedures and Student Expectations

All communication and musical devices (cell phones, pagers, PDAs, Blackberries, iPods, etc.) are to be turned off and stored out of sight during the class. No text messaging is permitted during class. Calls must be avoided during class breaks if the call is likely to disrupt prompt return to the classroom.

The University add/drop policy will be explicitly followed. It is the student's responsibility to be aware of the University deadline dates for dropping the course.

Students with disabilities or circumstances who may require special considerations should make an appointment with the on-campus Office of Disability Support Services. Students should bring in writing their needs and required accommodations to the instructor as soon as possible.

Grade Distribution

Grading Scale is satisfactory or unsatisfactory by the Faculty Advisor based on feedback.

Time Schedule and Topical Outline: The class schedule, below, indicates class dates, exam dates, specific topical material to be covered, and reading/homework assignments. The instructor reserves the right to make adjustments to this schedule as necessary.

Step	Topics
	<i>Prior to engaging in practicum</i>
1	Review practicum syllabus
2	Meet with a Practicum Experience faculty to discuss development of the practicum and timeline
3	Complete practicum proposal and obtain all required signatures before registration
4	Submit an application and receive human subjects' office approval (IRB) if needed
5	Complete at least 200-contact hours in a public health practice setting applying knowledge and skills from MPH coursework and demonstrating achievement in the public health competencies
	<i>Following completion of the practicum</i>
7	Electronically submit the written paper
8	Participate in a poster session describing the practicum experience
9	Submit completed Preceptor Evaluation of Student and Student Evaluation of Course forms

**School of Health Sciences
Master of Public Health Program
Oakland University
PH640, Statistical Methods in Public Health
4 Credits, Semester, Year**

Instructor: Melissa Reznar, PhD, MPH
Course Section: TBD
Office: 3102 Human Health Building
Telephone: 248-364-8668
Email address: reznar@oakland.edu
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

This course will cover principles of biostatistics in the context of public health applications. The course will provide a foundation of statistical knowledge, including descriptive statistics, rates and standardization, nonparametric methods, inference on proportions, regression models, life tables, and sampling theories. Statistical package SAS will be used.

Required Texts and Readings

Pagano M, Gauvreau K. *Principles of Biostatistics*, 2nd Edition, Duxbury Press, Pacific Grove, CA, 2000.

Course Objectives

By the end of the course students are expected to be able to:

1. Calculate descriptive statistics: mean, median, mode, range, standard deviation.
2. Select the most appropriate statistical method for their study.
3. Understand sampling distributions, probability modeling, and the Central Limit Theorem.
4. Understand the basis of hypothesis testing and perform z-, t-, and F-tests.
5. Perform tests of correlation, chi-square, and simple and linear regression.

Academic Integrity

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Course Procedures and Student Expectations

Regular class attendance and active participation in class discussions is important. Students are expected to arrive for class on time and to refrain from disturbing the flow of the class through conversation or distracting behavior. Attendance will be randomly taken at varying class times. A student who leaves class after attendance has been taken will be marked absent. Students are encouraged to exchange ideas and to integrate personal experiences in the class sections.

All communication and musical devices (e.g. cell phones, pagers, PDAs, Blackberries, iPods, etc) are to be turned **off** and stored out of sight during the class. No text messaging is permitted during class. Calls must be avoided during class breaks if the call is likely to disrupt prompt return to the classroom.

The University add/drop policy will be explicitly followed. It is the student's responsibility to be aware of the University deadline dates for dropping the course.

Students with disabilities or circumstances who may require special considerations should make an appointment with the on-campus Office of Disability Support Services. Students should bring in writing their needs and required accommodations to the instructor as soon as possible.

Grade Determination

Grade will be based on:

1. Three exams: (75%)
2. Assignments (25%)

Grading Scale											
A	100%	4.0	B	89%	3.5	C	79%	2.9	D	69%	1.9
	99%	4.0		88%	3.5		78%	2.8		68%	1.8
	98%	4.0		87%	3.4		77%	2.7		67%	1.7
	97%	3.9		86%	3.4		76%	2.6		66%	1.6
	96%	3.9		85%	3.3		75%	*2.5		65%	1.5
	95%	3.8		84%	3.3		74%	2.4		64%	1.4
	94%	3.8		83%	3.2		73%	2.3		63%	1.3
	93%	3.7		82%	3.2		72%	2.2		62%	1.2
	92%	3.7		81%	3.1		71%	2.1		61%	1.1
	91%	3.6		80%	3.0		70%	2.0		60%	1.0
	90%	3.6									
									F	≤59%	0.0

Time Schedule and Topical Outline: The class schedule, below, indicates class dates, exam dates, specific topical material to be covered, and reading/homework assignments. The instructor reserves the right to make adjustments to this schedule as necessary.

Week	Topics	Reading
1	Introduction and overview of text	
2	Types of Numerical Data; Frequency Distributions	
3	Measures of Central Tendency	
4	Rates and Standardization and Life Tables	
5	Probability Theoretical Probability Distributions (Binomial, Poisson, Normal)	
6	Sampling Distribution of the Mean -- Confidence Intervals	
7	Hypothesis Testing -- Comparison of Two Means	
8	Analysis of Variance -- Nonparametric Methods	
9	Inference on Proportions -- Contingency Tables	
10	Multiple 2X2 Tables	
11	Correlation -- Simple Linear Regression	
12	Multiple Regression	
13	Logistic Regression -- Survival Analysis	
14	Sampling Theory	

**School of Health Sciences
Master of Public Health Program
Oakland University
PH 650, Introduction to Epidemiology
4 Credits, Semester, Year**

Instructor: Florence J. Dallo, PhD, MPH
Course Section: TBD
Office: 3148 Human Health Building
Telephone: 248-364-8679
Email address: dallo@oakland.edu
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

The overall purpose of this course is to introduce public health students to epidemiology so that they may understand how epidemiology contributes to (1) assessing the public health importance of diseases and health-related behaviors; (2) identifying factors that cause disease and contribute to health problems; (3) describing the natural history of diseases; and (4) evaluating procedures for studying, preventing, and controlling diseases and behaviors that affect health. After completing this course, students should be able to understand the basic concepts, methods, and nomenclature of epidemiology, and the application of these concepts and methods to current public health problems.

Required Text and Readings

Gordis L. Epidemiology, 4th Edition. Elsevier. Philadelphia, PA, 2009.

Course Objectives

At the end of this course, students will be able to:

1. Identify key sources of data for epidemiologic purposes.
2. Identify the principles and limitations of public health screening programs.
3. Describe a public health problem in terms of magnitude, person, time and place.
4. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.
5. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.
6. Apply the basic terminology and definitions of epidemiology.
7. Calculate basic epidemiology measures (prevalence, incidence, relative risk, odds ratio, etc).
8. Communicate epidemiologic information to lay and professional audiences.
9. Draw appropriate inferences from epidemiologic data.
10. Evaluate the strengths and limitations of epidemiologic reports.

Academic Integrity

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Course Procedures and Student Expectations

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The University add/drop policy will be explicitly followed. It is the student's responsibility to be aware of the University deadline dates for dropping the course.

Students with disabilities or circumstances who may require special considerations should make an appointment with the on-campus Office of Disability Support Services. Students should bring in writing their needs and required accommodations to the instructor as soon as possible.

