REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
MEDICAL COLLEGE OF WISCONSIN

SITE VISIT DATES:
November 19-20, 2009

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at Medical College of Wisconsin (MCW). The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2005. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in November 2009 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Medical College of Wisconsin (MCW) is a private, freestanding medical college located in Milwaukee, Wisconsin. The college was founded in 1893 as the Wisconsin College of Physicians and Surgeons. The college merged with the Milwaukee Medical College in 1913 and became the Marquette University School of Medicine. Due to financial constraints, Marquette University ended its relationship with the medical school in 1967 and the school continued as a freestanding institution. The name was changed to Medical College of Wisconsin in 1970. Currently, there are more than 1,200 students enrolled in educational programs at MCW including 820 medical students and over 400 graduate students. The faculty supervises over 650 medical residents and 200 physicians in fellowship training through its affiliated hospitals and there are approximately 200 scientists engaged in postdoctoral research fellowship training.

MCW received a grant to develop and pilot a graduate-level distance education program to meet the training and career development needs of physicians and health care professionals working in the field of public health across the country. By 1986, the program’s concentration in occupational health was fully functioning and in 1992, a concentration in public health and general preventive medicine was established. The concentration in occupational health has historically been successful with graduates passing the American Board of Preventive Medicine Board examination at high rates. In 2003, the college received a substantial private endowment and increased its emphasis on improving the health of the public through training, community-based participatory research and service. Consequently, the emphasis on public health was adopted as one of five academic pillars for the college and was incorporated into a five-year strategic plan, which was approved and adopted by the Board of Trustees. The program was originally established for physicians and other licensed healthcare professionals however it is now open to individuals holding a bachelors degree or higher.
The program was initially accredited in 1991. The last accreditation review in 2007 resulted in the program being placed on probation and the Council requiring the program’s next accreditation review in 2009. The basis for the probationary decision were the following: lack of a clearly stated and publicized mission; lack of a stable organizational structure; absence of a defined governance structure; lack of sufficient faculty resources; lack of a required planned, supervised and evaluated field experience for MPH students; lack of a required integrative culminating experience for students; lack of a developed program-based approach and direction for public health research; absence of a systematic system for academic and career advising; lack of mechanisms to ensure student roles on program committees; no developed system for collecting and analyzing data and the absence of a system for making changes based on data collected; and failure to implement an inclusive self-study process.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.

b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program’s activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at MCW. The program and its faculty enjoy the same rights, privileges and status as other graduate-level programs within the college. The program’s positioning within the Department of Population Health allows for faculty to engage in interdisciplinary collaborations through the MCW Clinical and Translational Science Institute (CTSI) of Southeast Wisconsin. MCW also supports eight federally designated centers, one international center and ten college centers through which program faculty participate in interdisciplinary research, patient care and educational collaborations. The MPH curriculum reflects the expertise and research interests of the faculty.

The program’s values inform all aspects of operations, policies and procedures and strongly emphasize community-based learning, research and service; fostering professional diversity; and developing leaders who will serve as advocates to foster the health of the public. The organizational structure in place allows
for the program to successfully carry out its mission, goals and objectives with the program director overseeing the day-to-day operations of the program.

Financial resources for the program are appropriate and faculty and physical resources are adequate for the program to carry out its defined mission, goals and objectives. The program has been very successful in generating research grants with the total grant funding for the 2008-2009 academic year, in the form of research, training and center grants, being over $11 million. Fifty-eight percent of program faculty participate in funded research activities.

The program has addressed most of the deficiencies found in the last accreditation review and has implemented several changes such as a new field placement and capstone requirement; increasing the number of credits required from 30 to 42 credits; and redefining the governance structure to ensure that faculty, students and the community have input into major decisions surrounding overall program planning and evaluation. The program also has yet to assess the effectiveness of some of the newly implemented curricular changes.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program’s last accreditation report in 2007 assessed this criterion as “partially met.” At the time of the last review, the program did not have a clearly formulated and publically stated mission with supporting goals and objectives which would direct program efforts. MCW's MPH program developed its current mission, goals, objectives and values through an inclusive process with input from administration, faculty, students, the public health community and employer representatives. The process started in January 2008 during an Advisory Committee retreat. Recommendations were then presented to the faculty, and ultimately to the dean. An Advisory Committee sub-committee drafted SMART objectives, revised later by faculty and comments from the dean. Through this process, the MPH program established measures, data sources, measurement frequency and assigned person(s) responsible for each objective. The Advisory Committee and Faculty Committee remain actively involved in program decisions and how those decisions connect with the mission. The program’s mission is as follows:

To prepare and develop a competent, professional and diverse public health workforce through community-academic partnerships in education, research and service to enhance the health of the public.
This new mission reflects the vision of the MCW and MPH program to reintegrate medicine and public health and to have interdisciplinary collaboration and approaches to improve the health of communities. Administration from across the college and program articulate this vision, and describe the resources, planned actions and measures of success that have been and will be invested to achieve this vision.

Broad goal statements related to each major function: instruction, research and service, provide a context for the program's activities. These goals reflect a commitment to serving the diverse populations and needs of Wisconsin's regional communities; collaborating with public and private sectors; and developing and sharing new knowledge that emerges from research with various sectors to promote a healthy community. A series of measurable objectives supports each of the goal statements. These objectives indicate the intent to increase levels of service, collaborations, publications and new research projects.

The MPH program staff and the Graduate School collect data regarding the objective measures throughout the year. The MPH program compiles and reports this data per academic year. Some of the objectives were not current (eg, "By spring 2008..."). MCW must establish a system for ongoing review and revision of objectives, such as during the annual Advisory Committee retreat.

The MPH program's values were developed through the same inclusive process as described above. The values reflect broad public health core values.

The mission, goals and values are presented on the MPH website and in the MPH Student Handbook.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. The last accreditation report assessed this criterion as "partially met" due to the fact that the program had not developed a system for collecting and analyzing data regarding performance against a set of measurable objectives nor had it implemented a system for making changes based on these data. Additionally, the program did not implement an inclusive self-study process that produced a detailed, analytical self-study document. The self-study, verified in onsite meetings with the administration, faculty, students, alumni and Advisory Committee, outlines a systematic, broad-based process for collecting and analyzing data relative to the goals and objectives of the program and making recommendations. Although this process is still formative, it appears that the school has a sincere commitment to a new approach for measurement and improvement. The program seems committed to pursue this new evaluation process, supported by three full-time staff and the Graduate School, which is integral to the overall success of this effort.
The program revised their measures of outcomes when they revised their mission, vision, goals and objectives. Measures include student numbers, student evaluations, field placement experiences, tuition revenue, student GPA, employment rates, faculty service, faculty research and faculty contributions to scholarly knowledge, and course evaluations. Staff collect data on an on-going basis, addressing problems when they arise, and capturing a snapshot of the program annually during the January Advisory Committee retreat. The changes that have been made are directly related to the on-going and open communication among staff, faculty, administration, students and community members. One example of the program’s ability to use data in program planning is the process by which they started the certificate program. The program surveyed Wisconsin health departments and learned that public health professionals desired a graduate certificate option; the program created it shortly thereafter.

The self-study process included students, staff, graduates, faculty, administration and Advisory Committee members. The document reflects transparency in MCW’s process and an approach that invited feedback, involvement and critique of the program. The process started in January 2008 when the Advisory Committee began revising the mission, vision, goals, objectives and values of the program. From that time, monthly faculty meetings and regular Advisory Committee meetings have addressed multiple levels of program operations. The program manager was hired to write the self-study, and all stakeholders were aware, included or invited to participate in the process.

The evaluation and planning process has been undertaken by all stakeholders through committees, such as the Faculty Committee, Advisory Committee and Self-Study Workgroup. These committees met frequently, assigned and completed tasks and continue to serve as working groups to improve program operations. Members reported that they felt very informed of the program activities, and their level of involvement reflected that they valued the MCW MPH program.

The site team verified that a plan has been outlined for annually monitoring the mission, goals and objectives using the January Advisory Committee retreat as the point in time when outcomes are discussed. In addition, monthly Faculty Committee meetings are held where new findings are discussed and problems solved. This involves an individual “champion” for each objective who reports on the progress of completing the objectives in their performance review and in committee meetings.

