FINAL
Self-Study Report for Accreditation

Master of Public Health
Institute for Health and Society
Medical College of Wisconsin

Prepared for the Council on Education for Public Health
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List of Abbreviations/Acronyms

ACA	Affordable Care Act
ACO	Affordable Care Organization
ADA	American Disabilities Act
ADAAA	Americans with Disabilities Act Amendments Act
AHW	Advancing a Healthier Wisconsin
ANGEL	A New Global Environment for Learning
AOEC	Association of Occupational & Environmental Clinics
ARCW	AIDS Resource Center of Wisconsin
ASPPH	Association of Schools and Programs of Public Health
AUCD	Association of University Centers on Disabilities
BEST	Breastfeeding-Employer's Supported Time
CAAHEP	Commission on Accreditation of Allied Health Education Programs
CAIR	Center for AIDS Intervention Research
CAUC	Center for the Advancement of Underserved Children
CBPR	Community-Based Participatory Research
CAAHEP	Commission on Accreditation of Allied Health Education Programs
CDC	Centers for Disease Control and Prevention
CEC-Graduate School	Course Evaluation Committee
CEC	Community Engagement Core
CHAs	Community Health Assessments
CHIPs	Community Health Improvement Plans
CITI	Collaborative Institutional Training Initiative
CTSI	Clinical & Translational Science Institute of Southeastern Wisconsin
D2L	Desire2Learn
DAD	Direct Assistance for Dads
DIAC	Diversity and Inclusion Advisory Committee
DW3T	Diabetes: Working Wellness Together in Waukesha
EASI	Electronic Access to Student Information
EDRC	Epidemiology Data Resource Center
ELAM	Executive Leadership in Academic Medicine
EMT	Emergency Medical Technician
FIU	Florida International University
FPHS	Foundational Public Health Services
GPA	Grade Point Average
GSA	Graduate Student Association
GSC	Graduate Studies Council
GS-CEC	Graduate School-Course Evaluation Committee
HHH	Health Environment, Healthy Choices, Health People
HIPPY	Home Instruction for Parents of Preschool Youngsters
HLC	Higher Learning Commission of the North-Central Association of Colleges and Schools
HPDP	Health Promotion and Disease Prevention
HRSA	Health Resources and Services Administrations
HSM	Health Systems Management Graduate Program
HWPP	Healthier Wisconsin Partnership Program
IRB	Intuitional Review Board

IRC	Injury Research Center
LAUNCH	Linking Actions for Unmet Needs in Children's Health
LCME	Liaison Committee on Medical Education
LIHF	Lifecourse Initiative for Health Families
MCW	Medical College of Wisconsin
MPH	Master of Public Health
MPH	Milwaukee Public Schools
NACCHO	National Association of County and City Health Officers
NASA	National Aeronautics and Space Administration
NCBI	National Coalition Building Institute
NCMHHD	National Center for Minority Health and Health Disparities
NIA	National Institute of Aging
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIH	National Institutes of Health
NIH/NIDA	National Institute on Drug Abuse
NIH/NCI	National Cancer Institute
NIH/NIEHS	National Institute of Environmental Health Sciences
NIMH	National Institute of Mental Health
NMA	National Medical Association
NHMA	National Hispanic Medical Association
NSC	US National Safety Council
PHAB	Public Health Accreditation Board
PHIG	Public Health Interest Group
PUMA	Partnership in Urban Medical Education and Advancement
ROADS	Research Opportunity for Academic Development in Science
S.E.T.	Serve, Empower, and Transform
SMART	Specific, Measurable, Achievable, Relevant, Time
StEP-UP	Student Enrichment Program for Underrepresented Professions in Medicine
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TOEFL	Test of English as a Foreign Language
TPM	Tuition Profitability Model
UWM	University of Wisconsin-Milwaukee
WALHDAB	Wisconsin Association of Local Health Departments & Boards
WFC	Women's Faculty Council
WFEA	Wisconsin Fair Employment Act
WiCPHET	Wisconsin Public Health Education Training Center
WISHIN	Wisconsin Health Information Network
WPHA	Wisconsin Public Health Association
VA	Veterans Affairs

Overview

The Master of Public Health (MPH) Program at the Medical College of Wisconsin (MCW) is committed to its current mission 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 overview provides a brief history of the program, including key events and activities that have taken place, as public health has emerged as a core part of the Medical College's mission.

In 1982, the Medical College of Wisconsin received a grant to develop and pilot a graduate level educational program to meet the training and career development needs of physicians and licensed health care professionals working in public health throughout the country. This innovative, fully distance-based Master of Public Health Program utilized distance learning methodologies that provided licensed health care professionals, predominantly physicians, with the opportunity to fulfill their educational goals such as passing the American Board of Preventive Medicine examination. The concentration in Occupational Medicine was fully developed by 1986, and the General Preventive Medicine concentration was implemented in 1992.

In 2002, the MPH Program moved administratively from the Department of Preventive Medicine into the Health Policy Institute, which was reorganized into the Department of Population Health in July 2006. In July 2010, this department was reorganized into the Institute for Health and Society to reflect the increased role in the Medical College's public and community health and clinical and translational science efforts.

The Advancing a Healthier Wisconsin (AHW) Endowment launched its first funded initiatives in community health, research, and education in 2004. The endowment was established through funds resulting from the Blue Cross/Blue Shield United of Wisconsin's conversion to a for-profit corporation. AHW developed a five-year plan, and the Medical College dramatically increased its emphasis on improving the health of the public through training, community-based participatory research, and service. Improving the health of our communities remains a strategic imperative set forth by the Board of Trustees.

In 2006, the MPH Program received a grant from Advancing a Healthier Wisconsin to initiate substantial changes that would make the program responsive to the strategic plans of the Medical College and to address the documented training needs of the public health workforce, including those in Wisconsin. Given the Medical College's broadening public health focus, declining enrollment of Occupational Medicine physicians, and the expressed interest in the program from others interested in public health, the program redefined its mission.

With the initial revision of the mission came other substantial changes including a change in admissions criteria. Beginning in fall 2007, qualified individuals with an undergraduate degree and interest in public health could apply for the program in addition to licensed health care professionals. Since its inception, there have been over 786 graduates of the MPH Program.

The last CEPH site visit occurred in November 2009 at a time of substantial transition for the MPH Program. The program was revitalized, enhanced and strengthened in accordance with the CEPH criteria and received reaccreditation for the maximum term of seven years. Key efforts included:

1. replacement of the Occupational Health and Medicine concentration with a concentration in Public Health Practice
2. implementation of a semester-based curriculum
3. revision of the mission, goals, objectives and values
4. revision of admissions criteria and the grading system
5. increasing the number of credits required to graduate
6. development and implementation of ten additional courses
7. addition of faculty
8. identification of competencies achieved in each course
9. development of a Graduate Certificate in Public Health
10. development of a planning and evaluation system

There have been changes in administration throughout MCW since the previous accreditation review. Dr. John Raymond became President and CEO in July 2010 and Dr. Joseph Kerschner became the Dean of the School of Medicine and Executive Vice President of MCW in November 2011. Dr. Ravi Misra was appointed Dean of the Graduate School of Biomedical Sciences in 2010. In addition, a new MPH Program Director, Terry Brandenburg, was named in 2011. Key programmatic changes since the last review include:

1. Addition of six new electives and two more that are under development
2. Development of two new certificates (Population Health Management and Community Health Assessment and Planning)
3. Transition of online learning management system from A New Global Environment for Learning (ANGEL) to Desire to Learn (D2L).

The program remains well-positioned to provide flexible and innovative learning opportunities that meet the needs of working professionals, and plans to explore expanding its educational offerings to include programs such as an MD/MPH and an online DrPH.

Criterion 1.0 The Public Health Program

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

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

Mission. 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.

1.1.b A statement of values that guides the program.

The Master of Public Health Program faculty, students, and staff are committed to the over-arching principle of respect for the dignity and worth of people regardless of gender, race, religious or ethnic affiliations, sexual orientation or social standing. Program values are reflected in:

- Community-based learning, research and service.
- Strengthening academic and community partnerships.
- Infusing core competencies into interactive courses and other learning experiences.
- Providing the knowledge and skills necessary to develop leaders who will serve as advocates and foster the health of the public.
- Fostering professional diversity to meet the changing public health needs of communities.
- Emphasizing moral and principled precepts that underlie goals of the public health profession.

1.1.c One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

The overall goals to fulfill the mission fall into three categories that include education, service and research.

Education

- Provide high quality education that emphasizes critical competencies in public health.
- Foster the development of professional public health values, concepts and ethical practice.
- Recruit and prepare a diverse student population for public health leadership positions.