Grade Distribution

The grade you earn will consist of three (3) components:

1. Three quizzes: (30%)
2. Four assignments: (40%)
3. Final exam (30%)

Grading Scale											
A	100%	4.0	B	89%	3.5	C	79%	2.9	D	69%	1.9
	99%	4.0		88%	3.5		78%	2.8		68%	1.8
	98%	4.0		87%	3.4		77%	2.7		67%	1.7
	97%	3.9		86%	3.4		76%	2.6		66%	1.6
	96%	3.9		85%	3.3		75%	*2.5		65%	1.5
	95%	3.8		84%	3.3		74%	2.4		64%	1.4
	94%	3.8		83%	3.2		73%	2.3		63%	1.3
	93%	3.7		82%	3.2		72%	2.2		62%	1.2
	92%	3.7		81%	3.1		71%	2.1		61%	1.1
	91%	3.6		80%	3.0		70%	2.0		60%	1.0
	90%	3.6									
									F	≤59%	0.0

Time Schedule and Topical Outline: The class schedule, below, indicates class dates, exam dates, specific topical material to be covered, and reading/homework assignments. The instructor reserves the right to make adjustments to this schedule as necessary.

Week	Topics	Chapters
1	Introduction	1
2	The Dynamics of Disease Transmission	2
3	Measuring the Occurrence of Disease	3
4	Assessing the Validity and Reliability of Diagnostic and Screening Tests	4
5	The Natural History of Disease: Ways of Expressing Prognosis	5
6	Assessing the Efficacy of Preventive and Therapeutic Measures: Randomized Trials	6 & 7
7	Cohort Studies	8
8	Case-Control and Cross-Sectional Studies	9
9	Estimating Risk	10 & 11
10	Comparing Cohort and Case-Control Studies	12
11	Association and Causal Inference	13 & 14
12	Identifying the Roles of Genetic and Environmental Factors in Disease Causation	15
13	Using Epidemiology to Evaluate Health Services The Epidemiologic Approach to Evaluation of Screening Programs	16 & 17
14	Epidemiology and Public Policy Ethical and Professional Issues in Epidemiology	18 & 19

**School of Health Sciences
Master of Public Health Program
Oakland University
PH 660, Introduction to Environmental Health Sciences
4 Credits, Semester, Year**

Instructor: TBD
Course Section: TBD
Office: TBD
Telephone: TBD
Email address: TBD
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

This course presents the core concepts, principles and applications of environmental health sciences. Students will learn the sources of and ways to control the important physical, chemical, biologic, and sociologic factors that impact human health in various environments.

Required Texts and Readings

Friis, Robert H. Essentials of Environmental Health. 1st edition. Jones & Bartlett. 2006

Course Objectives

At the end of this course, students will be able to:

1. Define the major sources and types of environmental agents.
2. Discuss the transport and fate of these agents in the environment.
3. Identify the carriers or vectors that promote the transfer of these agents from the environment to the human
4. Describe how these agents interact with biological systems, and the mechanisms by which they exert adverse health effects.
5. Explain and use models for prediction of the magnitude of adverse effects in biological systems.
6. Identify and define the steps in the risk-assessment and risk-management processes.
7. Describes the steps in the regulatory process in terms of risk assessment and risk management and identify current legislation and regulation regarding environmental issues.
8. Identify significant gaps in the current knowledge base concerning the health effects of environmental agents and identify areas of uncertainty in the risk-assessment process.

Academic Integrity

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Course Procedures and Student Expectations

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The University add/drop policy will be explicitly followed. It is the student's responsibility to be aware of the University deadline dates for dropping the course.

Students with disabilities or circumstances who may require special considerations should make an appointment with the on-campus Office of Disability Support Services. Students should bring in writing their needs and required accommodations to the instructor as soon as possible.

Grade distribution

The grade you earn will consist of three (3) components:

1. Three quizzes: (30%)
2. Four assignments: (40%)
3. Final exam (30%)

Grading Scale											
A	100%	4.0	B	89%	3.5	C	79%	2.9	D	69%	1.9
	99%	4.0		88%	3.5		78%	2.8		68%	1.8
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	96%	3.9		85%	3.3		75%	*2.5		65%	1.5
	95%	3.8		84%	3.3		74%	2.4		64%	1.4
	94%	3.8		83%	3.2		73%	2.3		63%	1.3
	93%	3.7		82%	3.2		72%	2.2		62%	1.2
	92%	3.7		81%	3.1		71%	2.1		61%	1.1
	91%	3.6		80%	3.0		70%	2.0		60%	1.0
	90%	3.6									
									F	≤59%	0.0

Time Schedule and Topical Outline: The class schedule, below, indicates class dates, exam dates, specific topical material to be covered, and reading/homework assignments. The instructor reserves the right to make adjustments to this schedule as necessary.

Week	Topics	Reading
1	Human impact on the environment	
2	Environment-human interaction	
3	Environmental impact on humans	
4	Exposure, dose, response	
5	Environmental toxicology	
6	Environmental carcinogenesis	
7	Risk assessment and management	
8	Indoor and outdoor air pollution	
9	Environmental health economics and policy	
10	Occupational health	
11	Food- and water-borne disease	
12	Municipal, industrial, and hazardous waste	
13	Environmental justice and policy	
14	Risk communication	

**School of Health Sciences
Master of Public Health Program
Oakland University
PH 690: Public Health Capstone
4 Credits, Semester Year**

Instructor: TBD
Course Section: TBD
Office: TBD
Telephone: TBD
Email address: TBD
Office Hours: TBD
Course Times: TBD
Classroom: TBD

Course Description

The Public Health Capstone is a required component for all students in the Master of Public Health (MPH) Program. Students participate in student seminars and a variety of assignments that enable them to reflect on the knowledge and skills developed during their MPH studies.

Course Objectives

By the end of the capstone, students will be able to:

1. Describe how they integrated public health theory, knowledge, and skills in a community or public health practice setting during their practicum placement;
2. Articulate their experience with the “realities” of public health practice – organizational structure, local and organizational politics, program administration, community relationships, and program coordination;
3. Complete a defined project that facilitates their reflection and to articulate what they have learned while putting together a portfolio of their work completed during their MPH studies.
4. Demonstrate leadership, teamwork, communication skills, and creativity through in-class activities and group projects.

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Course Requirements and Student Expectations

Capstone Seminars

MPH students must attend weekly capstone seminars. The seminars will be facilitated by a faculty member of the Health Sciences Department and will be structured to facilitate integration of previous coursework from across the curriculum with capstone experience and student reflection on his/her capstone experience. A schedule of seminar topics is provided below.

Grading

1. Class participation (20%)
2. Reflection papers (40%)
3. Portfolio (40%)

Reflection assignments

During the capstone, students are required to complete self-reflections about their experiences. A total of 8 reflections are required over the course of the semester. The purpose of this journaling is to provide the student with an opportunity for self-reflection and synthesis of the activities of the placement. Self-reflection is not simply to report about the completed tasks and activities, but to actually reflect upon the work that is being done in the field experience and how it relates to overall career goals, public health, and the cross-cutting MPH competencies. While there are several ways for MPH students to organize their thoughts in a self-reflection, here are a few examples to assist in formatting and writing self-reflections:

Example I: What? So What? Now What?

Divide your reflection into three sections. Answer the following questions: What? So What? Now What?