The self-study provided a response to the previous accreditation review. Significant progress has been made since the 2007 CEPH review, and site visitors appreciated the large amount of work and the sincere dedication shown by program leaders and faculty in addressing challenges. The site visit team verified that there was significant involvement from administration, faculty, staff, students and community members (via Advisory Committee) not only in the self-study document, but also in the overall evaluation and planning activities of the program.
The commentary is related to the newly implemented systems and the lack of outcomes data that can reflect effectiveness over time. MCW does need to implement a system to revisit existing objectives to ensure that all objectives are current. Some objectives are not current and could be removed, retired or revised to reflect the current state of the program. The program did not have a specific time identified for when these objectives would be reviewed for continued appropriateness for the MPH program.

In addition, the program will soon be moving into a new organizational structure when the Department of Population Health dissolves and one institute will be created. The program is encouraged to identify process and outcome measures reflecting new procedures related to the anticipated transition.

1.3 Institutional Environment.

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

This criterion is met. MCW is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. During the last accreditation review, MCW was reaccredited for a ten year term. MCW is also accredited by the Liaison Committee on Medical Education and was awarded an eight year accreditation term during the last review in 2003.

Figure 1 represents the organizational structure for MCW. The Board of Trustees manages the affairs of the college through the development and adoption of policies and actions and oversight of educational, research, clinical and community service programs to ensure continuity with the college’s mission, vision and value statement. The president and CEO of the college serves as the principle executive officer and controls all aspects of the college including academic, fiscal, community service and political activities. The dean and executive vice president of the college is the principal academic officer and is responsible for the development, administration and execution of all academic and professional programs. The Executive Committee of the Faculty serves as the dean and executive vice president’s advisory group and is comprised of all of the chairs of separately-budgeted departments, directors of major research centers, senior associate deans, the dean of the graduate school and the president of the Faculty Council. In addition to the dean of the graduate school, there are five senior associate deans for the following areas: academic affairs, clinical affairs, graduate medical education, public and community health and research.

Academic oversight of the MPH program is provided by the graduate school of biomedical sciences. The graduate school consists of 18 individual programs housed within their respective departments where administrative duties are the responsibility of the program director. The MPH program is under the direct administrative supervision of the Department of Population Health, where the director of the MPH program also serves as the interim chair of the department.
The site visit team was informed of a planning process begun in September 2009 for the Department of Population Health, including the MPH program, to transition into a newly developed Institute for Community, Population and Public Health during the next year. The medical college has planned to restructure the Department of Population Health into one institute. The institute will be directed by the senior associate dean for public and community health. The MPH program director will serve as the interim chair of the department of population health until February 2010. Program administration stated that the institute will be fully established by June 2010. College administration stated in a meeting with the site visit team that the development of the institute will serve to elevate the MPH program into a more visible role within the college and to integrate medicine, public health and social and behavioral sciences to conduct research and build partnerships within the surrounding community. Additionally, the program director will be more tightly linked to college administration. Such a link was not apparent to site visitors prior to this meeting or through review of the organizational chart that was provided. The role of the graduate school in overseeing and evaluating the program’s activities will not change, and faculty will continue to be employed by their home departments. To teach in the MPH program, they must also be appointed to the institute.

During the site visit, faculty appeared optimistic about this pending restructuring. The program anticipates that this organizational change will help to foster internal and external collaboration, strengthen partnerships with community organizations, and enhance program visibility within the community.

1.4 Organization and Administration.

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

This criterion is met. The site visit report from 2007 assessed this criterion as “partially met.” At that time, the program had not defined a stable organizational structure and location to foster interdisciplinary collaboration and development of professional public health values and identity. The MPH program maintains an organizational culture embracing the vision, goals and values of the world of public health practice. Organizationally, the MPH program is housed in the Division of Epidemiology, within the Department of Population Health. Having been named program director in January 2008, the current program director has provided outstanding leadership to the program during a period of transition since the last site visit. Three full-time staff include a program manager and two program coordinators. Part-time staff includes two educational specialists, a systems specialist and a teaching assistant. Faculty, however, do not have their primary faculty appointments in the MPH program, rather these appointments are made by their respective academic departments. Figure 2 presents an organizational chart showing the administrative organization of the Department of Population Health and Figure 3 shows the structure of the MPH program itself.
In fulfilling its teaching, research and service functions, the MPH program functions as a collaboration of disciplines, draws much of its core and part-time faculty from a variety of academic departments and disciplines within MCW, as well as externally, and from public health practitioners working outside of academia in community organizations and in health departments. Opportunities to foster interdisciplinary
collaboration around public health activities and values occur frequently among the MPH faculty in conjunction with faculty from other clinical and basic science departments.

Figure 3. MCW Master of Public Health Program Organizational Structure

The program might more clearly define the efforts for the MPH program. Due to the type of faculty employed in the Department of Population Health, faculty service and research activities almost always address public health. However, not all DPH faculty are MPH faculty. The program should strive for a clearly defined administrative and faculty structure for the MPH program, as this is the entity submitted for programmatic accreditation.

1.5 Governance.

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

This criterion is met. This criterion was assessed as “partially met” in the last accreditation report because the program had not defined a governance structure that allowed appropriate participation and allocated responsibility for decision making. Additionally, during that time, the program had not instituted mechanisms to ensure student roles on program committees and to ensure systematic student input into
program evaluation and planning. The MPH program has structures and processes in place for program governance. The program’s governance structure includes a program director and standing and ad hoc committees. The program director is ultimately responsible for initiating and overseeing policy development, planning, curriculum review and revisions, budgeting and resource allocation, student recruitment and admission and academic standards and policies. Since the last site visit, under the leadership of the program director, considerable attention has been given to program governance, with greater opportunities for input and collaboration from faculty, students and other stakeholders, in support of the program’s future growth and development. Students are encouraged to play an active role in governance, and their input is highly valued by the program. There has been student participation on the MPH Advisory Committee, the Competency Development Sub-committee, and the MPH Self-Study Workgroup.

Standing committees identified in the self-study include: an Advisory Committee, a Faculty Committee, an Admissions Committee, a Field Placement Waiver Committee and various ad hoc committees. These committees have responsibilities for various administrative aspects of the MPH program. The information below provides the charge and current activities of each of the committees:

Standing Committees:

1) MPH Advisory Committee: Composed of representatives from the public health workforce, faculty, students, administration, alumni, and potential employers. Members are appointed by the MPH program director and serve for a five-year term. Planning and evaluation activities were initiated with the formation of a new Advisory Committee, composed of ten representatives from major constituent groups. Activities involved assessing and revising program mission, goals, objectives and competencies; participating in overall strategic planning and evaluation processes; and providing recommendations and guidance to the program administration. Input is also solicited on topics such as research and service expectations and policies, student diversity, curriculum development, field placement and capstone project opportunities, workforce development and recruitment of faculty and students. Alumni representation on the Advisory Committee first occurred in 2009. Since the last site visit, the Advisory Committee broadened its membership after recognizing that constituents such as students were not adequately represented. A student representative participates on the Advisory Committee as a voting member.

2) MPH Faculty Committee: Composed of all MPH teaching faculty. Monthly meetings were implemented in order to enhance faculty involvement in decision making and planning efforts. Activities include participating in strategic planning processes and reviewing recommendations
from the Advisory Committee. Other activities include providing guidance to the MPH program director on matters such as curriculum, distance education methodologies, competencies, advising, diversity, research, service activities, recruitment and policies and procedures that impact the faculty.

3) Admissions Committee: Composed of the MPH program director, director of enrollment for the Graduate School and the MPH program manager. Activities involve reviewing application materials, determining eligibility and making recommendations to the Graduate School regarding admission of students to the MPH and Certificate in Public Health Programs. Final authority rests with the dean of the Graduate School, who is also responsible for awarding the degree.

4) MPH Field Placement Waiver Committee: Composed of the MPH program director, one faculty member and one of the MPH program coordinators. The faculty member is appointed by the program director and serves for a two-year term. Activities involve reviewing and rendering a decision regarding field placement waiver requests.