Service

- Provide leadership and serve as a resource in addressing and communicating current and emerging public health problems and issues.
- Foster collaboration among academicians, community and governmental organizations, and students to enhance the health of the public.

Research

- Conduct basic and applied interdisciplinary public health research, while providing students the opportunity to advance their research knowledge and experience, in order to address critical public health issues and contribute to the body of knowledge in the public health disciplines.

1.1.d A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

Table 1.1.d. Goals and Corresponding Objectives
Education Goal 1.1: Provide high quality education that emphasizes critical competencies in public health.
Objective 1: 100% of degree-seeking students will create a plan of study during their first year in the program.
Objective 2: 100% of degree-seeking students enrolling in the Field Placement will complete a self-assessment of public health competencies prior to the start of the course.
Objective 3: At the end of each course, 100% of students will complete a course evaluation.
Objective 4: 100% of courses will achieve a mean rating of 2.5 or better (1=best score, 5=worst score) for overall quality at the end of each semester offered.
Objective 5: 100% of courses will receive a mean rating of at least 2.5 (1=best score, 5=worst score) for effectiveness of instructional techniques being utilized.

Objective 6: 100% of Course Directors will receive a detailed report of course evaluation data within 60 days of completion of the course.
Objective 7: 100% of students will receive an annual evaluation from the Program Director.
Objective 8: At least 75% of graduating students who complete the Exit Survey will report being satisfied with academic advising.
Objective 9: A student/faculty ratio of 10:1 or lower will be maintained annually.
Objective 10: 100% of the faculty will have a terminal degree.
Objective 11: At least 80% of the faculty complement will have public health experience.
Objective 12: At least 80% of graduating students will rate themselves as being knowledgeable or expert in the MPH Program competencies.
Objective 13: By December 2016, develop and distribute an Exit Survey to all graduating students.
Education Goal 1.2: Foster the development of professional public health values, concepts and ethical practice.
Objective 1: 100% of students will participate in a Field Placement.
Objective 2: Students will receive a mean rating of 2.0 or better (1=excellent, 4=unsatisfactory) by their Field Placement preceptor.
Objective 3: The Field Placement experience will receive a mean rating of 2.0 or better (1=best score, 5=worst score) by students.
Education Goal 1.3: Recruit and prepare a diverse student population for public health leadership positions.
Objective 1: At least 8 students will enroll in the Graduate Certificate in Public Health Program annually.
Objective 2: At least 75% of certificate seekers will complete the certificate program within 2 years.
Objective 3: At least 25% of certificate seekers will go on to pursue a full MPH degree.
Objective 4: By fall 2016, develop and offer two new online certificates.
Objective 5: At least 25% of students are eligible for financial aid each year.
Objective 6: At least 15% of MPH students will be from underrepresented racial/ethnic populations (African American, Hispanic, Asian/Pacific Islander, Native American, or Other) each year.
Objective 7: At least 40% of the faculty complement will be female.
Objective 8: At least 15% of the faculty complement will be African American, Hispanic,

Asian/Pacific Islander, Native American, or Other.
Objective 9: At least 70% of accepted applicants will enroll in the program each year.
Objective 10: The average GPA of applicants accepting admission offer will be at least 3.2 on a 4.0 scale.
Objective 11: The average GPA of graduating students will be at least 3.2 on a 4.0 scale.
Objective 12: At least 90% of students will obtain employment or matriculate into an academic/professional degree program within one year of graduation.
Objective 13: Alumni Survey respondents will report being prepared to perform at least 90% of the MPH Program competencies.
Objective 14: Employer Survey respondents will report MPH graduates are prepared to perform at least 90% of the MPH Program competencies.
Objective 15: Annual fiscal performance will show a positive Discretionary Retained Earnings amount in the Tuition Profit Model.
Service Goal 2.1: Provide leadership and serve as a resource in addressing and communicating current and emerging public health issues.
Objective 1: At least 80% of the faculty complement will serve on community-based committees/boards or provide technical assistance and consultation to public or private organizations on issues relevant to public health.
Objective 2: Continuing education needs of Wisconsin public health practitioners will be assessed every three years.
Objective 3: 100% of MPH staff will participate in at least one professional development activity annually.
Service Goal 2.2: Foster collaboration among academicians, community and governmental organizations and students to enhance the health of the public.
Objective 1: Conduct biannual meetings of an Advisory Committee comprised of key stakeholders representing academia, community/ governmental organizations, and students.
Objective 2: 75% of students will participate in at least one community service activity each year.
Objective 3: At least two courses will incorporate guest lecturers from the public health community.

Research Goal 3.1: Conduct basic and applied interdisciplinary public health research while providing students the opportunity to advance their research knowledge and experience, in order to address critical public health issues and contribute to the body of knowledge in the public health disciplines.
Objective 1: At least 80% of full-time faculty will conduct interdisciplinary public health research each year.
Objective 2: Full-time faculty will conduct at least 4 research projects annually that address public health problems in diverse populations.
Objective 3: At least 50% of faculty will offer at least 1 presentation at a professional conference or meeting each year.
Objective 4: At least 8 scholarly authorships by faculty will be published each year.

1.1.e Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

Initially, the MPH Program's mission, values, goals, and objectives were developed in 2008 using an inclusive process with input from administration, faculty, students, alumni, public health practitioners, and employers. A retreat of the newly formed Advisory Committee was conducted in January 2008, with the purpose of establishing the MPH Program's mission, values, goals, and objectives. Recommendations were communicated to the Faculty Committee and discussions ensued during subsequent meetings before arriving at a consensus. Additional revisions were made based upon feedback from the Dean of the Graduate School, and final adoption occurred in October 2008 following approval by the Advisory and Faculty Committees. The most recent iteration of objectives was developed in 2016 through the self-study process when the Advisory Committee and Faculty Committee had the opportunity to review and provide input into making revisions during biannual meetings and through email correspondence if unable to attend.

1.1.f Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public and how they are routinely reviewed and revised to ensure relevance.

The mission, values, and goals are presented on the MPH website, http://www.mcw.edu/mphprogram/About/Mission.htm, and the mission, values, goals and objectives are in the *MPH Student Handbook* (resource file, 1.1). The Faculty Committee and Advisory Committee remain involved in the review process and are consulted with and informed of any changes that are implemented either at biannual meetings or through email correspondence.

In 2010, the MPH Advisory Committee conducted a review of the mission, values, goals and objectives to determine if the objectives should be retired or revised, and if any new ones should be incorporated. Given the transitional nature of the program at that time, several of the objectives were developmental and others were new and being measured for the first time. Therefore, the recommendation was to remove the developmental objectives that were achieved and revisit the others after allowing sufficient time to obtain data, monitor, and assess the activities surrounding these outcome measures. The Advisory Committee expressed importance in collecting data over time before adding new objectives.

The Program Director and staff review the goals and objectives on an annual basis to assess relevancy and program effectiveness. Recommended changes are brought to the Advisory Committee and Faculty Committee before being implemented. Another formal review by the Advisory and Faculty Committees occurred in 2016 at their respective meetings (resource file, 1.5). Proposed changes have been documented and taken into consideration for the most recent iteration of the objectives. As a result of this process, it was noted that some of the outcome measures used to address specific criteria were not incorporated into the program's overall objectives. These objectives have been added under the relevant goals. The mission, values, and goals remain the same, with the exception of eliminating former Goal 1.2, which stated, "Provide flexible learning opportunities through distance technology and interactive methods." The program and the committees agreed this was somewhat redundant and the program has been online for several years. The objectives supporting this goal were more applicable to other goals and moved accordingly. Following the release of the revised CEPH criteria in October 2016, the program will embark upon another review of the mission, goals, objectives and values with the Advisory Committee and Faculty Committee to gauge progress, assess relevance, and align with the new criteria.

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

This criterion is met with commentary.

Strengths

The program has a clear mission with supporting goals, values, and measureable objectives that were developed using an inclusive process with input from administration, faculty, students, alumni, public health practitioners, and employers.

Weaknesses

Due to the transition in leadership, staff changes, and allowing sufficient time to monitor outcomes following the newly created mission, goals, values and objectives in 2008, the amount of time that has lapsed between formal reviews by the Advisory and Faculty Committees has been longer than originally planned. A more systematic process needs to be established in which the results are routinely gathered, shared and reviewed.

Plans

Following the release of the revised CEPH criteria, the program has communicated key changes to the Advisory Committee and Faculty Committee and will begin to obtain feedback in developing strategic and transition plans to adhere to these criteria. This includes revising the mission, goals, values and evaluation measures. Now that the program has monitored progress toward meeting the previously established objectives for a continuous period of time, it is better positioned to identify trends and provide an annual report to the Advisory and Faculty Committees moving forward.