Example II: Double Journal

Fold an 8.5 x 11 inch piece of paper in half:

- On one half record the incidents or activities that happened
- On the second half, record your thoughts and feelings about the incident or activities

Example III: Perspective Taking

Journal or reflect as though you are someone other than yourself:

- Take the perspective of your preceptor, a client that receives services in the program that you are working, a lawyer, or a child.
- Switch perspectives and journal from your point of view or another's point of view.
- Reflect by comparing and contrasting the different perspectives.

Example IV: Letter to Yourself

For your first journal entry of your field experience, write a letter to the MPH Program or yourself outlining your expectations, the reason for choosing this field experience, and your goals. At the end of your field experience, take a look at your initial letter. Write a letter to the MPH Program or yourself reflecting about what you learned, what did not go well, how you see the organization you worked with now, what has changed, and why?

Example V: Fly on the Wall

Reflect on an incident that happened during the practicum placement. Reflect about what you did, whom you have worked with, and tools you have used. Then, pretend that you are a “fly on the wall” observing, but not participating, in the scene and write about your observations.

Example VI: MPH Interdisciplinary Cross-Cutting Competencies

Choose one of the MPH Interdisciplinary Cross Cutting Competencies that was identified in your Capstone Agreement. Reflect about what you have learned regarding this competency.

For example:

- Communication and Informatics – Journal about a specific incident in which someone you were working with shared information verbally to an individual or in a group at a meeting. How did it go? Did the recipient of the communication listen? Did they hear it? What did you learn about communication through observing this interaction? If it had been you providing the information, what would you have done differently and why?
- Leadership – Compare and contrast the leadership styles of people you are interacting with in your field experience. How do these leadership styles differ from the way that you wish to provide leadership? What styles would you like to emulate in the future?
- Professionalism – Ask some of your colleagues at the field experience site about their personal definitions of “professionalism.” How do their definitions differ from your own? What have you learned from the exercise?

Portfolio

As a final project, students will prepare a portfolio that includes work completed during practicum placement, previous coursework, and other relevant experiences.

Week	Topics	Readings
1	Introduction to course	TBD
2	Professionalism in the practicum placement Reflection assignment due	TBD
3	Practicum placement challenges Reflection assignment due	TBD
4	Conflict resolution in practicum placement and in public health Reflection assignment due	TBD
5	Communication and informatics in public health	TBD
6	Community engagement in public health Reflection assignment due	TBD
7	Diversity and culture in public health	TBD
8	Effective leadership in public health Reflection assignment due	TBD
9	Merging research and practice	TBD
10	Grant writing for public health Reflection assignment due	TBD
11	Systems thinking in public health	TBD
12	Topic selected by students Reflection assignment due	TBD
13	Topic selected by students Reflection assignment due	TBD
14	Topic selected by students Portfolio assignment due	TBD

Appendix L: Library Evaluation



Kresge Library
Rochester, Michigan 48309-4401

*A teaching library with an outstanding student-centered
information literacy program*

MEMORANDUM

To: Patricia Wren, Associate Professor, School of Health Sciences (SHS)

From: Shawn V. Lombardo, Coordinator of Library Collections, Kresge Library
Julia Rodriguez, Library Liaison to the School of Health Sciences

Re: Library Collection Evaluation for Proposed Master's Degree in Public Health

Date: July 27, 2012

To develop this collection evaluation, we reviewed the proposal for the new program and compared the holdings of the Kresge and the School of Medicine (SOM) Libraries to those universities with similar programs (noted in the program proposal) and with standard collection development tools. In general, the proposed new program will benefit greatly from the library's existing collections that have been built to support coursework in nursing, social work, biomedical science and psychology. However, there are a few resources that should be acquired for the library to support the program adequately. Below is a brief description of the resources currently available, those that should be acquired, and a five-year cost estimate for these additional resources.

Currently Available Resources

Indexes and Other Databases

Kresge and the School of Medicine (SOM) Libraries subscribe to a number of relevant indexes that cover the journal literature in the health sciences. These include health sciences databases such as *PubMed/Medline*; the *Cochrane Library of Systematic Reviews*; *CINAHL* (a nursing and allied health database) and *Health Reference Center Academic (HRCA)*; *Cochrane*, *CINAHL* and *HRCA* provide full-text access to numerous periodicals in the health sciences. *PsycInfo* (covering the literature in psychology and related disciplines), *Social Work Abstracts* and *Sociological Abstracts* are comprehensive sources for identifying the literature on social and health behaviors; *ERIC* and *SportDiscus* are good indexes to the health education literature; and *Current Index to Statistics* includes coverage of biostatistics. The library's *Web of Knowledge* platform (consisting of the *Science Citation Index* and *Social Science Citation Index*, as well as *Medline*) provides the ability to cross-search the biomedical and social science literature.

Data Sets and Statistics

A large proportion of health-related data and statistics is gathered by federal and state government agencies; in many cases, these data sets and statistics are made freely available online. Examples include the National Health Interview Survey (NHIS), National Health and Nutrition Examination Survey (NHANES), and the CDC's Behavioral Risk Factor Surveillance System (BRFSS). Other free sources of grey literature, statistics and reports include the Michigan Department of Health and the American Public Health Association. In addition to these resources, the library administers Oakland's membership in the Inter-University Consortium for Political and Social Research (ICPSR), which provides an extensive number of downloadable data sets in the health and social sciences from government and non-government entities, individual researchers and other sources. The library's Roper Center (*iPoll*) subscription provides access to Roper public opinion polling data on social, political and other issues. Funding for both of these resources has been provided annually by the Provost.

Journals

Kresge Library currently provides access to an excellent selection of journals, primarily online, covering the fields of biostatistics, environmental health sciences, epidemiology, health education and health policy. Of particular importance to the proposed program are the library's eJournal packages from Elsevier (ScienceDirect), Wiley-Blackwell, Oxford University Press, Sage, and Lippincott, Williams and Wilkins (from OVID, funded by the SOM Library). A review of ISI's *Journal Citation Reports* rankings of the top public health journals (by impact factor) illustrates the strength of the library's collection: the Kresge Library and SOM Library together subscribe to more than 75 percent of the top 60 publications (Appendix A). The Libraries' databases noted in the previous section provide easy access to these journals through the library's openURL link resolver (i.e., the *Get It* links embedded in the databases). Similarly, the libraries provide access to more than 90 percent of the public health titles described in *Magazines for Libraries*, a standard collection development tool for academic libraries that lists core journal titles by discipline. Of the five degree specializations listed in the program proposal, the current collection appears to be weakest in the areas of environmental health, biostatistics and epidemiology.

Monographs and Reference Sources

The combined eBook collections of the SOM and Kresge Libraries are a significant source of monographs and reference books on public health-related topics. The Springer eBook collection, for example, contains 200 recent titles addressing statistical applications in medicine, the health sciences and public policy (e.g., the book series *Statistics for Biology and Health* and individual titles such as *Regression Methods in Biostatistics*) and thousands of other titles that would be useful to public health researchers (e.g., the *Springer Series on Epidemiology and Public Health*; and individual titles such as the *Encyclopedia of Public Health*). The proposed program will also be supported by the publications of the National Academies Press – a publisher of studies, reports and other materials covering, in part, the health sciences and public health – which recently announced that its titles would be freely available online. In addition, the Libraries purchase a number of books annually to support the health sciences through a departmental allocation for titles requested by SHS faculty and through the library's approval plan with its primary book vendor, which supplies recent publications based upon a profile that the library has created to support the university's curriculum. Coverage of health policy is fairly good

through this profile, but the Libraries do not receive many titles in epidemiology, biostatistics or environmental health science through the plan. As a result, the Libraries own few of the biostatistics titles included on a Doody's Core Title List 2012. (Note: public health topics are not well-represented on the Doody's List.)