5) Competency Development Subcommittee: Composed of the MPH program director, MPH program manager, health officer of local health department, two faculty members, the Healthy Wisconsin Leadership Institute program manager and one student. Formed in June 2009, this committee makes recommendations for overall program competencies and track-specific competencies.

Ad Hoc Committees:

1) MPH Self-Study Workgroup: Composed of constituents representing administration, the Graduate School, faculty, students and the public health community. Made recommendations to the MPH program director on issues related to the development and review of the self-study document.

1.6 Resources.

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

This criterion is met. The last accreditation review found this criterion to be “partially met.” During that time, the program had not amassed sufficient, stable faculty resources to address instructional needs, including student advisement, research and service, nor had it defined consistent methods for documenting calculation of full-time equivalence (FTE) based on faculty contributions. The program generates tuition revenue and receives annual funds from a large endowed grant. The MCW MPH program has eight full-time and 16 part-time faculty who provide instruction in the program. This is
greater than the minimum requirement of CEPH. The student/faculty ratio (SFR) based on FTE of the total faculty complement is 2.6. Based on core faculty alone, the SFR is 4.5. The SFR of core faculty to students, based on headcount is 8.6. In addition, MCW faculty from various departments across campus serve as field placement and capstone project advisors. The program’s change from two concentrations to one generalist program has been in effect for only one year, but the core faculty is more than adequate to address the single concentration.

Faculty resources for this particular MPH program are drawn from the Department of Population Health, as well as faculty from other MCW units however the program does pay faculty for advising and teaching MPH students. Faculty who teach in the MPH program hold appointments at the departmental level, therefore no faculty member has an appointment in the MPH program. Faculty contributions are determined based on number of courses taught, public health research and public health service activities. Guidelines were given in terms of what constitutes teaching, research and service activities and standard measures were used to determine time contributions in each area. While the organizational structure is difficult to define on paper, program faculty and staff were clear in who comprises the MPH program.

There are three full-time staff members, plus additional support through part-time educational specialists. The availability of the full-time staff and the faculty, were praised throughout the site visit by all constituency groups. Staff members advise students, answer questions and coordinate the field placement and capstone experiences.

The program has adequate funding and expenditures to support the MPH program operations. Currently, the program uses money from a $2.2 million endowment. This money will be used through 2013, at which time the MPH program needs to generate enough tuition and other revenues to cover its expenses, including 15% indirect costs paid to MCW.

The MCW system is unique in that grant monies are not allocated to a program, but instead are counted in a line item for the faculty who brought in the money. This means that the MPH program budget does not reflect any grant monies. However, neither does any other educational program on campus.

Table 1 presents the program’s budget for 2004-05 through 2008-09. Tuition has declined in the past five years related to the changes in the program. Tuition declined from 2004-2006 but has begun to rebound during the past two years (after subtracting the university tax, 2007-08 = 336,321.76 and 2008-09 = 353,589.41). The endowed funds that support the program’s redesign increased substantially in the last year.
The MCW MPH program has adequate office space, meeting room availability and proximity. Each full-time faculty has an office space on campus. No lab space is used in this program.

MCW has adequate computer facilities on campus, including 110 workstations in the Instructional Computing Laboratories, 60 workstations in the library, email, personal PCs for faculty, and technical assistance.

Library resources are available for all MCW students. The MCW libraries comprise three facilities: the main research library (Todd Wehr Library) and two clinical libraries. The libraries have one of the larger health sciences collections in the midwest and they hold more than 250,000 volumes, 3000 online journals, 800 electronic books and 85 databases. Tutorials and guides are available on the library's website.

| Table 1. Sources of Funds and Expenditures by Major Category, FY 2004 to 2009 |
|-----------------------------------------|---------|---------|---------|---------|---------|
| Tuition and Fees                       | 511,842.00 | 418,332.00 | 372,076.36 | 394,614.98 | 353,589.41 |
| State Appropriation                    | 0       | 0       | 0       | 0       | 0       |
| University Funds                       | 0       | 0       | 0       | 0       | 0       |
| Grants/Contracts                       | 0       | 0       | 0       | 0       | 0       |
| Indirect Cost Recovery                 | 0       | 0       | 0       | 0       | 0       |
| Endowment                              | 0       | 0       | 125,896.62 | 185,800.18 | 447,672.10 |
| Gifts/Donations                        | 835.00  | 1900.00 | 3480.00 | 5050.00 | 2436.00 |
| (Other: sales and service)             | 0       | 193.64  | 67.50   | 195.00  | 37.50   |
| Total                                  | 512,677.00 | 420,413.64 | 501,520.48 | 585,660.16 | 803,735.01 |

<table>
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<tr>
<th>Expenditures</th>
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<tr>
<td>Faculty Salaries and Benefits</td>
<td>268,869.82</td>
<td>234,615.68</td>
<td>242,018.90</td>
<td>297,237.97</td>
<td>359,836.66</td>
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<td>Staff Salaries and Benefits</td>
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<td>83,691.75</td>
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<td>82,353.85</td>
<td>71,886.74</td>
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<td>Travel</td>
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<td>966.31</td>
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<td>63,750.39</td>
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Courses are delivered online through the Angel learning management system, which is supported by MCW, and online teaching methods are guided and supported by two educational specialists. MCW
should be commended for the advancements made in their course design and investment in faculty
development in online, interactive distance learning efforts.

The MPH program has strong partnerships with local and state public health agencies developed through
students, alumni, research and service activities. Finally, the college has partnerships with a number of
local and state health departments including the Concentra Medical Centers, Department of Health and
Hospitals/Office of Public Health, Froedtert Hospital and Clinics, Sojourner Family Peace Center,
Southern Nevada Health District, Via Christi Health System, Zablocki Veterans Affairs Medical Center,
nonprofit health agencies, state agencies and private corporations. Currently, 31 public health
departments or health agencies have offered to be field placement sites for students.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met. The program offers a professional MPH in one concentration area, generalist. The
MPH program is a completely online program and began in 1986 with a concentration in occupational
medicine, adding a concentration in general preventive medicine in 1992. After some changes in the
structure of these concentrations, the program merged them into a single generalist concentration in 2009
to ensure adequate faculty resources. Most of the students enrolled in the program are part-time. In the
beginning, the program’s student body consisted of physicians and licensed health care professionals
who wanted to sit for board examinations in occupational and preventive medicine. The program has
since redefined its mission and focus to address the training needs of the public health workforce,
dropping its former concentration areas and allowing individuals with undergraduate degrees and an
interest in public health. Table 2 presents the program’s degree offering.

<table>
<thead>
<tr>
<th>Table 2. MPH Degree Specializations Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Masters Degree</td>
</tr>
<tr>
<td>Generalist</td>
</tr>
</tbody>
</table>

The program’s generalist concentration is well-developed, with an appropriate advanced-level curriculum.
Prior to the implementation of the program’s current set of required courses, students chose one of three
courses categorized as “selective courses” and an ethics course. After receipt of a letter from CEPH
regarding concern that the program did not have sufficient defining coursework beyond the five core
courses, the program consulted with CEPH, and made the decision to require students to take all three of
the selective courses as well as the ethics course. This decision was approved by the MPH faculty and Advisory Committee. The required curriculum for the generalist concentration is identified in the Table 3.