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

1.2.a Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.

The process of continuous program planning, monitoring and assessment is multifaceted and a key responsibility of the Program Director, with advisement and support from program staff, the Graduate School, and the Faculty and Advisory Committees. Information on program performance is shared with these committees during biannual meetings and email correspondence. An annual progress report submitted to Advancing a Healthier Wisconsin during the grant funding period and the annual report for CEPH also provide important information as to how the program is performing.

Program effectiveness is assessed using data from a number of sources as presented in Table 1.2.a. The Graduate School maintains the majority of data, particularly regarding admissions, recruitment, enrollment, student diversity, graduation, grievances, academic performance, and course evaluations. The MPH Program works closely with the Graduate School to communicate its data needs and identify mechanisms for the timely and efficient exchange of data and information. In 2007, the Graduate School implemented the use of a data management system known as EASI (Electronic Access to Student Information), which maintains data pertaining to admissions, enrollment, academic progress, and demographics.

Program specific information that pertains to faculty, program budget, recruitment, advising, MPH competencies, Field Placement, Capstone Project, employment, continuing education events, research, and service activities is collected and maintained by the program staff or the Institute for Health and Society administrator (budget information).

Table 1.2.a. Evaluation Processes Used to Monitor Progress with Objectives			
Objectives	**Outcome measures/key indicators**	**Data source and measurement frequency**	**Responsible parties**
Education Goal 1.1: Provide high quality education that emphasizes critical competencies in public health.			
Objective 1 100% of degree-seeking students will create a plan of study during their first year in the program.	Proportion of students that submit plans	• Collect student plans each semester and discuss during annual evaluation	Program Director Program Coordinator
Objective 2 100% of degree-seeking students enrolling in the Field Placement will complete a self-assessment of public health competencies prior to the start of the course.	Proportion of students completing self-assessment	• Collect self-assessments prior to start of Field Placement (each semester)	Program Manager
Objective 3 At the end of each course, 100% of students will complete course evaluations required by the Graduate School.	Proportion of students completing a course evaluation	• Course evaluation results maintained by Graduate School (each semester)	Graduate School Program Director Faculty
Objective 4 100% of courses will achieve a mean rating of 2.5 or better (1=best score, 5=worst score) for overall quality at the end of each semester offered.	Course ratings from student evaluations	• Course evaluation results maintained by Graduate School (each semester)	Graduate School Program Director Faculty
Objective 5 100% of courses will receive a mean rating of at least 2.5 (1=best score, 5=worst score) for effectiveness of instructional techniques being utilized.	Course ratings from student evaluations	• Course evaluation results maintained by Graduate School (each semester)	Graduate School Program Director Faculty
Objective 6 100% of course directors will receive a detailed report of course evaluation data within 60 days of completion of the course.	Proportion of course directors who receive a report in a timely manner	• Course evaluations (each semester)	Graduate School Program Director
Objective 7 100% of students will receive an annual evaluation from the Program Director.	Proportion of students receiving an annual evaluation	• Graduate Student Annual Assessment (annually)	Program Director Graduate School Students

Objective 8 At least 75% of graduating students who complete the Exit Survey will report being satisfied with academic advising.	Proportion of students who report being satisfied with academic advising	• Exit Survey (annually)	Program Director
Objective 9 A student/faculty ratio of 10:1 or lower will be maintained annually.	Student/faculty ratio	• Faculty report • Graduate School data	Program Director
Objective 10 100% of the faculty will have a terminal degree.	Proportion of faculty with terminal degree	• Faculty CVs (ongoing)	Program Director
Objective 11 At least 80% of the faculty complement will have public health experience.	Proportion of faculty with public health experience	• Faculty CVs (ongoing)	Program Director
Objective 12 At least 80% of graduating students will rate themselves as being knowledgeable or expert in the MPH Program competencies.	Proportion of graduates who rate themselves as knowledgeable or expert	• Alumni Survey (annually)	Program Director
Objective 13 By December 2016, develop and distribute an Exit Survey to all graduating students.	Exit Survey	• Exit Survey (developmental)	Program Director
Education Goal 1.2: Foster the development of professional public health values, concepts and ethical practice.			
Objective 1 100% of students will participate in a Field Placement.	Proportion of students who participate in the Field Placement	• EASI • Program Manager's database (each semester)	Program Director Program Manager
Objective 2 Students will receive a mean rating of 2.0 or better (1=excellent, 4=unsatisfactory) by their Field Placement preceptor.	Ratings given by preceptors	• Preceptor evaluations (each semester)	Program Manager Program Director Preceptors
Objective 3 The Field Placement experience will receive a mean rating of 2.5 or better (1=best score, 5=worst score) by students.	Field Placement ratings based on evaluations	• Student evaluations of Field Placement (each semester)	Program Manager Program Director

Education Goal 1.3: Recruit and prepare a diverse student population for public health leadership positions.			
Objective 1 At least 8 students will enroll in the Graduate Certificate in Public Health Program annually.	# of students who enroll each year	• EASI (annually)	Program Director Graduate School
Objective 2 At least 75% of certificate seekers will complete the certificate program within 2 years.	Proportion of students who complete in 2 years	• EASI (annually)	Program Director Graduate School
Objective 3 At least 25% of certificate seekers will go on to pursue a full MPH degree.	Proportion of certificate seekers who pursue MPH degree	• EASI (annually)	Program Director Graduate School
Objective 4 By fall 2016, develop and offer two new online graduate certificates.	Certificate program approval	• Graduate Studies Council (developmental)	Program Director Graduate Studies Council Faculty
Objective 5 At least 25% of students are eligible for financial aid each year.	Proportion of students receiving financial aid.	• Financial Aid Office (annually)	Program Director
Objective 6 At least 15% of students will be from underrepresented racial/ethnic populations (African American, Hispanic, Asian/Pacific Islander, Native American, or Other) each year.	Proportion of students from underrepresented populations	• EASI (annually)	Program Director Graduate School
Objective 7 At least 40% of the faculty complement will be female.	Proportion of female faculty	• Self-report (ongoing)	Program Director
Objective 8: At least 15% of the faculty complement will be African American, Hispanic, Asian/Pacific Islander, Native American, or Other.	Proportion of racially/ethnically diverse faculty	• Academic Affairs (ongoing)	Program Director
Objective 9: At least 70% of accepted applicants will enroll in the program each year.	Proportion of applicants who enroll	• EASI (annually)	Program Director Graduate School
Objective 10 The average GPA of applicants accepting admission offer will be at	Average GPA of applicants accepting admission	• Academic records in EASI (annually)	Program Director Graduate School

least 3.2 on a 4.0 scale.			
Objective 11 The average GPA of graduating students will be at least 3.2 on a 4.0 scale.	Average GPA of graduates	• Academic records in EASI (annually)	Program Director Graduate School
Objective 12 At least 90% of students will obtain employment or matriculate into an academic/professional degree program within one year of graduation.	Proportion of students employed or matriculating into a degree program	• Graduate Surveys (annually)	Program Director
Objective 13 Alumni Survey respondents will report being prepared to perform at least 90% of the MPH Program competencies.	Proportion of alumni who report being prepared to perform competencies	• Alumni Survey (annually)	Program Director
Objective 14 Employer Survey respondents will report MPH graduates are prepared to perform at least 90% of the MPH Program competencies.	Proportion of employers who report alumni are prepared to perform competencies	• Employer Survey (annually)	Program Director
Objective 15 Annual fiscal performance will show a positive Discretionary Retained Earnings amount in the Tuition Profit Model.	Retained Earnings amount	• Annual tuition profitability model	Department Administrator
Service Goal 2.1: Provide leadership and serve as a resource in addressing and communicating current and emerging public health issues.			
Objective 1 At least 80% of full-time faculty will serve on community-based committees/boards or provide technical assistance and consultation to public or private organizations on issues relevant to public health.	Proportion of faculty conducting service-related activities	• Faculty CVs • Faculty resource database (annually)	Program Director Faculty
Objective 2 Continuing education needs of Wisconsin public	Results of assessments	• Surveys and meeting minutes (every 3 years)	Program Director