Resources Needed

Indexes, Statistical Sources and Other Databases

The library's current indexes to the public health literature generally are sufficient to support the proposed program. The library and the medical library provide access to most of the databases that both Wayne State and the University of Michigan provide for their public health programs. One notable exception is *Biological Abstracts (BIOSIS)*, to which both of these institutions subscribe. However, *BIOSIS* is an expensive subscription (more than \$16,000 annually) and *PubMed* and *Web of Science*, as well as the library's new discovery service *Library OneSearch*, should be adequate for student and faculty researchers in the program. Both institutions also subscribe to *LexisNexis Statistical Universe*, an index to statistics and data sources. Since *Statistical Universe* does not contain the data sets themselves, it generally would be of limited use to most master's-level students.

One resource that should be acquired, however, is *HaPI (Health and Psychosocial Instruments)*, a database that contains information on approximately 15,000 measurement instruments (i.e. questionnaires, interview schedules, checklists, coding schemes, rating scales, etc.) in the fields of health and psychosocial sciences. Although the full-text of the instruments is not included in the database, *HaPI* can be used to discover available instruments and reliability and validity evidence about them. Both Wayne State University and the University of Michigan maintain subscriptions to *HaPI* which, in conjunction with *Mental Measurements Yearbook*, can provide students and faculty more comprehensive coverage of test instruments in the health and social sciences. The annual cost of a subscription to *HaPI* is included in the recommended five-year library budget for the program (Appendix C).

Journals

In coordination with faculty in the School of Health Sciences, we recommend adding subscriptions to a few core titles in public health and its associated specializations; these titles are listed in Appendix B, along with their annual subscription costs. The total cost for these journals are also included in the five-year recommended library budget for the program (Appendix C).

Books and Reference Titles

As noted above, the library should expand its books and reference resources to support the proposed program. Prices for books related to public health vary widely, the most expensive being those addressing biostatistics and epidemiology. Julia Rodriguez, the library's liaison to the School of Health Sciences, has noted that faculty in the School regularly request that the library purchase more monographs than the department's current allocation allows. Therefore, a fairly small amount of funding for monographs is included in the library budget in Appendix C, with additional funding in the first year for targeted retrospective collection building.

Library Budget for Proposed Program

Appendix C provides a five-year budget to enhance the library's ability to support the teaching and research activities for students and faculty in the proposed program. The budget includes funding, with annual inflationary increases, for subscriptions to *HaPI* and a few new journals, as well as for the purchase each year of approximately ten books on public health topics, in addition to those that the library receives through its approval plan. The budget also includes funding to cover the annual inflationary cost increases for the library's current journals and research databases (historically averaging eight percent or more per year) that support the proposed program. Without additional funding, the library cannot guarantee that we will be able to maintain subscriptions even to our current resources.

C: Adriene Lim, Dean, University Libraries
Julia Rodriguez, Library Liaison to the School of Health Sciences
Kristine Condic, Library Representative, OU Senate

Appendix A
 OU Libraries' Access to Top-Ranked Public Health Journals
 (Rankings from ISI *Journal Citation Reports* 2010)

Journal Title	OU Access	Impact Factor
ANNU REV PUBL HEALTH	Annual Reviews	8.609
EPIDEMIOL REV	Oxford UP	8.238
ENVIRON HEALTH PERSP	open access	6.087
EPIDEMIOLOGY	LWW Collect.	5.866
INT J EPIDEMIOL	Oxford UP	5.759
AM J EPIDEMIOL	Oxford UP	5.745
BULLETIN OF THE WORLD HEALTH ORGANIZATION	open access	5.459
EUR J EPIDEMIOL	Springer	4.535
AM J PREV MED	ScienceDirect	4.11
J. of Toxicology and Environmental Health - B Critical Reviews	NO	4.041
GENET EPIDEMIOL	Wiley-Blackwell	3.988
CANCER EPIDEMIOLOGY BIOMARKERS & PREVENTION	AACR	3.919
AM J PUBLIC HEALTH	ScienceDirect	3.85
J CLIN EPIDEMIOL	ScienceDirect	3.753
INFECT CONT HOSP EP	NO	3.751
DRUG SAFETY	NO	3.599
SCAND J WORK ENV HEA	Proquest Psyc	3.54
ENVIRON RES	ScienceDirect	3.5
OCCUP ENVIRON MED	NO	3.494
PREV MED	ScienceDirect	3.299
ANN EPIDEMIOL	ScienceDirect	3.238
MED CARE	LWW Collect.	3.183
J EXPO SCI ENV EPID	NO	3.132
J ADOLESCENT HEALTH	ScienceDirect	3.116
TOB CONTROL	NO	3.077
PUBLIC HEALTH GENOM	NO	3.049
J EPIDEMIOL COMMUN H	NO	2.983
INT J HYG ENVIR HEAL	ScienceDirect	2.886
TROP MED INT HEALTH	Wiley-Blackwell	2.841
T ROY SOC TROP MED H	ScienceDirect	2.832
NICOTINE TOB RES	Oxford UP	2.801
CANCER CAUSE CONTROL	Springer	2.789
VECTOR-BORNE ZOONOT	NO	2.733
HEALTH & PLACE	ScienceDirect	2.694
PALLIATIVE MED	Sage	2.515
NEUROEPIDEMIOLOGY	NO	2.482
ENVIRON HEALTH-GLOB	PubMed Central	2.45
AM J TROP MED HYG	Highwire	2.446
ECONomics and Human Biology	ScienceDirect	2.438
PSYCHIAT SERV	NO	2.388
BMC PUBLIC HEALTH	PubMed Central	2.364
Community dentistry and oral epidemiology	Wiley-Blackwell	2.328
STATISTICS IN MEDICINE	Wiley-Blackwell	2.328
HEALTH EXPECTATIONS	Wiley-Blackwell	2.315
EUR J PUBLIC HEALTH	Oxford UP	2.267
EPIDEMIOL INFECT	Cambridge UP	2.257
INT J PUBLIC HEALTH	Springer	2.241
PATIENT EDUC COUNS	ScienceDirect	2.237
HIGH ALT MED BIOL	NO	2.236
J EPIDEMIOL	open access	2.11
Ethnicity & health	NO	2.078
PUBLIC HEALTH NUTR	Cambridge UP	2.075
J URBAN HEALTH	Springer	2.068
ANN OCCUP HYG	Oxford UP	2.014
J OCCUP ENVIRON MED	LWW Collect.	1.98
QUAL LIFE RES	Springer	1.958
PAEDIATR PERINAT EP	Wiley-Blackwell	1.928
INT ARCH OCC ENV HEA	Springer	1.91
PREHOSP EMERG CARE	NO	1.889
J PUBLIC HEALTH-UK	Oxford UP	1.878
AM J IND MED	Wiley-Blackwell	1.75
Disaster medicine and public health preparedness	LWW Collect.	1.747
ANN HUM BIOL	NO	1.713
GEOSPATIAL HEALTH	NO	1.705
J OCCUP HEALTH	NO	1.701
ENVIRON GEOCHEM HLTH	Springer	1.667
J TOXICOL ENV HEALA	NO	1.637
J PUBLIC HEALTH POL	NO	1.635
EUR J CONTRACEP REPR	NO	1.616
COMMUNITY GENET	NO	1.538