<table>
<thead>
<tr>
<th>Table 3. Required Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>18209 Community Health Assessment and Improvement – 3 credits</td>
</tr>
<tr>
<td>18230 Community Health Program Planning – 3 credits</td>
</tr>
<tr>
<td>18260 Community Health Program Evaluation – 3 credits</td>
</tr>
<tr>
<td>18250 Balancing Harms and Individual and Community Interests: Ethical Issues in Public Health – 3 credits</td>
</tr>
</tbody>
</table>

2.2 Program Length.

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

This criterion is met. As of fall 2007, the program requires 42 credit hours for completion. Graduate course credit is calculated as follows: Each 18 hours of lecture and exams equals one credit hour; Each 36 hours of laboratory, conference, demonstrations, clinical conference or other course activities is equal to one credit hour; and 90 outside (non-contact) hours is equal to one credit hour. Students who matriculated prior to fall 2007 are permitted to follow the original graduation requirement and may complete 30 hours to receive the MPH degree. The self-study stated that the original maximum time to graduate was set at four years, however this was not strictly enforced. The program reports that 20 students who enrolled before fall 2007 are still enrolled in a 30-credit requirement. The program has informed these students that they must complete the program by May 2010 or they will be subject to the new 42 credit requirement. Program administrators informed the site visit team that 19 of these students will graduate by May 2010. The remaining student, who matriculated in the spring 2007 semester is on pace to complete the program in the spring of 2011. Table 4 lists the number of MPH degrees awarded for less than 42 credits over the last three years.

<table>
<thead>
<tr>
<th>Table 4. MPH Degrees Awarded for Less Than 42 Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration</td>
</tr>
<tr>
<td>General Preventive Medicine and PH</td>
</tr>
<tr>
<td>Occupational Medicine</td>
</tr>
<tr>
<td>*Generalist</td>
</tr>
</tbody>
</table>

* Concentrations were in place until 2008, thus there are not any students in the “Generalist” program who fall under the 30 credit requirement.

To increase the credit hour requirement to 42 credits, the program added courses based on feedback from a local health officer who serves on the Advisory Board as well as individuals from regional health offices regarding what they felt students should be prepared to do upon graduation. Table 5 presents the MPH program’s degree requirements.
Table 5. MPH Degree Requirements

<table>
<thead>
<tr>
<th>Public Health Curriculum</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core courses</td>
<td>15</td>
</tr>
<tr>
<td>Required courses (including practicum and capstone)</td>
<td>17 to 19</td>
</tr>
<tr>
<td>Elective courses</td>
<td>8 to 10</td>
</tr>
</tbody>
</table>

2.3 Public Health Core Knowledge.

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

This criterion is met. The program requires students to take a course in each of the five core areas of public health knowledge – biostatistics, epidemiology, environmental health sciences, health services administration and social and behavioral sciences. Table 6 presents the core curriculum for the program.

Table 6. MPH Core Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Core Area</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>18200 Environmental Health</td>
<td>Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>18201 Principles of Epidemiology</td>
<td>Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>18203 Public Health Administration</td>
<td>Health Services Administration</td>
<td>3</td>
</tr>
<tr>
<td>18204 Introduction to Biostatistics</td>
<td>Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>18212 Behavioral Science and Public Health</td>
<td>Social and Behavioral Sciences</td>
<td>3</td>
</tr>
</tbody>
</table>

During the site visit, the team thoroughly reviewed the syllabi for each core course to determine whether or not the appropriate breadth and depth related to each core area was covered. Upon reviewing these documents, the team determined that the core courses offered by the program are appropriate for graduate education in public health. Students are not permitted to waive any core course.

2.4 Practical Skills.

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

This criterion is met. During the last accreditation visit, the program was cited for not requiring students to complete a planned, supervised and evaluated field placement experience. To address this issue, the program developed a field practicum course, which all students are required to complete, providing students with the opportunity to apply practical knowledge and skills learned through courses in a professional public health work environment in a particular area of interest. This course was offered for the first time during the 2008-2009 academic year. Students may choose from three credit/contact hour options – 1) two credits, 80 contact hours; 2) three credits, 120 contact hours; or 3) four credits, 160
contact hours. Program administration stated that most students opt to complete a three credit, 120
contact hour field placement. The site visit team asked how students arrived at the decision to choose a
particular credit/contact hour combination and the program coordinator, who oversees the administrative
aspects of the field placement, stated that the decision is largely project-driven and depends on how long
the student, faculty advisor and site preceptor believe it will take to complete the project.

Students are required, at a minimum, to complete all core courses and, preferably, all other coursework
except the capstone project before beginning the field placement. Students may request to begin the
field placements prior to completing the previously mentioned coursework by submitting an Early Field
Placement Request Form to the program director. At the time of the site visit, four students were
permitted to begin the field placement early due to scheduling conflicts. Three of these students were
physicians who enrolled in 2006 prior to the implementation of the field placement who left some core
coursework until the end of their program. The fourth student enrolled in spring 2008 and progressed
quickly through the program, completing it in 16 months.

Students are given a Field Placement Handbook which outlines the process to use as a reference.
Students are encouraged to consider potential placement sites and the timing of the field placement
during their first semester in the program. The program director reviews all students’ plans of study
annually and at that time, plans regarding the field placement are reviewed. Once the prerequisite
coursework has been completed, students are permitted to enroll in the field placement course. The
student is responsible for making the arrangements for the field placements, but sites and preceptors
must be approved by the program director. Four months prior to beginning the field placement, students
must submit a student interest form, current resume or CV and a completed competency self-assessment
to the program coordinator.

Students select placement sites in collaboration with the program coordinator and the potential
organization where the student is interested in completing the project. Students initiate this process by
making initial contact with organizations which are identified through personal/professional contacts,
faculty recommendations or other agencies the program coordinator suggests based on the student’s
expressed area of interest. Examples of acceptable placement sites include community-based
organizations, state and local health departments, managed care organizations, industrial settings and
international agencies. Placements sites must have a completed Field Placement Application form on file
and a qualified preceptor, with substantial public health experience, who is willing to provide constructive
feedback and guidance to the student must be identified. Additionally, the student’s needs and the
agency’s needs must match and the student must be afforded the opportunity to engage in specific tasks
that enable them to further develop and apply specific skills related to public and community health.
Working students are encouraged to select sites other than their places of employment. If this is not a
feasible option, students may complete the placement where they work as long as the proposed activities are over and above their regular job and allow for them to apply the new body of knowledge gained through the program.

Once a placement site has been identified and approved, students work with a faculty advisor to develop a Field Placement Proposal outlining the specific activities to be completed. The program coordinator matches students with faculty advisors based on their particular interests. The student and faculty advisor refer to the competency self assessment as the basis for determining which competencies will be attained at the end of the field placement. A formal proposal must be submitted to the program coordinator at least six weeks prior to the start of the student’s placement. Students are also required to maintain Collaborative IRB Training Initiative (CITI) certification in the protection of human subjects throughout the field placement. There is a course students complete and, upon completion, a certificate is issued. The program coordinator keeps a copy of this certificate on file. Once the preceptor, faculty advisor, IRB consultant and program coordinator have approved the project, the student is permitted to register for the course and begin the field placement.

Roles and responsibilities for each individual involved in the field placement process are clearly outlined in the MPH Field Placement Handbook. Additionally, preceptors are issued a handbook which describes the program’s expectations and policies for the field placement as well as the evaluation process. During a meeting with preceptors and faculty advisors, the clarity of the process and information presented in the handbook were commended.

Students complete monthly field placement logs which documents activities pursued, hours completed, learning objectives fulfilled, competencies achieved and reflections observed throughout the placement. At the end of the placement, the student develops an Action Learning Project Summary Report and a PowerPoint presentation which summarizes the field placement project. In addition to these products, any other materials created for the project including brochures, surveys and reports may be submitted. The faculty advisor uses the Action Learning Project Summary Report, PowerPoint presentation, field placement log and the preceptor evaluation report to issue a grade for the field placement. Students are assigned a grade of excellent, good, satisfactory or unsatisfactory. A student whose performance is determined to be unsatisfactory must retake the course.

The field placement is a new programmatic activity and at the time of the site visit, a total of ten students had completed the placement. During the site visit, students, alumni, preceptors and faculty advisors, reported that the addition of the field placement requirement has strengthened students’ learning experience and provided useful products to agencies where students were placed. The program intends to fully evaluate the field placement to determine the effectiveness of supporting materials and the overall
experience for students although minor revisions have been made based on feedback from preceptors, faculty advisors and students.