health practitioners will be assessed every three years.			
Objective 3 100% of MPH staff will participate in at least one professional development activity annually.	Proportion of staff who participate in professional development activities	• Conference or event agendas (annually)	Program Director Program Manager Program Coordinator
Service Goal 2.2: Foster collaboration among academicians, community and governmental organizations and students to enhance the health of the public.			
Objective 1 Conduct biannual meetings of an Advisory Committee comprised of key stakeholders representing academia, community and governmental organizations, and students.	Number of meetings	• Meeting agendas and minutes (biannually)	Program Director
Objective 2 75% of students will participate in at least one community service activity each year.	Proportion of students participating in service	• Email request for information (annually)	Program Director
Objective 3 At least two courses will incorporate guest lecturers from the public health community.	# of courses with guest lecturers	• Course syllabi	Program Director Faculty
Research Goal 3.1: Conduct basic and applied interdisciplinary public health research while providing students the opportunity to advance their research knowledge and experience, in order to address critical public health issues and contribute to the body of knowledge in the public health disciplines.			
Objective 1 At least 80% of full-time faculty will conduct interdisciplinary public health research each year.	Proportion of faculty who conduct interdisciplinary public health research	• Faculty CVs • Faculty resource database (annually)	Program Director Faculty
Objective 2 Full-time faculty will conduct at least 4 research projects annually that address public health problems in diverse populations.	# of research projects that address issues in diverse populations	• Faculty CVs • Faculty resource database (annually)	Program Director Faculty
Objective 3 At least 50% of faculty will offer at least 1 presentation at a professional conference or meeting	Proportion of faculty offering presentations # of presentations	• Faculty CVs • Faculty resource database (annually)	Program Director Faculty

each year.			
Objective 4 At least 8 scholarly authorships by faculty will be published each year.	# of faculty publications	• Faculty CVs • Faculty resource database (annually)	Program Director Faculty

Brief descriptions of the data collection and evaluation mechanisms are presented below.

Graduate School Course Evaluations

Students are required to complete course evaluations at the end of each semester and are a means by which teaching effectiveness is assessed. Courses are evaluated with standard rubrics in addition to four general questions regarding effective aspects of the course, aspects that detracted from learning, effectiveness of the Course Director and/or individual instructors and suggested changes for improvement of the course. Student responses are compiled for each course and the summaries sent to the Course Directors and Graduate School-Course Evaluation Committee (GS-CEC) chair (summary of results from 2015-16 in resource file, 1.2). Using the Course Evaluation Policy guidelines, the GS-CEC chair identifies courses for in-depth review and a brief response to the evaluation results is requested of the directors of those courses. Summaries from Course Directors and student evaluations are sent to GS-CEC members for further review. A letter summarizing GS-CEC reviewer comments and an overall recommendation is generated by the GS-CEC chair and sent to the Dean of the Graduate School, before being sent to the Course and Program Directors. The Course and Program Directors take actions to improve the course before it is offered again.

The GS-CEC also reviews all student course evaluations at the end of each semester to ensure that any corrective actions that were implemented effectively addressed student concerns. The GS-CEC repeats this process in the triennial reviews of frequently offered courses to examine longitudinal trends in course evaluations and ensure that corrective measures continue to be effective. The Course Evaluation Committee also identifies Course Directors whose courses receive exceptionally favorable evaluations. The Dean of the Graduate School sends a letter recognizing the teaching accomplishment to the faculty member and forwards a copy of the letter to the faculty member's chair.

Triennial Evaluations

The Course Evaluation Committee conducts a comprehensive evaluation of courses every three years or following every third offering, whichever occurs later. The process

begins with the preparation of a Triennial Self-Study Assessment (resource file, 4.2) of the course by the Course Director. If the CEC identifies any issues in the report, the Course Director is notified and has sixty days to provide a response to the issues. In cases where the CEC has significant concerns, the committee meets with the Course Director to discuss and resolve the issues. The reports prepared by the Course Evaluation Committee, along with the self-study prepared by the Course Director, are forwarded to the Dean of the Graduate School and are distributed by the Dean to the Director of Enrollment, the Course Director and Program Director. It is the responsibility of the Course Director and Program Director to maintain, and where necessary, improve the quality of the courses.

Mid-Semester Feedback Survey

This survey is administered approximately mid-semester by the MPH Program. Student participation is voluntary and provides an opportunity to identify issues that instructors might be able to address immediately rather than waiting until the next offering (resource file, 1.2).

Student Competency Self-Assessment

Prior to the start of the Field Placement, students must complete a competency self-assessment (resource file, 2.4). From that, students identify at least six competencies to enhance during their placement experience. Achievement of these competencies is assessed by the preceptor. Students are asked to refer to this self-assessment when determining competencies to target in their Capstone Project as well. Achievement of the competencies is assessed by the faculty advisor. In addition, students submit a final competency assessment upon completion of the program, which includes sources of evidence for achieving the competencies. Results are used to assess overall performance in the program and to identify where there are particular strengths or weaknesses with competency attainment (resource file, 2.6.).

Graduate Student Annual Assessment

Students receive an annual assessment by the Program Director who utilizes the Graduate School's annual graduate student assessment tool that was redesigned in 2015 (resource file, 2.7). The revised form addresses student progress toward a shared set of College-wide competencies and captures progress toward acquiring skills that are broadly deemed fundamental to graduate level accomplishment. The tool also captures narrative to address milestones toward degree completion and helps the Program Director have a conversation around these issues with students. The data are compiled and shared with the Dean of the Graduate School, the Graduate Studies Council (through the Graduate School Program Evaluation Committee) and individual programs to assess overall program effectiveness.

Faculty Competency Self-Assessment
This competency self-assessment is completed by faculty to identify competencies that are primarily addressed within the course and those that are reinforced. The tool is used by the program to determine the extent to which competencies are addressed through coursework and other learning experiences. The matrix of competencies is in the resource file, 2.6.

Preceptor Evaluation of Student
This evaluation form is completed by each preceptor at the culmination of the Field Placement. The information is shared with the faculty advisor and considered when assigning a final grade. Feedback regarding the overall Field Placement is requested and used for quality improvement purposes (resource file, 2.4).

Advisor Evaluation of Student for Field Placement
This evaluation form is used by faculty advisors to assess student performance on key components of the Field Placement (resource file, 2.4).

Student Evaluation of Field Placement Experience
Each student completes an assessment of various aspects of the Field Placement such as the preceptor, site, advisor, coordinator, and overall experience (resource file, 2.4). Feedback is used for quality improvement purposes.

Advisor Evaluation of Student Capstone Project
This evaluation form is used by the faculty advisor upon completion of the Capstone Project to assess the extent to which competencies are met as well as student performance on key deliverables (resource file, 2.5).

Employer Survey
The survey is used to obtain employer input regarding graduates' preparation to perform competencies attained throughout the program. Response rates are very low and data is too limited to help inform any changes (resource file, 2.7).

Alumni Survey
The survey is sent to alumni approximately one year post graduation to obtain feedback regarding preparation to perform public health competencies in their current positions. Response rates are relatively low, but results have been positive thus far (resource file, 2.7).

Exit Survey
Recognizing some gaps in obtaining student feedback on aspects of the program such as advising, administrative support, and use of resources (D2L, library and MPH website), the program developed and piloted the Exit Survey in fall 2016 and it will be implemented with the spring 2017 graduates (survey and pilot results are in resource file, 1.2).

Quality Enhancement Survey
This survey has been developed for a similar purpose as the Exit Survey, but is to be implemented with current students after their first year. The goal is to obtain feedback while students are engaged in the program in order to identify and remedy issues that are noted in the surveys (resource file, 1.2).

Needs Assessment for Certificates
Two surveys (resource file, 1.2) were conducted with the public health workforce in Wisconsin to assess interest in educational certificates in population health management and community health assessment and planning. Based upon results indicating a need for both, two new certificates are being offered in these areas as of fall 2016.

Electronic Access to Student Information (EASI)
EASI is the data management system developed by the Graduate School, which maintains data pertaining to admissions, enrollment, academic progress, and demographics. The Graduate School generates reports for the program related to outcome measures such as student diversity, GPA, and graduation rates.

Plan of Study
Students complete a plan of study (resource file, 1.2) at the start of the program and are asked to submit any changes each semester prior to registering for courses. The information is used to estimate future enrollment to determine course offerings and teaching resources. The information is also used by the Program Director to ensure students are progressing as planned.

Faculty Collaboration Database
The Medical College created a faculty collaboration database as a way to foster collaboration among faculty. It contains information such as faculty research, service, grants and publications. The program also maintains faculty CVs.