Appendix B					
Recommended Journals to Support Proposed MPH					
Title	Publisher	ISSN	JCR 2010 Rank	Core Title ¹	Cost ²
American Journal of Health Education	AAHPERD	1932-5037	-	✓	\$215
Journal of Public Health Policy	Palgrave	1745-655X	68	✓	\$421
Ethnicity and Health	Taylor & Francis	1465-3419	51		\$1,140
Journal of Epidemiology and Community Health	BMJ Publishing Group	1470-2738	27	✓	\$1,330
					\$3,106
¹ Listed in <i>Magazines for Libraries</i> (18th ed., 2010)					
Other Journals to Consider (with additional funding)					
Title	Publisher	ISSN	JCR 2010 Rank	Core	Cost ²
Journal of Exposure Science and Environmental Epidemiology	Nature	1559-064X	23		\$1,170
Journal of Toxicology and Environmental Health Parts A & B	Taylor & Francis	1087-2620	12, 67		\$5,300
Drug safety	Springer Science & Bus	1179-1942	16		\$2,570
Occupational and environmental medicine	BMJ	1470-7926	19		\$1,175
Tobacco Control	BMJ	1468-3318	25		\$900
					\$8,300

Appendix C
Budget for Library Materials to Support Proposed MPH

	Year 1	Year 2	Year 3	Year 4	Year 5
<i>HaPI</i> (EBSCO - 5 simultaneous users) ¹	\$ 1,310	\$ 1,376	\$ 1,444	\$ 1,516	\$ 1,592
Monographs and reference books ²	\$ 2,000	\$ 1,000	\$ 1,050	\$ 1,103	\$ 1,158
Journal subscriptions ¹	\$ 3,106	\$ 3,354	\$ 3,623	\$ 3,913	\$ 4,226
Funding to support current resources	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
	\$ 7,416	\$ 6,730	\$ 7,117	\$ 7,532	\$ 7,976

¹Presumes 8% annual inflationary increase

²Presumes 5% annual inflationary increase

Appendix M: Internal Support Letters

Dean Ken Hightower

MEMO

To: Susan Awbrey, Interim Sr. Vice President, Provost Academic Affairs

From: Ken Hightower, Dean School of Health Sciences

RE: Masters in Public Health proposal support

Date: October 10, 2012

I strongly support the proposal for a Master's in Public Health in Health Sciences, a school dedicated to health and well-being of our citizens by providing our students with relevant and timely learning experiences in health education and practice-based opportunities. This new graduate degree program has been explored for a number of years and our analyses of both the student populations and the community demonstrate a great need in our region for more specialized training in public health and improved delivery of health promotion interventions. The proposed MPH program would graduate students specially trained to meet this need. The proposed Master of Public Health Program will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals. The core program is designed as a cohort model, initially of 8 to 10 students in the first year or two, with options for individuals going out of the cohort to take various elective courses in other schools or the college.

The School of Health Sciences is already well positioned in the community to foster and promote community health through its sizeable undergraduate health science degrees as well as the Prevention Research Center that encourages translational research. When the School of Medicine gains accreditation and can dedicate time and resources for further credentials, we are confident that an existing program can be strengthened. Currently, courses from the College, the School of Nursing and the School of Business have a wealth of courses suitable for new tracks or elective offerings in the future. We in the School of Health Sciences

already was first to offer an interprofessional graduate degree with our Master's in Safety Management with the School of Business.

The Master of Public Health program at Oakland University is a generalist, professional program that delivers the core and cross-cutting competencies established by the Council on Education for Public Health (CEPH) and the Association of Schools of Public Health (ASPH). It is modest and be successful from the start with a structure that allows expansion. The cohort approach permits a profit as quickly as the second year even with the addition of a faculty line. The program as proposed does not segment into specializations or concentrations but is designed to be modular and scalable and responsive to changing needs. While obviously not currently an accredited program, Oakland University's proposed MPH program is committed to adhering to the principles and expectations of the two main governing organizations – CEPH and ASPH – to best position itself for future accreditation.

The proposal as currently crafted is designed to be flexible and accommodating to future development of new electives from other academic units as well as different tracks that focus on various sub-specialties as mandated by community needs. It is well-positioned to be accredited in the future since we have adhered to the principles and requirements of the two major accrediting bodies.

Our MPH is designed particularly with an interesting collaborative component in CAS. There are 25 potential elective courses in the College listed, and each appropriate department or section is free to opt in or out as they prefer. And, given the extensive range of reasonable electives, the likelihood of getting one or two MPH students per CAS class is remote. That's the advantage of fully listing as many relevant cross-disciplinary selections as possible. It's why we would also open our curriculum to our colleagues around campus, eventually in nursing, engineering, business and medicine when they finalize their busy accreditation initiatives. Our MPH is to be collegial at the graduate training program level.

10/18/12

Oakland University Mail -Fwd: MPH proposal support

Patricia Wren <wren@oakland.edu>

Fwd: MPH proposal support

1 message

Kenneth Hightower <hightowe@oakland.edu>
To: Patricia Wren <wren@oakland.edu>

Thu, Oct 18, 2012 at 1:30 PM

Pls log this into doc

Ken

----- Forwarded message -----

From: "Arthur Bull" <abull@oakland.edu>
Date: Oct 18, 2012 1:06 PM
Subject: MPH proposal support
To: <hightowe@oakland.edu>

Dear Ken, I have read the MPH proposal and offer strong support. Our current graduate offerings can easily handle the potential MPH students who would be interested in our offerings.

—
Arthur W. Bull, Ph.D.
Professor and Chair
Department of Chemistry
Oakland University
248-370-2347

Department of Mathematics and Statistics



Department of Mathematics and Statistics
College of Arts and Sciences
Rochester, Michigan 48309-4485
(248) 370-3430 Fax: (248) 370-4184

Eddie Cheng
e-mail: echeng@oakland.edu

October 15, 2012

Kenneth Hightower, Dean and Professor
School of Health Sciences
Oakland University
Rochester, MI
48309

Dear Dean Hightower:

This is a supporting letter regarding the Proposal for a Masters in Public Health Program in the School of Health Sciences (SHS). I have reviewed this proposal and left with the impression that this is a well-crafted and well-prepared proposal.

With various medical challenges and aging populations in Michigan, health care and public health issues require urgent attention. The School of Health Sciences has a number of programs and it is reasonable to expect that this new program will be as successful as its existing programs. The SHS and the Department of Mathematics & Statistics (DMS) have an ongoing cooperative relation and we expect the cooperation will strengthen with this new program.

One item that puzzles me was two of the proposed courses, namely PH 640 Statistical Methods in Public Health and PH 650 Introduction to Epidemiology, as DMS is already offering similar courses. After talking with Dean Hightower and Director Wren, I came to the realization that they are very much interested in utilizing our existing courses. We anticipate cooperation between SHS and DMS in terms of course offerings in the biostatistics area.

I believe such a program in public health complements nicely our new medical school and the SHS is in a unique position to offer such a program. It is a carefully designed program that benefited from their expertise in graduate programs, it draws strength from Oakland University and it is customized for students in Michigan. In short, I support this proposal.

Sincerely yours,

A handwritten signature in black ink that reads "Eddie Cheng".