The program does have a policy to award waivers to students with previous public health experience. The program coordinator and program administration indicated to the site visit team that all students are encouraged to complete the field placement even if they have previous public health work experience. Waiver requests are considered and approved by the Waiver Subcommittee consisting of the program director, a faculty member and the program coordinator on an individual basis. Students who have a bachelors or advanced degree in health or a health related profession and at least five years of continuous, paid public health experience may be eligible to waive the field placement. Possession of a prior professional degree (e.g., MD or RN) or prior work experience that is not closely related to the student's program of study is not sufficient reason for waiving the field placement requirement. Students must submit a waiver application form that includes the description of the experience that is to be considered along with a resume or CV and a completed Competency Self Assessment during the first semester of enrollment. If a waiver is granted, students must complete additional coursework to make up the credits. To date, only one student has been granted a waiver. The student had several years of experience as an Epidemic Intelligence Service (EIS) Officer at the Centers for Disease Control and Prevention.

2.5 Culminating Experience.

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

This criterion is met. Site visitors determined during the last accreditation review that the program did not require students to complete an appropriately integrative culminating experience. Beginning in the fall 2008 semester, all students are required to complete a capstone project as the culminating experience. Prior to the capstone, students who matriculated under the previous program requirements could complete Project Course I and II to fulfill the culminating experience requirement. These courses were last offered in summer and fall of 2008 respectively and have been phased out. Students who did not complete these courses by the deadline are required to complete a capstone. To begin the capstone project, students must have completed all required coursework and the field placement.

A capstone proposal is completed by the student and submitted to the faculty advisor and program coordinator by the student at least six weeks before enrolling in the capstone project course. The approval process is identical to that of the field placement. Students begin the work to develop an original masters paper on a significant public or community health issue or topic which serves as the primary component of the capstone project after the proposal is approved. All papers must include a comprehensive literature review and may be conducted as one of the following: 1) program development, 2) program evaluation, 3) community assessment, 4) community health planning, 5) public health policy
6) applied research. The capstone project is a collaborative effort between the student and their faculty advisor who serves as the primary reader of the masters paper. A second reader also provides input and assesses the quality of the capstone project. This individual may be another faculty member or an individual from the practice community with expertise in the topic area. The program coordinator for the field placement oversees the administrative aspects for the capstone project and tracks and maintains necessary forms, monitors student progress, updates materials and the website and serves as a resource for faculty, students and second readers.

A preliminary draft of the masters paper is submitted by the student to his or her faculty advisor, second reader and program coordinator at the midpoint of the proposed timeline. Feedback is given by these individuals and a final paper is resubmitted by the student including any corrections that were recommended two weeks prior to the end of the semester in which the capstone project begins. A PowerPoint presentation summarizing findings, outputs, outcomes and recommendations is prepared by the student for the faculty advisor and program coordinator two weeks prior to the end of the semester. The faculty advisor evaluates student performance and issues the grade for the capstone project. Grades of either excellent, good, satisfactory or unsatisfactory are assigned and those receiving an unsatisfactory grade must repeat the course. The capstone and the field placement are two distinct curricular requirements however, students may choose to link the two experiences and the field placement can lead to a topic that can be further explored through the development of the capstone project.

At the time of the site visit, four students had completed the capstone experience. Site visitors were able to review capstone project proposals and final projects that were submitted by students. The process was well defined and relevant forms were complete and organized. It was evident that students were required to integrate and synthesize knowledge gained in coursework and other learning experiences to develop projects which were tied to competencies. The four capstone projects were as follows: “Health Effects of an Efficient, Vented Stove in the Highlands of Guatemala,” “Helicopter EMS Transport is associated with reduced mortality in injured adults,” “Prevention of Diabetes Mellitus in African Americans: Interventions and Recommendations for a Federally Qualified Health Center in the City of Milwaukee,” and “How to Select a Mass Notification System: A 12-Step Program.”

2.6 Required Competencies.

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

As a consequence of the Council’s review of supplemental material provided by the program, this criterion is met. The MCW MPH program follows the Association of Schools of Public Health (ASPH) competencies for core public health outcomes. This is a new set of competencies for the program,
approved in October 2009. These interdisciplinary core public health competencies apply to all MPH students. The competency areas and learning experiences include: biostatistics, environmental health sciences, epidemiology, health policy and management, social and behavioral sciences, communication and informatics, diversity, leadership, public health biology, professionalism and program planning.

The program (ASPH) competencies were reviewed and approved by the advisory and faculty committees. A competency development subcommittee was convened to spearhead the competency review. The committee included faculty members and community stakeholders. The advisory committee had voiced concern regarding the number of competencies, and a revised set of competencies, which consist of 13 program competencies and eight track-specific competencies, were approved in October 2009.

The MPH program notifies students about the competencies through the website, MPH Student Handbook, courses and field placement. All courses are mapped to the program competencies, and individual course syllabi reflect the competencies students gain within that class. In addition, students assess their own level of attainment of the competencies prior to beginning the field placement. Advisors encourage students to choose the six competencies they want to work on during their field placement, and students are assessed on their growth in and knowledge of these competencies. In addition, students determine competencies to target in the final capstone project. Their achievement is assessed by the faculty advisor and by the students themselves.

2.7 Assessment Procedures.

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

This criterion is partially met. The implementation of several new curricular aspects of the program, including the field placement and capstone are relatively new for the program and therefore, new assessment tools and procedures are in the process of being developed. The program has identified four existing procedures to assess student progress which are: coursework, the field placement, capstone project and advising.

Additionally, the program is exploring the use of a student development survey and ePortfolios as a means of assessing student attainment of competencies. A survey tool was provided which was piloted in fall 2008 with students enrolled in public health administration and principles of epidemiology. At the end of these courses, a student development survey was administered through ANGEL, the program’s online teaching portal, asking students whether or not they felt competencies for those courses were addressed. Students rated their level of competency using one of the following ratings: competent, moderately competent, somewhat competent and or not competent. The usefulness of this tool is currently being evaluated by the faculty who will make a recommendation as whether or not to implement any further. The program’s educational specialists have also been working with ANGEL administrators to explore the
use of ePortfolios and the feasibility of using this tool given the scheduled upgrades to the ANGEL system. The site visit team was given a demonstration of the proposed format for the ePortfolios and program administration indicated that the pilot would start in the fall 2010 semester provided the ANGEL upgrade process occurred without incidence. Program administrators believe that these additions to the assessment process will create a richness to the program’s efforts and generate useful data.

The program has also recently developed a set of student achievement outcomes for which little data have been collected. The self-study indicated that many of these activities were in process or slated to be implemented within the next couple of semesters. Of the measures for which data were available – average GPA and alumni employment rates after 12 months of graduation, the program exceeded their proposed targets.

The program will need additional time to assess the effectiveness of the program in the preparation of the new student population as well as the new capstone and field placement requirements. The program’s assessment procedures are developing and not all of the proposed procedures for measuring students' attainment of competencies have been implemented. For example, to date, only 10 students have completed the field placement and four students have completed the capstone project. While both were listed as methods by which students’ attainment of competencies were measured, it is too soon to evaluate whether or not the procedures and learning activities associated with the two curricular components effectively require students to synthesize and integrate knowledge and techniques gained throughout the course of study and demonstrate mastery of competencies.

The concern relates to the reported graduation rates for the program. Graduation rates were significantly lower than 80% and were as follows: 42% for 2006-07; 33% for 2007-08; and 30% for 2008-09. Program administration cited several reasons for such low rates. Although a maximum of four years to complete the program was set, it was not strictly enforced and many students have remained in the program for longer periods of time with some opting to take a leave of absence further delaying degree completion. As the program moved from requiring 30 credits to 42 credits, it has also adopted and will now strictly enforce the graduate school’s maximum time to degree of five years which program administration believes will work to improve graduation rates. Student progress is now more closely monitored by the program and the graduate school and a new advising system is in place to further facilitate students' timely progression through the program. Another contributing factor is that, until recently, the program did not separate individuals taking courses to pass board exams who had no intention of completing the MPH degree from degree-seeking students, which negatively affected the graduation rates.
2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is met. The MPH program is delivered in a completely online format using the ANGEL (A New Global Environment for Learning) web-based learning management system. The program has been delivered by distance learning methods since its inception in 1986 and is primarily intended to meet the needs of working professionals who would otherwise not be able to complete the MPH degree. Within the ANGEL system, students may complete surveys and quizzes, send emails, post to threaded discussions, upload assignments and other activities. Specific format, delivery and content of coursework varies depending on the instructor however courses primarily consist of online lectures, discussions and activity assignments and are organized into weekly modules.