1.2.b Description of how the results of the evaluation processes described in criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

Data are collected and reviewed through various mechanisms, as indicated in 1.2.a. Initially, results are reviewed by the Program Director and are then brought forth, primarily during Advisory Committee, Faculty Committee, or Graduate Studies Council meetings, to the appropriate individuals such as faculty, Advisory Committee members, the Graduate School, staff, and students for further recommendations and action. Some outcome measures such as student and faculty diversity are collected continuously. Other outcome measures such as employment status, faculty research, publications and service, and program fiscal performance are collected annually or by semester (course evaluations, competency self-assessments, field placement evaluations, etc.) by the Program Director or staff and presented to the appropriate stakeholders for review and input. Examples of program enhancements that have occurred through ongoing evaluation and planning processes are presented below.

- Based upon information obtained from two workforce development surveys to assess the need for graduate certificates in population health management and community health assessment and planning, the program developed two new certificate programs in these areas.

- As a result of student feedback regarding interest in a greater selection of electives, six new elective courses have been added to the curriculum since 2012. Two additional courses are currently under development.

- Based upon student, preceptor and staff feedback regarding the substantial amount of work and time required to prepare for the Field Placement, the Field Placement Preparation course has been added to the curriculum as a prerequisite for the Field Placement.

- Faculty concern about writing skills prompted the incorporation of a writing assessment into the Public Health Administration course in 2016. Students identified as needing some assistance with writing papers are referred to various online resources. In addition, institution leadership is exploring writing resources for doctoral and graduate students across the campus as the services are limited and only available to medical students at this time.

- In an effort to ensure academic integrity and respond to concerns regarding plagiarism, the program developed a plagiarism module that is required by all graduate students during the first semester of enrollment.

- Review of course enrollment in Toxicology over the past three years revealed relatively low numbers, likely due to the changing student population, and subsequently led to the elimination of the course in 2016.

- To address low graduation rates, greater scrutiny of applicants has been implemented, and students may receive a recommendation to start with the Graduate Certificate in Public Health Program as a pathway to pursue the MPH degree. Also, student progress is closely monitored by the program and Graduate School to identify and resolve issues in a timely manner.

- Course evaluations consistently show students appreciate recorded lectures. In an effort to facilitate and encourage the use of different means to create presentations with audio, information and resources have been provided to all faculty. Representatives from Media Services attended a faculty meeting and are available to support faculty in this effort. There has been an increase in utilization of the available technology.

1.2.c Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear.

As presented in 1.1.d., the program has established goals for education, service and research that are associated with measureable objectives. Each SMART objective includes a performance target that the program uses to monitor its effectiveness in achieving the overall mission, goals and objectives. Table 1.2.c. summarizes the objectives, targets and results over the past three years. A few of the objectives were developed or modified in 2016 and some results will indicate "not yet established" in these instances. Also, the objectives that are developmental in nature are noted as such.

Table 1.2.c. Outcome Measures for Monitoring Program Effectiveness				
Objectives w/ outcome measures	**Target**	**2013-14**	**2014-15**	**2015-16**
Education Goal 1.1: Provide high quality education that emphasizes critical competencies in public health.				
Objective 1 100% of degree-seeking students will create a plan of study during their first year in the program.	100%	100%	100%	100%
Objective 2 100% of degree-seeking students enrolling in the Field Placement will complete a self-assessment of public health competencies prior to the start of the course.	100%	100%	100%	100%
Objective 3 At the end of each course, 100% of students will complete a course evaluation.	100%	100%	100%	100%
Objective 4 100% of courses will achieve a mean rating of 2.5 or better (1=best score, 5=worst score) for overall quality at the end of each semester offered.	100% with 2.5 or better	100%	100%	100%
Objective 5 100% of courses will receive a mean rating of at least 2.5 (1=best score, 5=worst score) for effectiveness of instructional techniques being utilized.	100% with 2.5 or better	14/15=93% (Toxicology received 2.8)	15/16=94% (Health Communication received 2.6)	100%

Objectives w/ outcome measures	Target	2013-14	2014-15	2015-16
Objective 6 100% of Course Directors will receive a detailed report of course evaluation data within 60 days of completion of the course.	100%	100%	100%	100%
Objective 7 100% of students will receive an annual evaluation from the Program Director.	100%	100%	100%	100%
Objective 8 At least 75% of graduating students who complete the Exit Survey will report being satisfied with academic advising.	75%	Not yet established	Not yet established	100% 10/10
Objective 9 A student/faculty ratio of 10:1 or lower will be maintained annually.	10:1	12.1:1	7.1:1	3.8:1
Objective 10 100% of the faculty will have a terminal degree.	100%	100%	100%	100%
Objective 11 At least 80% of the faculty complement will have public health experience.	80%	79% (15/19)	86% (18/21)	84% (21/25)
Objective 12 At least 80% of graduating students will rate themselves as being knowledgeable or expert in the MPH Program competencies.	80%	75% 9/12	81% 13/16	87% 13/15

Objectives w/ outcome measures	Target	2013-14	2014-15	2015-16
Objective 13 (developmental) By Dec. 2016, develop, pilot and distribute an Exit Survey to all graduating students.	Exit Survey	Not yet established	Not yet established	Exit Survey developed and piloted
Education Goal 1.2: Foster the development of professional public health values, concepts and ethical practice.				
Objective 1 100% of students will participate in a Field Placement.	100%	100% 1 waiver	100%	100% 1 waiver
Objective 2 Students will receive a mean rating of 2.0 or better (1=excellent, 4=unsatisfactory) by their Field Placement preceptor.	2.0 or better	1.6	1.4	1.3
Objective 3 The Field Placement experience will receive a mean rating of 2.0 or better (1=best score, 5=worst score) by students.	2.0 or better	1.1	1.2	1.3
Education Goal 1.3: Recruit and prepare a diverse student population for public health leadership positions.				
Objective 1 At least 8 students will enroll in the Graduate Certificate in Public Health Program annually.	8	14	17	7
Objective 2 At least 75% of certificate seekers will complete the certificate program within 2 years.	75%	64%	24%	0%

Objectives w/ outcome measures	Target	2013-14	2014-15	2015-16
Objective 3 At least 25% of certificate seekers will go on to pursue a full MPH degree.	25%	71%	35%	14%
Objective 4 (developmental) By fall 2016, develop and offer two new online certificates.	2 new certificates	Not yet established	Not yet established	Approval of 2 new certificates
Objective 5 At least 25% of students are eligible for financial aid each year.	25%	43%	39%	31%
Objective 6 At least 15% of MPH students will be from underrepresented racial/ethnic populations (African American, Hispanic, Asian/Pacific Islander, Native American, or Other) each year.	15%	26% 14/53 (8 unknown)	23% 15/66 (4 unknown)	24% 15/62 (2 unknown)
Objective 7 At least 40% of the faculty complement will be female.	40%	37% (7/19)	52% (11/21)	44% (11/25)
Objective 8 At least 15% of the faculty complement will be African American, Hispanic, Asian/Pacific Islander, Native American, or Other.	15%	16% (3/19)	19% (4/21)	28% (7/25)
Objective 9 At least 70% of accepted applicants will enroll in the program each year.	70%	77% 17/22	100% 21/21	92% 11/12
Objective 10 The average GPA of	3.2	3.3	3.2	3.5

applicants accepting admission offer will be at least 3.2 on a 4.0 scale.				
Objectives w/ outcome measures	**Target**	**2013-14**	**2014-15**	**2015-16**
Objective 11 The average GPA of graduating students will be at least 3.2 on a 4.0 scale.	3.2	3.6	3.6	3.6
Objective 12 At least 90% of students will obtain employment or matriculate into an academic/professional degree program within one year of graduation.	90%	100% 12/12 (2013 grads)	100% 10/10 (2014 grads)	100% 14/14 (2015 grads)
Objective 13 Alumni Survey respondents will report being prepared to perform at least 90% of the MPH Program competencies.	90%	100% 4/4	100% 4/4	100% 9/9
Objective 14 Employer Survey respondents will report MPH graduates are prepared to perform at least 90% of the MPH Program competencies.	90%	100% 1/1	Only 1 response (indicated N/A for all)	100% 2/2
Objective 15 Annual fiscal performance will show a positive Discretionary Retained Earnings amount in the Tuition Profit Model.	Positive earnings	NA	$79,644	$38,567