Eddie Cheng, Ph.D.
Distinguished Professor and Chair

Patricia Wren <wren@oakland.edu>

Fwd: support for MPH

Kenneth Hightower <hightowe@oakland.edu>
To: Patricia Wren <wren@oakland.edu>

Fri, Oct 19, 2012 at 1:28 PM

----- Forwarded message -----

From: **David Dulio** <ddulio@oakland.edu>
Date: Fri, Oct 19, 2012 at 12:36 PM
Subject: support for MPH
To: "Hightower, Ken" <hightowe@oakland.edu>

Ken -

I'm happy to pass on support on behalf of the Political Science Department for the proposed Master of Public Health program. This will be an important addition to the graduate offerings at OU. We are pleased that the Master of Public Administration program can help provide an elective course for these students. We would welcome other opportunities for future collaborations.

Best of luck,
Dave

—

David Dulio
Professor and Chair
Department of Political Science
Oakland University
Rochester, MI 48309

—

kenneth hightower
Dean, Professor, School of Health Sciences
Oakland University
<http://preventionresearch.oakland.edu>
<https://twitter.com/kenhightower>

Master of Public Administration Program

0/19/12

Oakland University Mail - Re: MPH support

Patricia Wren <wren@oakland.edu>

Re: MPH support

2 messages

Diane Hartmus <hartmus@oakland.edu> Fri, Oct 19, 2012 at 6:13 AM
To: Kenneth Hightower <hightowe@oakland.edu>, "Patricia A. Wren" <wren@oakland.edu>, Dave Dulio <ddulio@oakland.edu>

Patricia Wren and I have met and consulted a number of times as she has worked to develop the proposed Master in Public Health program. I happy to support Prof. Wren's work and look forward to consulting with her on the program.

If you would like any more information from me regarding this proposal, please feel free to contact me.

Diane

On Oct 17, 2012 12:13 PM, "Kenneth Hightower" <hightowe@oakland.edu> wrote:

hi diane.....I know that Dave has passed the MPH support task to you as you and its author Patricia Wren have worked together on this and have had conversations suggesting your support, at least conceptually. I know in the future there will be much room for addition elective and/or tracks with your program and other CAS programs. As a small cohort-based program there will be no significant impact on class sizes or instructor loads til you and other faculty choose to expand. EAch cohort member is free to go on their own to explore over 25 different classes.

For now, I would greatly appreciate just a short sentence or two that you in principle support the MPH proposal...attached version again in the event you did not receive this briefer but accurate version. many thanks, (also my support letter to the provost)

I also know that Eddie Cheng is on board and is looking for possible ways to collaborate in the immediate future.
thanks,

ken

--

kenneth hightower
Dean, Professor, School of Health Sciences
Oakland University
<http://preventionresearch.oakland.edu>
<https://twitter.com/kenhightower>

Kenneth Hightower <hightowe@oakland.edu> Fri, Oct 19, 2012 at 9:29 AM
To: Diane Hartmus <hartmus@oakland.edu>
Cc: "Patricia A. Wren" <wren@oakland.edu>, Dave Dulio <ddulio@oakland.edu>

Thanks so much, Diane. I know you two have consulted and am confident you will be a valuable contributor to future improvements and potential the addition of new tracks. Your ongoing participation has been extremely useful to us and the future MPH students.

[Quoted text hidden]

https://mail.google.com/mail/u/0/?ui=2&ik=27d47d31e2&view=pt&search=inbox&th=13a6f7ffac252a78

1/1

Appendix N: External Support Letters

The Baldwin Center

August 17, 2012

Jennifer Lucarelli, PhD
Assistant Professor, Health Sciences
School of Health Sciences
Oakland University
Rochester, MI 48309

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Francine Zick
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Lisa Machesky
Executive Director

**PO Box 420700
212 Baldwin Avenue
Pontiac, MI 48342-0700
(248) 332-6101 phone
(248) 332-0533 fax
www.baldwincenter.org**

Dear Dr. Lucarelli:

It is with pleasure that I write this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. Such a program is important because it will improve the health of individuals and communities by strengthening the skills of local public health professionals. Additionally, this program's emphasis on community-based public health will help translate the graduate's knowledge and skills into improvements in health for vulnerable populations located in the City of Pontiac where my agency is located.

As you know, The Baldwin Center is located in Pontiac, MI and its mission is to feed, clothe, educate and empower the disadvantaged of Pontiac. Pontiac is an urban center very near the campus of Oakland University that is experiencing high levels of poverty and unemployment and high levels of chronic diseases. The Baldwin Center provides critical support to the low-income residents of the community and is also committed to improving their health.

Oakland University has been a key strategic partner as we strive to increase the quality of our interventions and expand our service offerings. We have been a site for several service learning experiences with several schools and departments and have developed a collaboration with the School of Health Sciences that has enabled us to start offering more opportunities for physical activity and other wellness activities for children and adults in the community.

The Baldwin Center is a natural setting for additional community-based research and learning around public health and we would be pleased to serve as a community site in which students enrolled in the public health program would further enhance their skills and enrich their learning. This experience will also enhance student's capacity for community-based work that serves the most vulnerable parts of society that is not often served by traditional means. This program would benefit students, faculty, and the Baldwin Center as we work to meet our collective goals of better health for all.

Furthermore, this program will help to strengthen the relationship between Oakland University and the surrounding community particularly those experiencing high levels of poverty and chronic disease. I support this program wholeheartedly! Feel free to contact me at 248.332.6101 if any further information is needed.

Sincerely,



Lisa Machesky
Executive Director

Centro Multicultural La Familia



Multicultural Family Center

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MISSION

To provide culturally-competent support services to families in a holistic approach in order to improve their quality of life.

www.centromulticultural.org

August 10, 2012

Patricia Wren, PhD MPH
School of Health Sciences
Oakland University

Dear Dr. Wren:

I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. Such a program is important because it will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals. The program's emphasis on community-based public health will help translate graduate's knowledge and skills into improvements in health for vulnerable populations in South East Michigan. This is especially important given the proximity of Oakland University to a wide number of nonprofit and social service agencies in Oakland County.

Centro Multicultural La Familia (CMLF) mission is to provide culturally competent support services to families in a holistic approach in order to improve their quality of life. We provide a wide variety of programs in both English and Spanish including mental health, substance abuse, domestic violence, integrated care or "medical home", parenting education and employment and language supports. Participation in the Healthy Pontiac We Can! Coalition with you and your staff has provided an even broader perspective to the work we do, it is more holistic.

Recognizing the importance of providing solid training for MPH students, we applaud OU School of Health Sciences in their efforts to make this degree accessible. CMLF could be considered a potential site for MPH students to do their internships or projects given the exposure to cultural diversity and social issues they will have at CMLF. We would benefit from hiring graduates that are familiar with the issues facing our local community and the clients we serve from different ethnic backgrounds. If granted, we look forward to working more closely with faculty members and students in helping to improve our understanding of the role that public health plays in the quality of life of the community in South East Michigan. If I can be of any further assistance, please feel free to call me at 248-858-7800 ext 1002.

Sincerely,

Sonia Acosta, PhD

Sonia Acosta, PhD
President/CEO

Diversity is our Strength

Detroit Medical Center

December 22, 2012

Florence Dallo PhD, MPH
Assistant Professor
Wellness, Health Promotion and Injury Prevention Program
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Professor Dallo:

I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. Such a program is important because it will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals.

The Detroit Medical Center's (DMC) record of service has provided medical excellence throughout the history of the Metropolitan Detroit area. From the founding of Children's Hospital in 1886, to the creation of the first mechanical heart at Harper Hospital 50 years ago, to our compassion for the underserved, our legacy of caring is unmatched.