The educational specialists serve as a valuable resource to program faculty and are in the process of developing an online interactive course for faculty to introduce them to more options to optimize student-to-student and student-to-faculty interaction to enrich the learning process. This course was designed as a result of feedback from student's course evaluations which stated that they would like to see greater
use of audio and video technology in their classes. The use of simulations, wikis, blogs, web conferencing and social networking sites are also being explored. Program staff research additional resources and best practices for supporting students enrolled in online educational programs and creating a sense of community for these students. Staff from the program and the graduate school attended a webcast in March 2009 entitled, “Key Support Services for Non-Traditional Students” and in September 2007, staff attended a distance education webinar series supported by the Association of Schools of Public Health and the University of Michigan School of Public Health. Faculty and students spoke highly of the level of technical assistance support provided by the program.

The program was established to fulfill a specific need for licensed healthcare practitioners across the country, primarily physicians, to obtain an MPH in occupational medicine or general preventive medicine and was the first of its kind. The program has since expanded and broadened its focus to enroll students who have a bachelors degree and are interested in public health. The program may consider evolving into more of a hybrid program in which there would be the option of taking additional face-to-face courses for those who live near the college. Currently, MPH students may choose to take epidemiology and biostatistics in an on-campus format.

Students receive administrative and support services from the graduate school and MPH program staff. There is a Graduate School Handbook and an MPH Student Handbook which are issued to students that provides information regarding admissions, tuition and fees and other program policies and procedures. The MPH Student Handbook includes specific contact information that directs students to library services, advisors and ANGEL assistance. On-campus and virtual new student orientations are provided for MPH students at the beginning of their program. There is a separate graduate school orientation offered on campus in August, and an online version was developed in May 2009.

Course evaluations and student surveys provide feedback used by the program to evaluate educational outcomes, format and methodologies. The program plans to use results from alumni and employer surveys to further evaluate the effectiveness of its online educational program. The program has also used internal and external reviews as a means of implementing changes to the format and technologies used to increase faculty to student and student to student interaction. Educational specialists have designed an evaluation rubric by which all courses are assessed and have also worked with faculty to standardize course syllabi in accordance with graduate school requirements.
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The site visit report from the last accreditation review in 2007 assessed this criterion as “partially met.” At that time, the program had not developed a program-based approach to and direction for public health research. Currently, MCW is recognized as a major research center, and research plays a central role in the college, department and program. The program has clearly stated research goals. Multidisciplinary research is particularly important to the program’s research agenda, and such research is clearly documented in the self-study report. Areas of research strength include HIV/AIDS, women's health, aging and injury prevention.

The total grant funding for MPH faculty for 2008-09 including research grants, center grants and training grants was over 11 million dollars. These amounts indicate an impressive and vigorous research program. Fifty-eight percent of the MPH faculty participate in funded research. These activities inform their teaching and provide opportunities for students.

MCW provides many organizational structures that facilitate and support research activities, including the Office of Research/Research Education; Biostatistics Consulting Services; Bioethics Consulting Services, Epidemiology Data Service Center, Division of Health and Society; Clinical and Translational Science Institute. MCW and the Department of Population Health have been awarded funding through the Advancing a Healthier Wisconsin endowment, which has supported over 200 community - academic projects.

MCW values community-based research, and has over 150 faculty from over 20 departments and centers work with more than 200 diverse community groups to advance public and community health. The MPH program conducts community-based research addressing a number of contemporary and important health issues. Example titles include Texas Long Term Care Institute; Primary Care and Specialty Care Gap Analysis; Safe at Home; Women's Health Initiative Clinical Trial and Observations Study; Food and Fitness: Understanding Acculturations’ Impact on Diet and Activity Levels of New Immigrants; Neighborhood Factors Associated with Racial Disparities in Birth Outcomes in Milwaukee, and many more.
3.2 Service.

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

This criterion is met. The self-study describes service as an essential component of the program’s mission, supported by one of six strategic goals of the medical college: “To be nationally recognized for our commitment to health equity and improvement of community health locally and internationally through service, research, education and advocacy.” The self-study presented a list of service activities of MPH program core faculty and a list of all the funded service activities of MCW-based teaching faculty for the last three years. The MPH faculty complement integrates perspectives from the field of practice through past and present teaching, research and service experiences. Faculty members are involved in a broad array of substantive local, regional, state, national and international level service activities. Through the Healthier Wisconsin Partnership Program, several MPH faculty are involved in community health improvement projects with community agencies and organizations within the state of Wisconsin. Three members of the MPH faculty were cited in the self study for honors that they have received, in recognition of their leadership roles in improving the community’s health. One member of the MPH program core faculty received the 2008 Sacagawea Award from Professional Dimensions, a networking organization for professional women. This award recognized her leadership in many child health initiatives for local communities as well as statewide and national programs. Research and service activities are considered in the promotion and tenure process.

In 2006-07, five of six (83%) full-time faculty participated in public health service related activities; six of seven (86%) in 2007-08; and seven of eight (88%) in 2008-09. Other faculty members from a variety of departments throughout the Medical College have secondary appointments with the MPH program and their level of participation in public health service-related activities paralleled the experience of the full-time faculty noted above during each of the past three years.

Student involvement in service activities occurs primarily through their field placements and capstone projects, as well as through volunteer work. During the field placement, students are required to engage in an Action Learning Project that focuses on a public health issue. Students are also expected to participate in service activities beyond their course requirements, by providing service to the communities in which they live and/or work. A list of potential opportunities is found on the MPH program website. Although student service activities are not regularly captured by the program, in the future, students will be asked about such activities during their annual evaluation, and they will also be able to document their efforts using a new ePortfolio. In 2009, of the 30 students who provided information for the self-study process, 27 reported participation in service-related activities.
Students and faculty are actively engaged in a variety of service activities that contribute to the advancement of public health practice. Service to the community is closely tied to the MPH program's mission and is facilitated by collaborations and linkages already in place among various program faculty, staff, and community partners. Working professionals contribute to the program by teaching courses, giving a strong practice orientation to the program. Program faculty contributes to the community by conducting research and working on projects with colleagues in various local governmental and other community settings.

3.3 Workforce Development.

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

This criterion is met. The program's efforts surrounding workforce development are guided by its mission statement: "The mission of the Master of Public Health Program at the Medical College of Wisconsin is to prepare and develop a competent, professional, and diverse public health workforce through community-academic partnerships in education, research and service to enhance the health of the public." By offering the MPH degree to individuals working in the field of public health, as well as providing opportunities for public health practitioners to take courses as non-degree-seeking students towards a Certificate in Public Health, the program demonstrates a renewed commitment to support public health workforce development in the state of Wisconsin and elsewhere.

In 2008, the MPH program surveyed health officers and health department personnel in Wisconsin, to ascertain their level of interest in a certificate program and a distance-based MPH program. Based upon the results of that survey, the program has recently developed and implemented a Graduate Certificate in Public Health, admitting its first student in the fall of 2008. At the time of the site visit, there were four students enrolled in this online certificate program, and over the past three years, there have been thirteen non-degree students taking MPH courses. The certificate program consists of the five MPH core courses (15 credits), and all of these credits can be applied towards the MPH degree.

One further result of the 2008 survey process has been continuing dialogue with local health departments about the continuing education and workforce development needs of the public health workforce. These discussions have lead to the development of an initial pilot project at one of the local health departments, in relation to analysis of a Youth Risk Behavior Factor Survey that was conducted. Additionally, in conjunction with the Workforce Development Committee of the Wisconsin Public Health Association, another survey is planned for November 2009 assessing continuing education needs and priorities.