Objectives w/ outcome measures	Target	2013-14	2014-15	2015-16
Service Goal 2.1: Provide leadership and serve as resource in addressing and communicating current and emerging public health issues.				
Objective 1 At least 80% of the faculty complement will serve on community-based committees/boards or provide technical assistance and consultation to public or private organizations on issues relevant to public health.	80%	79% 15/19	86% 18/21	80% 20/25
Objective 2 Continuing education needs of Wisconsin public health practitioners will be assessed every three years.	Assessments conducted	Assessment conducted by WiCPHET	Survey conducted to assess need for certificates	Not applicable
Objective 3 100% of staff will participate in at least one professional development activity annually.	100%	100% 4/4	100% 3/3	100% 3/3
Service Goal 2.2: Foster collaboration among academicians, community and governmental organizations and students to enhance the health of the public.				
Objective 1 Conduct biannual meetings of an Advisory Committee comprised of key stakeholders representing academia, community and governmental organizations, and students.	2 meetings	2 meetings 9/20/13 2/21/14	2 meetings 9/19/14 2/20/15	1 meeting 2/19/16 9/18/15 meeting was cancelled

Objectives w/ outcome measures	Target	2013-14	2014-15	2015-16
Objective 2 75% of students will participate in at least one community service activity each year.	75%	74% 14/19	75% 18/24	80% 16/20
Objective 3 At least two courses will incorporate guest lecturers from the public health community.	2	5	2	6
Research Goal 3.1: Conduct basic and applied interdisciplinary public health research while providing students the opportunity to advance their research knowledge and experience, in order to address critical public health issues and contribute to the body of knowledge in the public health disciplines.				
Objective 1 At least 80% of full-time faculty will conduct interdisciplinary public health research each year.	80%	64% 7/11	63% 5/8	31% 4/13
Objective 2 Full-time faculty will conduct at least 4 research projects annually that address public health problems in diverse populations.	4	10	11	10
Objective 3 At least 50% of faculty will offer at least 1 presentation at a professional conference or meeting each year.	50%	58% 11/19	52% 11/21	44% 11/25
Objective 4 At least 8 scholarly authorships by faculty will be published each year.	8	39	27	38

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

The development of the self-study document began in 2014 by the Program Director and staff. In July 2014, the Program Director and Program Coordinator attended the CEPH Accreditation Workshop. Information regarding the reaccreditation process and timeline has been shared with the Advisory and Faculty Committees and input on sections of most relevance to the various stakeholders has been obtained through meetings and email correspondence.

Several steps have been taken to develop a self-study document that incorporates input from key constituents:

- Development of a Self-Study Workgroup that consists of the MPH Program Director, MPH Program Manager, MPH Program Coordinator, MPH faculty member, MPH Program alumna who is also employed as the Health Officer for a local health department, Director of Enrollment, Director of the Institute for Health and Society, and the Administrator for the Institute for Health and Society.
- Ongoing communication with the Faculty and Advisory Committees as well as the Self-Study Workgroup. This included in person meetings as well as correspondence via email and phone.
- Dissemination of a preliminary self-study document and request for comments from MPH faculty, staff, students, alumni, administration, and public health practitioners (sample email request in resource file, 1.2). Specific sections of the self-study were reviewed by individuals based upon expertise or roles. For example, the Graduate School Recruitment Coordinator reviewed the section related to student recruitment and the Chief Diversity Inclusion Officer and the Program Manager for the Office of Diversity and Inclusion provided feedback on 1.8.

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

This criterion is met with commentary.

Strengths

The program has established a process for collecting and evaluating data relative to the goals and objectives. The program has achieved success in accomplishing several of its objectives over time and has initiated changes for program improvement. The program has implemented methods to ensure feedback is solicited on a regular basis from students, alumni, faculty, and the public health practice community.

The program has completed an analytical self-study document that addresses all of the criteria and includes a candid assessment of strengths and weaknesses along with future plans.

Weaknesses

A comprehensive report regarding progress in achieving all of the stated objectives has not been disseminated to the Advisory Committee and Faculty Committee. Progress or lack of progress is communicated on more of an intermittent or "as needed" basis rather than during a designated point in time. As a result of the self-study process, some objectives were added or modified and new data collection activities need to be implemented.

Plans

Recognizing the importance of systematically and routinely sharing information, progress on evaluation measures will be presented to stakeholders in an annual report. It is anticipated that evaluation methods and measures will be redefined, with input from the Advisory and Faculty Committees, in order to adhere to the new CEPH criteria.

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

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

The Medical College of Wisconsin is a private, national, freestanding institution. The College was founded in 1893 as the Wisconsin College of Physicians and Surgeons. In 1913, the Wisconsin College of Physicians and Surgeons and the Milwaukee Medical College merged to become the Marquette University School of Medicine. In 1967, due to financial constraints, Marquette University terminated its sponsorship of the medical school. The school then continued as a private, freestanding institution. Its name was changed in 1970 to the Medical College of Wisconsin. The College has approximately 13,500 alumni.

Education

MCW has three schools: School of Medicine, School of Pharmacy, and Graduate School of Biomedical Sciences, with more than 1,200 students currently enrolled in degree-granting educational programs.

In addition, MCW faculty supervise approximately 670 physicians in residency training and 180 physicians in fellowship training through the Medical College of Wisconsin Affiliated Hospitals. Approximately 160 scientists are engaged in postdoctoral research fellowship training through the Office of Postdoctoral Education.

MCW works with national and international medical specialty societies and community hospitals to accredit approximately 200 continuing medical education activities annually for physicians and other health professionals.

Research

The Medical College of Wisconsin (MCW) is a major national research center, in fact, the largest research institution in the Milwaukee metro area and second largest in Wisconsin.

In FY 2015, faculty received approximately $158.2 million in external support for research, teaching, training and related purposes including funding from the National Institutes of Health (NIH) and other sponsors.

During the federal government's FY 2015, MCW received approximately $85.6 million in NIH funding and ranked 45th among the nation's 139 medical schools receiving NIH research funding.

MCW's research enterprise is focused on strategic, prioritized areas of research involving interdisciplinary collaboration among scientists and physicians with the goal of rapidly translating discoveries into advances for patient care. MCW faculty conducted more than 3200 research studies, including clinical trials, in FY 2015.

Patient Services

Approximately 1,500 Medical College of Wisconsin (MCW) physicians and more than 500 nurse practitioners, physician assistants, and other healthcare practitioners provide adult patient care through the *Medical College Physicians* group practice and pediatric patient care through *Children's Specialty Group*, a joint venture with Children's Hospital of Wisconsin.

Each year, MCW providers, physician assistants, nurse practitioners and psychologists care for more than 525,000 patients, representing more than 2.3 million patient visits.

MCW providers practice at three major affiliates - Froedtert Hospital, Children's Hospital of Wisconsin, and the Zablocki VA Medical Center, and many other hospitals and clinics in Eastern and Central Wisconsin.

Community Engagement

The Medical College of Wisconsin (MCW) invests significantly in expanding its community mission to build strategic community-academic partnerships that have the greatest impact on Wisconsin's most critical health needs. MCW is one of four medical schools nationwide to have received the Carnegie Community Engagement Classification. According to recent MCW faculty and staff surveys, more than 600 faculty and staff are engaged in over 1,100 community outreach activities to advance the health of people and communities throughout metro Milwaukee and Wisconsin.