Our medical experts are nationally recognized and each year, hundreds of DMC doctors are included in the list of America's Best Doctors™. A reputation for excellence draws patients to world-class programs in oncology, organ transplant, cardiology, women's services, neurosciences, stroke treatment, optometry, orthopaedics, pediatrics and rehabilitation.

We are the leading academically integrated system in metropolitan Detroit and the largest health care provider in southeast Michigan. The DMC has more than 2,000 licensed beds and 3,000 affiliated physicians.

Detroit Medical Center facilities employ best practices and conduct business in an atmosphere of respect and professionalism. Our recognition of and attention to diversity in our business operations and healthcare services is unparalleled.

Our volunteer efforts in health education and disease prevention represent an ongoing commitment to the health and well-being of the communities we serve.

The DMC continues to meet the health care needs of a growing community, offering the best in medical research and development, advanced technology and optimum clinical services.

The DMC would benefit from employing MPH graduates by providing the knowledge, skills, and abilities to adapt to the ever changing healthcare landscape. The role of healthcare is evolving to keep individuals, communities, and specific population groups healthy and well. The MPH graduate can assist DMC in defining this role to achieve optimal health in the communities that we serve.

Sincerely,



Craig DeLeon
Corporate Director Health and Wellness
Detroit Medical Center



MACOMB COUNTY HEALTH DEPARTMENT

Mount Clemens Health Center

43525 Elizabeth Road ♦ Mount Clemens, Michigan 48043

PHONE: 586-469-5235 FAX: 586-469-5885

www.macombcountymi.gov/publichealth

Steven C. Gold, M.P.H.
Director/Health Officer

Kevin P. Lokar, M.D.
Medical Director

May 31, 2012

Florence Dallo PhD, MPH
Assistant Professor
Wellness, Health Promotion and Injury Prevention Program
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Professor Dallo:

I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. Such a program is important because it will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals.

The Macomb County Health Department (MCHD) provides a full range of public health services to the County's 840,000 residents, including Immunization clinics, Children's Special Health Care Services, WIC, Family Planning, Health Education and Environmental Health. Services are delivered from three main offices located in Cities of Mt. Clemens, Warren and St. Clair Shores and from several satellite locations. Also under the auspices of the MCHD are the Animal Shelter and the Office of the Medical Examiner.

Competent delivery of the above services requires well-trained and educated staff. The majority of our professional positions require a minimum of a Bachelor's Degree, while Master's Degrees are preferred or required, particularly in management positions. Establishing an MPH program at Oakland University would provide a convenient opportunity for those public health professionals from Macomb County, as well as, the Metro-Detroit area who wish to enhance their abilities and their credentials by obtaining a Masters Degree in Public Health.

The MCHD certainly supports this worthwhile endeavor and I will be anticipating its successful implementation.

Sincerely,

Gary R. White, R.S., M.S.
Deputy Health Officer



August 10, 2012

50 N. Perry St.
Pontiac, Michigan
48342-2217
tel (248) 338 5000
mclaren.org

Jennifer Lucarelli, PhD
Assistant Professor
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Professor Lucarelli:

I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University.

Such a program is important because it will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals. The program's emphasis on community-based public health will help translate graduate's knowledge and skills into improvements in health for vulnerable populations in South East Michigan, and especially in Northern Oakland County and the City of Pontiac.

McLaren-Oakland has been directly involved with Oakland University in a number of community projects, but especially with a Building Healthy Communities initiative, Pontiac We Can! This initiative has made efforts in the City of Pontiac to improve nutrition and physical activity among residents as well as a variety of capacity building including applying for grant funding and membership recruitment.

Professor Lucarelli and I have considered an internship project with our cardiac rehabilitation department. While we were not able to fulfill all the parameters of that position requirement, I do hope that we will be able to continue to explore other opportunities of have a potential internship or practicum projects for MPH students here at McLaren-Oakland.

Another indirect contact that I have with Oakland University is in my role as Volunteer Services Coordinator. A number of Oakland University students volunteer at McLaren-Oakland and the majority of those individuals are seeking future careers within the realms of healthcare. I believe that it is crucial for a community to be able to offer both educational and employment opportunities within its own community so that the talent that is developed in a community can stay in that community.

In closing, I fully support the addition of the MPH program at Oakland University. In addition, I look forward to continued collaboration. If you have any additional questions, feel free to contact me at 248-338-5460.

Sincerely,

A handwritten signature in cursive script that reads 'Marie Bristow'.

Marie Bristow, MPA
Community Program & Volunteer Services Coordinator

Medical Network One



June 12, 2012

Florence Dallo Ph.D., MPH
Assistant Professor
Wellness, Health Promotion and Injury Prevention Program
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Professor Dallo:

Medical Network One is a healthcare management organization for primary and specialty care physicians and behavioral health specialists that provides administrative infrastructure and clinical support to develop and sustain high performing, patient-centric practices. In the course of our work, we frequently collaborate with a wide spectrum of healthcare professionals for the purpose of collectively improving patient outcomes. That is why I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University.

Such a program would be a welcome addition to Michigan's healthcare educational offerings because it can strengthen the skills, core capacities, diversity, preparation and responsiveness of public health professionals and ultimately improve the health of individuals and communities. As care becomes more integrated under the tenets of the Patient Centered Medical Home (PCMH), and as Accountable Care Organizations (ACOs) are developed and take root within communities from the foundation of the PCMH movement, the inclusion of masters-prepared public health professionals will be critical to the success of ACOs, which are highly networked and interconnected by design. As leaders in both the advancement of the PCMH in Michigan and teaching others about the foundational structure of ACOs, Medical Network One is dependent on highly educated individuals who see the broader healthcare landscape in terms of its direct impact on patient populations.

Our company and peer organizations will be measurably enhanced by the ability to add those who are pursuing or have obtained a Master's degree in public health at Oakland University and are interested in sharing their skills in the bold new healthcare world. In hiring OU/MPH graduates, it would be our hope and expectation that they would contribute to our mission with the experiences, education, and insights gained from a top tier MPH program.

Sincerely,

A handwritten signature in cursive script that reads "Ewa M. Matuszewski".

Ewa Matuszewski
CEO
Medical Network One

4986 Adams Road Suite D Rochester, MI. 48306
Voice 248.475.4701 FAX 248.475.5777

Michigan Department of Education



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

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PUBLIC INSTRUCTION

August 10, 2012

Jennifer Lucarelli, PhD
Assistant Professor
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Dr. Lucarelli:

I am extremely pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. The program's emphasis on community-based public health will help translate graduate's knowledge and skills into competitively trained public health employees working for the improved health of vulnerable populations in Michigan. Such a program is important because it will provide a needed base of graduates with foundational skills, core capacities, diversity, preparation and responsiveness in the knowledge of public health.

As a state agency that hires public health graduates and partners with the faculty of Oakland University School of Health Sciences, we are continually pleased with the quality of faculty and programs and look forward to an influx of well-trained graduates with potential for our agency to hire in the future. Our current work related to Local Wellness Policies and our past work through the SNAK program has been incredibly beneficial to our learning and application of data.

As an intern preceptor for a number of graduate level public health and nutrition programs, I would be thrilled to host Oakland University School of Health Sciences students as they work toward their degree. I can foresee students enjoying our work with Smarter Lunchrooms, Farm to School, and Nutrition Standards in Schools. I believe school meals are the best safety net programs for our children and we have an obligation as professionals to continually improve these programs and work integrally within the school community on these improvements.