MPH faculty are actively involved in supporting the professional development of the public health workforce, through continuing education. The Healthy Wisconsin Leadership Institute, also a part of the Department of Population Health, provides continuing education and training to Wisconsin’s public health
professionals. One member of the core MPH faculty has played a significant role in workforce development across the state of Wisconsin. Other faculty members and staff are involved in a variety of workforce development activities with partners such as the Wisconsin Division of Public Health, Wisconsin Public Health Association, local health departments and shared efforts with area universities.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The faculty who provide teaching, research and service to the MPH program are well qualified. All eight of the full-time MPH faculty are employed full-time by MCW and have terminal degrees (five have MDs, two PhDs, and one DrPH), and 75% of those faculty have advanced degrees in public health (four MPHs, two other relevant masters degree, and the one DrPH). The additional 16 MCW faculty who teach part-time in the MPH program also all have terminal degrees, and 31% have advanced degrees in public health (four MPHs and one MSPH). MCW faculty are well connected to the community through community-academic partnership efforts reflected in their prolific research and service activities. Faculty and one staff member have been nominated to serve on a Focus Area Strategic Team for the State Health Plan, Healthiest Wisconsin 2020.

Community-based practitioners are also actively involved in bringing in the community-perspective through service as field placement preceptors, guest lecturers, consultants and advisory committee members.

The program evaluates faculty qualifications primarily through course evaluations that are completed by students, and in tracking the proportion of faculty with public health experience. In 2008-09, 92% of the 24 faculty had relevant public health experience.

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.

The criterion is met. Policies and procedures that govern faculty appointments are published in the MCW Information for Faculty Handbook and Graduate School Handbook. The program adheres to the college’s recruitment, appointment and promotion policies. Faculty rank and promotion is reviewed and recommended by the Rank and Tenure Committee of the Faculty Council. Four paths for promotion exist and include traditional path, clinician-educator path, academic-clinician path and research path. Detailed
criteria outline the process for achieving full professor along any of these four lines. Service is specifically
detailed in the promotion criteria for the traditional path, although service is considered for all paths in the
promotion and tenure process. Tenure is granted for accomplishments beyond academic contributions
and is intended to reflect continuous exceptional contributions to the college. Tenure is available only to
associate professors or professors and is not connected to promotion.

Faculty are not designated to a particular educational program (so there are no faculty appointed to the
MPH program). Instead, faculty assignments and teaching salary pay are connected to academic
departments.

Faculty members may apply for appointment to the Graduate School as member, member and qualified
primary master thesis mentor, or as member and qualified primary dissertation mentor. This decision is
determined by the Faculty Credentials Committee. Faculty membership in the Graduate School is
required to serve as course directors, be members of Graduate School committees and serve on
graduate students’ dissertation and thesis committees.

The program has a wealth of opportunities for faculty development. For instance, funds are made
available for conference travel, professional memberships and journal subscriptions. These funds
change in amount annually. In addition, there are multiple faculty innovations, including a mentoring
program for junior faculty; educator, administrator and community-academic portfolios; sharing of clinical
teaching strategies; writing blitzes for abstract/conference submissions; and distance learning using
ANGEL.

Multiple committees and groups are available to facilitate or recognize faculty development: MCW Society
of Teaching Scholars; Women’s Faculty Council; Office of Educational Services; Office of Continuing and
Professional Education; Faculty Development Committee of the Faculty Council; courses in the Graduate
School; MCW/UWM Leadership Development Course; and various other opportunities.

In regard to faculty evaluation procedures, each faculty member has an annual review with the
department chair. Faculty develop and submit an annual individual development plan. Part-time faculty
are primarily evaluated through the course evaluation and curriculum evaluation process.

The Graduate School administers, collects, analyzes and reports student end-of-course evaluations for
every class in all 18 graduate programs, including the MPH program. Students are required to complete
course surveys, otherwise they are considered "not in good standing" in the Graduate School and are
unable to register for classes. The Graduate School shares course information with the dean of the
Graduate School, the director of enrollment of the Graduate School, members of the Course Evaluation
Committee and instructors. If scores are low, the Course Evaluation Committee schedules a meeting with the instructor. If scores are exceptionally high, the dean of the Graduate School recognizes this accomplishment by sending a letter to the instructor and the program director. In addition, the MPH program’s educational specialists have evaluated all online courses and syllabi and work individually with instructors to help them create practical and useful educational tools.

4.3 Faculty and Staff Diversity.

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

This criterion is met. The core faculty of the program are 63% male, 38% female; 26% African American, and 74% Caucasian. When considering the other faculty, 50% are male and 50% are female; 3% are African American, 13% are Asian/Pacific Islander and 84% are Caucasian. The MPH full-time and part-time staff consists of five females and two males (29% male and 61% female). This is greater diversity than is found in the state of Wisconsin.

The school and university have appropriate policies concerning commitment to equitable opportunities and nondiscrimination. These are fully implemented in all personnel practices, including searches for new faculty and staff. The MPH program director has met with MCW diversity specialists who recruit students from diverse, and underrepresented backgrounds, to discuss new recruitment strategies to identify and entice diverse student populations.

The biggest change in the program has been the inclusion of students who are not practicing physicians, but instead coming from the public health workforce or even direct from undergraduate school. The mix of students in the classroom was discussed by faculty and students alike as promoting diversity and respect for differing views and experiences.

MCW has established a standing committee called the Dean's Diversity Committee that has created a strategic plan with a recommended a priority list for enhancing the student population through increased diversity. Efforts include hiring a Dean of Academic Affairs and Diversity (search in progress); resources for development, monitoring and implementation of diversity initiatives; assess and address the diversity environment; expand scholarships to students of diversity; etc.

The overall climate of the college and program is supportive of diversity and many of the faculty have ongoing research interests in working with people of diverse backgrounds, including underrepresented or minority populations. One of the core faculty members teaches an elective course in Racial and Ethnic Inequalities and program competencies address diversity and culture.
4.4 Student Recruitment and Admissions.

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

This criterion is met. In 2006, sweeping changes were initiated to make the MPH program more responsive to the strategic plans of the medical college and to address training needs of the public health workforce in Wisconsin. Since 2007, the MPH program has been made available to the broader public health workforce, in addition to licensed health care professionals. Also, a non-degree Graduate Certificate in Public Health was developed and has been offered beginning with the fall semester of 2008. Although the program continues to attract licensed health care professionals from across the country, a program and school objective is to expand recruitment efforts, focusing on working health professionals from the state of Wisconsin interested in advancing their careers, as well as recent undergraduates interested in pursuing careers in public health.

The program utilizes admissions standards, policies and procedures established by the Graduate School. As such, student recruitment is a shared responsibility of the MPH Program and the Graduate School Recruitment Office. The admission policies and procedures, and specific requirements for admission are described in the MPH Student Handbook, in the college’s Graduate School Handbook, as well as on the MPH program website. All applications are completed online, and are accepted on a rolling basis throughout the year, with deadlines for admission for enrollment in one of three semesters – summer, fall, and spring. Decisions about which students to admit and the process for evaluating applications is the responsibility of the program’s Admissions Committee. The program receives electronic notification from the Graduate School of a completed application. After reviewing the application materials, the Admissions Committee submits its recommendation to the Graduate School. A final decision is left to the Graduate School dean, whose office notifies the student of the decision in writing. With the change in the mission statement came a change in admissions criteria. For admission to the program, applicants must have a GPA of 3.0 or higher; submit GRE, MCAT or LSAT scores; three letters of recommendation; and a personal statement. International students are required to submit TOEFL scores.

The self-study presented quantitative information on the number of applicants, acceptances and enrollment for each of the last three years. Efforts to recruit students from Wisconsin have been successful. Currently, of the 69 students enrolled in the MPH program, 36 students are from the state of Wisconsin, and 85% of new students (11 of 13) for fall 2009 are from Wisconsin.

Historically, the program has demonstrated much success in attracting students who subsequently gain prominence in the field of occupational medicine. The program lost momentum in such recruitment after the last site visit, but has seemingly emerged stronger, having regained much of the momentum.
previously lost. New recruitment tools and strategies, as well as revised admission requirements have been developed and implemented since the last site visit. As a result, changes in the applicant pool are in evidence, with increased numbers of students coming from the public health workforce both from Wisconsin and elsewhere. The program is designed to meet the needs of working professionals, with courses offered through a convenient, web-based format using the ANGEL (A New Global Environment for Learning) platform, incorporating instructional principles appropriate for adult learners. The program has begun maintaining data on inquiries that include a referral source to get better information on how potential students are learning about the program.