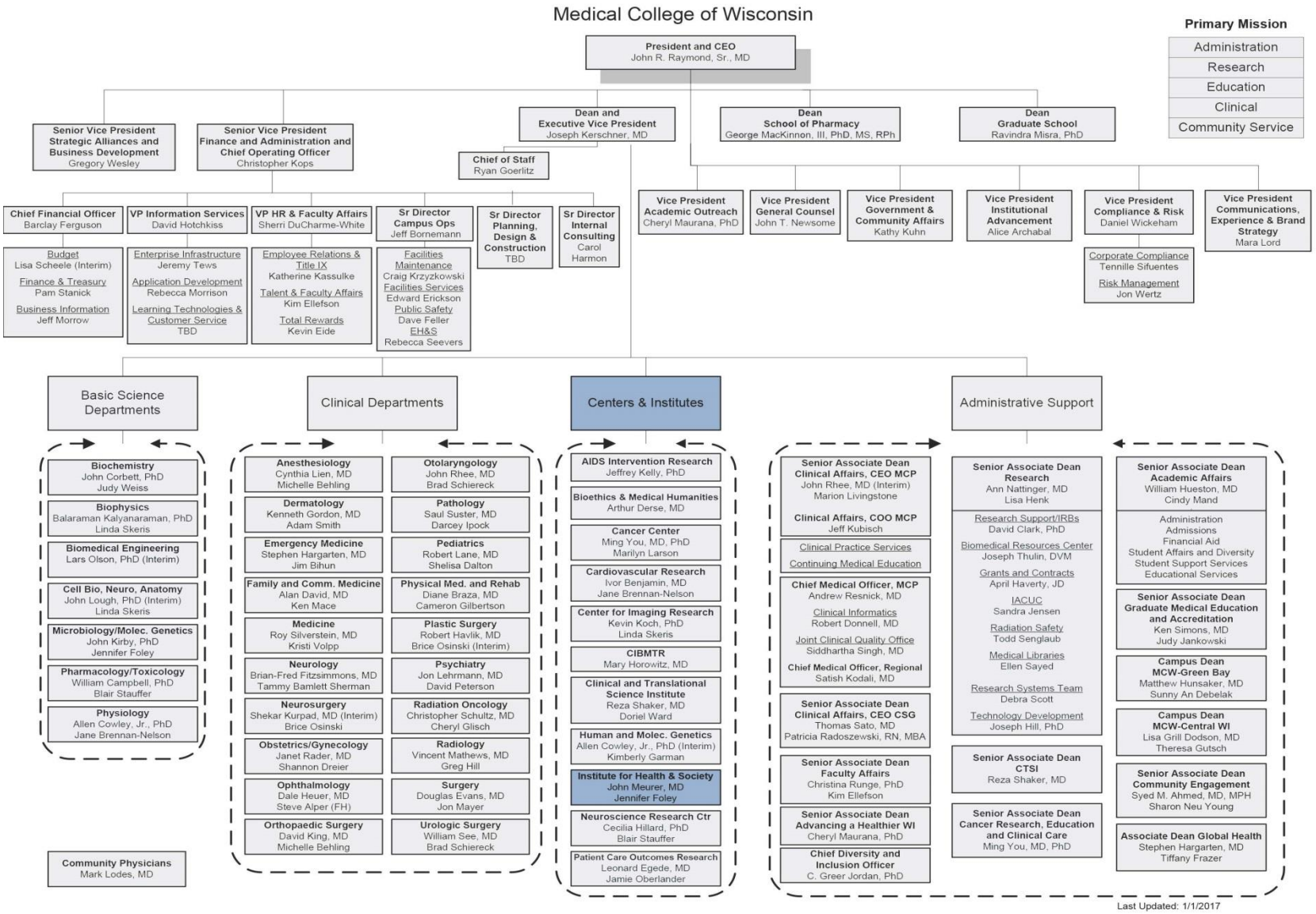
Accreditation
MCW education programs are accredited by the appropriate program-specific accrediting bodies as follows:

- 2007: The Higher Learning Commission (HLC) granted re-accreditation to MCW for 10 years (the longest possible term).
- June 2011: The Liaison Committee on Medical Education (LCME) awarded full, eight-year accreditation (the maximum period) to MCW.
- March 2014: LCME determined that resources were adequate to establish MCW-Green Bay.
- May, 2014: HLC approved the establishment of MCW-Green Bay.
- January 2015: HLC approved the establishment of MCW-Central Wisconsin.
- February, 2015: LCME determined that resources were adequate to establish the MCW-Central Wisconsin Campus.
- October, 2015: HLC approved the establishment of the Masters of Science in Anesthesia Program.
- June 2016: Commission on Accreditation of Allied Health Education Programs (CAAHEP) approved the accreditation of the Masters of Science in Anesthesia Program.
- June 2010: MPH accreditation from the Council on Education for Public Health.
- Accreditation preparations for the new School of Pharmacy are currently in progress.

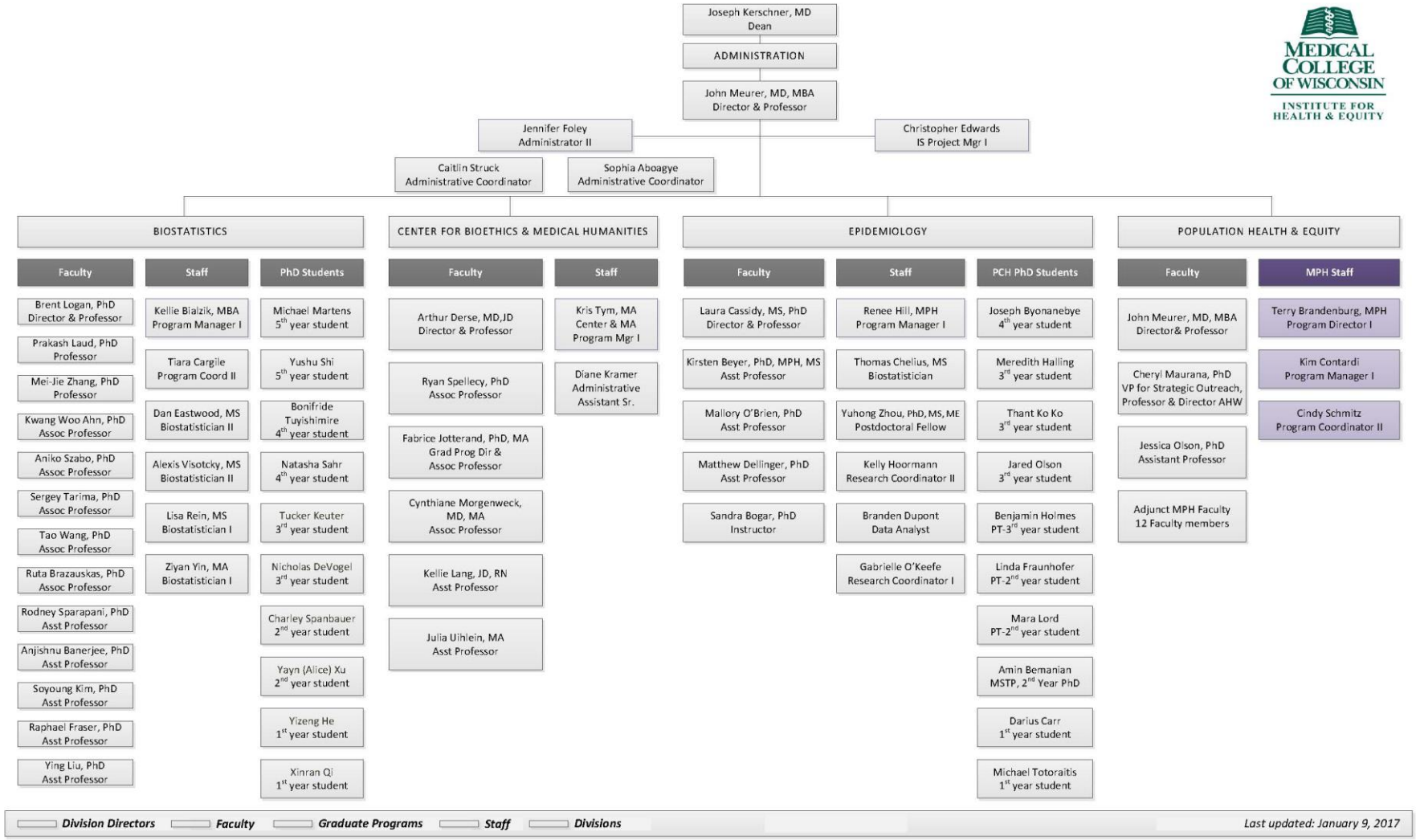
1.3.b One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

The MPH Program is located in the Division of Population Health and Equity within the Institute for Health and Society. The following organizational charts for MCW and the Institute for Health and Society identify both placement and reporting authority. The MPH Program is an established degree program in the Graduate School and adheres to the policies and procedures governing graduate degree programs.

Medical College of Wisconsin Organizational Chart



Institute for Health and Society Organizational Chart



1.3.c Description of the program's involvement and role in the following:

- **Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising**
- **Personnel recruitment, selection and advancement, including faculty and staff**
- **Academic standards and policies, including establishment and oversight of curricula**

Budgeting and Resources

The Medical College of Wisconsin's annual budget process begins with each department completing a formal program planning review which includes:

- Self-Assessment of Performance Relative to MCW Strategic Goals
- Program Plan in Relation to MCW Strategic Goals and Department Specific Goals
- Identification of Operational and Financial Issues that will have an Impact on Annual Program Plan

Each fall, Department Chairs and Institute Directors meet with the Dean and Executive Vice President and the Chief Operating Officer to review annual department goals and issues to determine if changes in department resource allocation are required in the coming year. Each spring, departments submit their annual budgets based on these annual goals and previous discussions with the Dean and Chief Operating Officer. All budgets are reviewed by the College's various administrative units, the Dean, and the Chief Operating Officer prior to submission to the Board of Trustees for final approval.

In association with the annual budgeting process, the MPH Program works with the Institute's director and administrator to develop revenue projections and a program budget for the next fiscal and academic year. The program budget is included in the Institute's budget proposal that is submitted to the Dean and budget office. The budget is developed in accordance with the Tuition Profitability Model as described in Criterion 1.6.