The opportunity for potential students to maximize their learning at Oakland University School of Health Sciences is great and I am thrilled about the endless possibilities both for the students as well as those of us who would be future employers. I see this program as a great asset to our state and I fully support the addition of the MPH program at Oakland University. I look forward to continued collaboration.

Sincerely,

A handwritten signature in cursive script that reads "Diane L. Golzynski".

Diane L. Golzynski, PhD, RD
School Nutrition Consultant

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/mde • (517) 373-3324



December 22, 2012

Florence Dallo PhD, MPH
Assistant Professor
Wellness, Health Promotion and Injury Prevention Program
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Professor Dallo:

I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. Such a program is important because it will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals.

Beaumont Health System supports numerous programs related to health promotion and disease prevention within the communities we serve around the metro Detroit area, both internally and externally. Examples of these programs include Project Healthy Schools, Diabetes Education, and Healthy Lifestyles Patient Series. Public health students are uniquely positioned to liaison between hospital and provider organizations and the world of health promotion and disease prevention as they have intimate knowledge of behavior change strategies that hospitals often have the resources to implement.

My experience with MHP students has been very positive and several have made lasting impacts on our community and corporate health promotions programs. In addition, connections between Beaumont and Oakland University are strong and would lend themselves well to supporting and fostering student's education and hands-on experiences within the program. myOptimal Health, Beaumont's internal corporate wellness program, has accepted numerous student interns from Oakland programs, several leading to hires into Beaumont. We have been duly impressed with the high quality of education and experience those students possess and would expect no less from an MPH program at Oakland.

You have my wholehearted support for the program's inception and ongoing successful training of health promotion and public health professionals.

Kind Regards,

Tom Spring, MS FAACVPR
Programs Manager
Corporate and Community Health Promotion
Beaumont Health System

cc. Lucy Stemburgh, MS

Oakland County Health Division



L. BROOKS PATTERSON, OAKLAND COUNTY EXECUTIVE

Kathleen Forzley, RS, MPA, Manager
HEALTH DIVISION

September 4, 2012

Patricia Wren, PhD, MPH
Assistant Professor
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Dr. Wren:

I strongly support the creation of a Masters of Public Health (MPH) at OU, and I am pleased to provide this letter of support for the program that is proposed by the School of Health Sciences at Oakland University. As the Health Officer for Oakland County Health Division, I oversee a large public health staff, and I am aware of their needs to pursue this valuable education and credential. Many of our staff that would like to obtain the MPH credential have settled for alternative educational programs due to easier access than what is currently available for the MPH. I notice that MPH prepared staff are generally better prepared for many of our Health Division positions and progress at a more rapid rate due to their understanding and broad perspective of public health issues and solutions. I am confident that this MPH program will provide enhanced access to this valuable education and will provide opportunities to enhance the skills of our current employees.

Given our current relationship with Oakland University in many program areas, particularly our community health coalitions, I see creation of an MPH program providing many additional opportunities for collaboration. MPH students will be able to participate in these programs during their practicum and internships, developing critical skills in a hands-on setting. Furthermore, the work of these students during their academic training and beyond will be of great benefit to the local community as they take leadership roles in public health.

In closing, I strongly support the addition of the MPH program in the School of Health Sciences at Oakland University, and I look forward to continued collaboration.

Very Sincerely,

OAKLAND COUNTY HEALTH DIVISION
Department of Health and Human Services

Kathy Forzley, RS, MPA
Manager/Health Officer

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1200 NORTH TELEGRAPH ROAD
PONTIAC MICHIGAN 48341-0432
General Information 248-858-1280

SOUTH OAKLAND HEALTH CENTER
27725 GREENFIELD ROAD
SOUTHFIELD MICHIGAN 48076-3663
General Information 248-424-7000



A Community Action Agency

September 12, 2012

HELPING PEOPLE. CHANGING LIVES.

Community Action Since 1964 

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Chief Executive Officer

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Patricia Wren, PhD, MPH
Associate Professor
Health Sciences Program Director
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Dr. Wren:

I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. Such a program is important because it will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals. The program's emphasis on community-based public health will help translate graduate's knowledge and skills into improvements in health for vulnerable populations in Oakland County and Pontiac.

OLHSA is eager to partner with Oakland University School of Health Sciences in promoting Wellness to staff and clients and develop evidenced-based best practices. Populations to serve would include low income minorities families, pregnant women and infants, HIV clients, and seniors.

In addition, OLHSA would benefit from the knowledge and experience of MPH graduates in many of their programs including Health Services implementation in the Head Start and Early Head Start Programs. Collaborations could include implementing health services, program planning in health education and nutrition initiatives, and research projects.

In closing, I fully support the addition of the MPH program at Oakland University. I look forward to continued collaboration.

Sincerely,

Lynn Crotty
Director of Child and Family Service
OLHSA



44405 Woodward Ave.
Pontiac, MI 48341
P: 248-858-3000
sjoesoakland.org

September 11, 2012

Jennifer Lucarelli, PhD, Assistant Professor
School of Health Sciences
Oakland University
Rochester, MI 48309

Dear Professor Lucarelli,

I am pleased to provide this letter of support for the Master of Public Health (MPH) program proposed by the School of Health Sciences at Oakland University. Such a program is important because it will improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health professionals. The program's emphasis on community-based public health will help translate graduate's knowledge and skills into improvements in health for vulnerable populations in Oakland County.

St. Joseph Mercy Oakland (SJMO) is a community and safety-net hospital that has been serving the greater-Pontiac community for more than 85 years. A member of Trinity Health, the country's fourth-largest Catholic health system, SJMO is known for its commitment to patient safety and excellence in care. In 2011, SJMO provided inpatient care to more than 19,000 patients, cared for more than 330,000 outpatients, experienced more than 47,000 emergency room visits, and performed nearly 13,500 surgeries. In the same timeframe, SJMO provided more than \$33 million in uncompensated (charity) care and community programs serving more than 57,500 local residents.

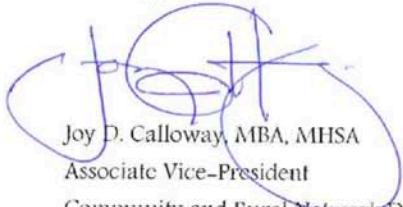
SJMO is currently partnered with Oakland University's School of Health Sciences to provide internships in many program areas including Metabolic Nutrition and Weight Management, Senior Fit, Shapedown and Community Health Promotion. Under an MPH program, SJMO could offer enriching and comprehensive internship and practicum experiences in all of the above areas (and others) that would benefit MPH students and advance their public health studies.

REMARKABLE MEDICINE. REMARKABLE CARE.

Our organization would benefit from hiring graduates from the MPH program at Oakland University in a number of ways; because of our current relationship with the University, we know that MPH graduates would be well educated and prepared to be part of the fast-paced healthcare workforce. We would also benefit, as part of a larger community, by keeping newly minted talent in the region, and by having locally-vested individuals serving their own community.

St. Joseph Mercy Oakland is enthused about the potential to further strengthen our successful partnership with Oakland University in this exciting new way. The benefits of enriching our collaboration in this way are endless and **we are in full support of the addition of the MPH program at Oakland University.**

Sincerely,



Joy D. Calloway, MBA, MHSA
Associate Vice-President
Community and Rural Network Development