4.5 Student Diversity.

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

This criterion is met with commentary. The medical college champions diversity as one of its core values and has clearly articulated non-discrimination policies. Within this framework, the MPH program has established several goals relating to student diversity and cultural competency. The program is also working with a newly established Dean’s Diversity Advisory Committee and will be revisiting its current plan, identifying opportunities to enhance ongoing efforts that will align with the new priorities. A scholarship program, with a tuition waiver provision, is currently under development targeting individuals from disadvantaged backgrounds. The MPH program works with the Office of Student Affairs/Diversity Affairs, to coordinate minority student recruitment, academic counseling and other services.

The student recruitment plan describes program efforts and strategies to attract a diverse student body. These include identifying target markets, marketing goals, promotional strategies, and evaluation activities to determine effectiveness of advertising efforts. During the past two years, recruitment efforts have included participation at local and national conferences; health and career fairs; distribution of flyers, letters, and newsletters; refinement of the MPH website; and inclusion of program information in web-based directories of graduate school programs. Recruitment materials have also been distributed to academic institutions predominately serving minority populations. The program has also distributed information to professional associations such as the Black Nurses Association, the National Hispanic Medical Association, and the National Medical Association.

Quantitative information on the demographic characteristics of the student body for each of the last three years is presented in the self-study document. Race/ethnicity data is not currently being collected on program applicants by the Graduate School during the application process. During the site visit, the program director cited the absence of this data as a handicap. A request to begin collecting this data on all applicants is presently under consideration by the Graduate School. Race/ethnicity data is requested during the registration process, but a number of respondents select “unknown” or fail to select anything at
all. Beginning in June 2009, enrolled students are being required to report race/ethnicity. Although official documentation is lacking, unofficially it is known that the current student population mirrors the state’s demographics in terms of race/ethnicity, age, gender, and educational and professional backgrounds. With regard to gender, the program’s target for female students was 30% of the total student population and in the self-study reported that 42% of the current student body is female.

The commentary relates to the program’s methods to track student diversity trends. Institutional-wide policies and procedures are in place governing student diversity, and recruitment practices do support efforts by the program to achieve a diverse student population. Previously, because the program enrolled primarily physicians working or planning to work in occupational and environmental health, the program assessed the diversity of its students against that of national professional associations such as the American College of Preventive Medicine (ACPM). During the site visit, however, the program identified problems with collecting race/ethnicity data on applicants. If and when the graduate school begins collecting race/ethnicity data on applicants, the program would be much better positioned to track trends among applicants and enrollees over time.

4.6 Advising and Career Counseling.

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

This criterion is met with commentary. The site visit report from the last accreditation review assessed this criterion as “partially met.” At that time, the program had not implemented systems that provided opportunities for both academic and career counseling for all students. Upon acceptance into the MPH program, students receive a notification letter from the dean of the Graduate School, encouraging them to contact the program manager to discuss course selection and steps toward degree completion. An on-campus orientation session is held annually in August for those who are able to travel to campus, which includes printed information about the advising process and guidance for fulfilling degree requirements. Similar information is also available online for those who are unable to attend in person. The program director serves as all students’ academic advisor, and all first semester students complete a plan of study which must be reviewed and approved by the program director before enrolling in a course, and annually during an annual evaluation process. Program staff and faculty are also available to provide advising services to students as needed.

In addition, the current method for assigning advisors (all students are assigned to the program director) will become obsolete as the program grows. The program should consider alternate advising designs that can accommodate larger numbers of students. Once a student is eligible to enroll in the field placement and/or capstone project, he/she is assigned a faculty advisor. Every effort is made to match the student’s interest to the faculty advisor’s expertise.
In addition to input by faculty and staff, the MPH website provides resources regarding career development, and employment opportunities are regularly posted on the program website. For career advising and employment opportunities, students are encouraged to use the resources of the Graduate School, such as the Virtual Career Center. Also, employment opportunities are posted on the program’s website. The Graduate School is currently administering a survey to alumni and current students, which includes questions about advising and career counseling, assessing satisfaction with the current system.

The commentary relates to change in the type of students accepted and enrolled into the program and the potential impact on advising and career counseling efforts. Advising and career counseling are available and accessible to all students enrolled in the MPH program. Students were most complimentary of both program staff and faculty for their ongoing assistance and support, citing various examples how helpful staff are in addressing their concerns in a timely manner. As the program grows, more students will be coming directly into the program with an undergraduate degree and no prior public health experience. Current program resources for academic advising and career counseling may be taxed in the future, while continuing to provide individualized support to students with differing needs, in fulfilling their academic requirements as well as assisting and guiding students along their future career paths.
Thursday, November 19, 2009

8:30 am  Introduction to the ANGEL System
Bev Carlson
Kim Contardi
Jane Morley Kotchen
Jennifer Kusch
Nicole Weber

9:00 am  Meeting with Program and Department Administration
Jane Morley Kotchen
Cheryl Maurana

10:00 am  Break

10:15 am  Meeting with Teaching Faculty (full-time and those who teach the core)
Ruta Bajorunaite
William Greaves
Peter Layde
N. Timothy Lynch
Linda Meurer
Emmanuel Ngui
Alan Wells

11:45 am  Transition Break

11:50 am  Lunch with Students
Casey Brown
Gerard Coly
Jessica Gathirimu
Mandy Kastner
Sarah Muir
Elma Racadio
Cathy Smith
Ronald Barnes (via phone)
Erwin Cabacungan (via phone)
Peter Kouros (via phone)
Carol Smith (via phone)
Michael Rosenberg (via phone)

12:50 pm  Transition Break

1:00 pm  Meeting with Part-time Teaching Faculty
Ross Clay
Jay Gold
Brent Logan
Leslie Martin
Tom May
Andrew Petroll
Earnestine Willis
Michael Akers (via phone)
Robert Goldberg (via phone)
Nancy Kreuser (via phone)
Oren Renick (via phone)
Julie Willems Van Dijk (via phone)
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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Attendees</th>
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<tbody>
<tr>
<td>2:00 pm</td>
<td>Transition Break</td>
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<tr>
<td>2:05 pm</td>
<td><strong>Field Placement and Capstone Meeting</strong></td>
<td>Robert Dedmon, Jessica Gillis, Alan Wells, Ken Yen, John Buselt (via phone), Denise Koppit (via phone), Alicia Modjeska (via phone), Cheryll Moore (via phone), Keith Zupnik (via phone)</td>
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<td>2:45 pm</td>
<td><strong>Meeting with Alumni</strong></td>
<td>Robert Dedmon, Seth Foldy, Sheila Stover, Jennifer Verre, Edwin Bangi (via phone), John Rhee (via phone), Geoffrey Swain (via phone)</td>
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<td>3:45 pm</td>
<td>Transition Break</td>
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<td>3:50 pm</td>
<td><strong>Meeting with Advisory Committee</strong></td>
<td>Dawn Bragg, Terry Brandenburg, Seth Foldy, Jessica Gathirimu, Kirsten Gruebling, Theodore Kotchen, Peter Layde, Linda Meurer</td>
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<td>5:00 pm</td>
<td><strong>Adjourn to Executive Session and Dinner</strong></td>
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**Friday, November 20, 2009**

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<tr>
<th>Time</th>
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<th>Attendees</th>
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<tr>
<td>8:30 am</td>
<td><strong>Meeting with College Officials</strong></td>
<td>Michael Bolger, President of MCW, Dr. Owen Griffith, Dean of the Graduate School, Dr. Cheryl Maurana, Senior Associate Dean for Public and Community Health, Dr. Jonathan Ravdin, Dean and Executive Vice President of MCW</td>
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<tr>
<td>9:30 am</td>
<td><strong>Executive Session</strong></td>
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<td>11:00 am</td>
<td><strong>Executive Session/Lunch</strong></td>
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<tr>
<td>1:00 pm</td>
<td><strong>Exit Interview</strong></td>
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