Personnel Recruitment, Selection and Advancement

The MPH Program complies with the recruitment, selection and advancement procedures of the Medical College. Faculty recruitment, appointment, promotion and tenure procedures are described in-depth in Criterion 4.2.

Staff recruitment, hiring and promotion are facilitated by the Office of Human Resources. The Medical College determines its employment needs, including the establishment of new positions, job specifications and requirements, and staff allocation patterns using the education, research and service obligations of the College as a guideline. It is Medical College policy that the recruitment of staff positions reflects a commitment to equal employment opportunity and is carried out in a manner consistent with the published Affirmative Action Plan adopted by the Board of Trustees. Standard recruitment procedures are consistently applied by all departments in accordance with staff recruitment protocol and applicable federal guidelines.

All positions must be posted on the Medical College Careers Website for at least three consecutive business days before an offer can be extended. The Office of Human Resources posts and advertises open positions and does the preliminary screening of applicants. Eligible candidates are invited for at least one interview with the staff and Program Director. A second interview may be conducted. Human Resources conducts the reference and background checks when applicable. The final decision is the responsibility of the Institute for Health and Society Director based on recommendations from the MPH Program Director.

A promotion within the College occurs as a result of the competitive recruitment process, unless it is part of the fiscal year budget process. The Office of Human Resources must authorize any request for promotions.

Faculty and staff recruitment, selection, transfer, promotion and tenure (faculty only) processes are outlined in detail in the *Information for Faculty Handbook* which can found in the resource file, 1.3. The *Staff Employee Handbook* can be found in the resource file, 1.3.

Academic Standards and Policies

The Graduate Studies Council is primarily responsible for establishing official Graduate School policies and ensures that academic standards are met for all graduate programs and courses. The MPH Program Director is the designated representative for the Director of the Institute for Health and Society on the Graduate Studies Council. In addition, another MPH faculty member currently has an appointment on the Council. The Graduate Studies Council Curriculum and Programs Committee reviews all new

graduate programs and courses, and all proposed changes in existing courses and programs. An MPH faculty member currently is the chair of this committee.

Recommendations of the committee are forwarded to the Graduate Studies Council for a vote. New graduate programs require the approval of the Board of Trustees as well. The Course Evaluation Committee of the Graduate School is responsible for reviewing course evaluations after the end of each semester and conducts comprehensive three-year evaluations of courses. All MPH faculty course directors are responsible for conducting these triennial course evaluations. The Program Evaluation Committee establishes appropriate criteria and metrics and periodically (approximately every five years) reviews all programs of the Graduate School.

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

The MPH Program is not a collaborative program.

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

The MPH Program is not a collaborative program.

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

This criterion is met.

Strengths

The Medical College of Wisconsin is an established institution providing education and patient services, conducting research, and actively engaging with the community. The College provides a supportive environment for the MPH Program.

Weaknesses

None

Plans

None

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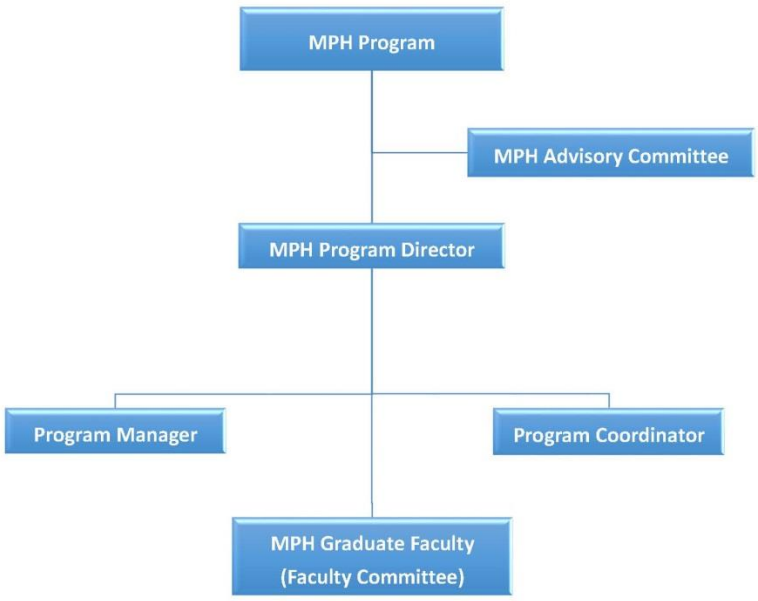
1.4 Organization and Administration. The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public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

1.4.a One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

MPH Program Organizational Chart



1.4.b Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

The Advancing a Healthier Wisconsin (AHW) endowment plays a significant role in bringing together faculty, researchers, practitioners, and communities to foster education, research and service. The MPH Program has benefited greatly from the funding to support the educational mission. MPH faculty have also benefited in support of research and service as illustrated in Criteria 3.1 and 3.2.

In 1999, the Advancing a Healthier Wisconsin endowment was created through the funds that resulted from the Blue Cross/Blue Shield United of Wisconsin's conversion to a for-profit corporation. Since 2004, AHW has awarded more than $186.4 million to over 335 initiatives dedicated to improving the health of the people of Wisconsin. Funded projects are encouraged to leverage public and/or private funds to enhance longevity of project outcomes and increase the pool of available resources for public health initiatives. The investment from AHW has created a multiplier effect by attracting additional dollars to enhance public health improvement in Wisconsin.

The AHW endowment is dedicated in its entirety, and in perpetuity, to improving the health of the people in Wisconsin through three complementary components:

Healthier Wisconsin Partnership Program (HWPP) supports community-MCW academic partnerships that address public and community health improvement through a competitive Request for Proposal process as well as MCW Consortium-directed special initiatives. More than 165 community-based health initiatives have received funding to advance strategic interventions, health promotion, and systems changes since 2004.

Research for a Healthier Tomorrow supports basic, clinical, applied and translational research that addresses the leading causes of death and disability through the development of strong inter-disciplinary programs.

Educational Leadership for the Health of the Public supports innovative programs that enhance the education of patients, public health professionals, health providers, residents, fellows, and medical and graduate students.

In 2015, MCW was awarded a five-year, $20 million Clinical and Translational Science Award from the National Institutes of Health. This competitive grant renewal funds an ongoing program of work of the Clinical and Translational Science Institute of Southeastern Wisconsin (CTSI), a consortium of eight regional organizations whose mission is to advance the health of the community through research and discovery.

The CTSI, which was founded in 2010, comprises the Blood Center of Wisconsin, Children's Hospital of Wisconsin, Clement Zablocki VA Medical Center, Froedtert Hospital, Marquette University, MCW, Milwaukee School of Engineering, and the University of Wisconsin – Milwaukee. The composition of the CTSI is unique nationally because of the engagement of academic institutions not affiliated with MCW. Using innovative mechanisms, CTSI members work to translate research discoveries more quickly into preventive, diagnostic and therapeutic interventions for patients. Consortium members share resources, technology, knowledge and expertise to work towards those goals. The CTSI research portfolio includes more than 185 studies, with more than 47 collaborative research studies underway. MPH faculty have been active in the CTSI initiatives.

Finally there is great inter-organizational cooperation among departments and divisions at MCW to provide faculty for the MPH Program. Faculty in the program are drawn from the Department of Family and Community Medicine, Department of Pediatrics, Division of Infectious Diseases, the Division of Biostatistics, the Center for Bioethics and Medical Humanities, and the nationally recognized Injury Research Center.

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

This criterion is met.

Strengths

MCW has been fortunate to have many longstanding cooperative partnerships and programs that foster an environment of learning, research and service. Faculty and staff in the MPH Program have been active participants in these partnerships.

Weaknesses

None

Plans

None

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.

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

The Standing Committees of the Graduate School

Student Admissions and Welfare Committee: The committee shall develop guidelines for the acceptance of students into graduate programs of the Graduate School. The committee shall also make recommendations to the Graduate Studies Council on matters concerning student welfare. The committee shall be comprised of 3 faculty members elected by the Graduate Faculty (3 year terms), 3 faculty members appointed by the Dean of the Graduate School (3 year terms), and 1 graduate student member identified by the Graduate Student Association (1 year term). (See Formation of the Standing Committees)

Awards Committee: The committee shall review all student applications for travel awards to scientific meetings and award monies as funded by the Friends of MCW and the Graduate Student Travel Fundraiser. The committee shall also review any awards monies for poster submissions at the Annual Research Day. The committee shall be comprised of 2 faculty members elected by the Graduate Faculty (3 year terms), 2 faculty members appointed by the Dean of the Graduate School (3 year terms), and 1 graduate student identified by the Graduate Student Association (1 year term). (See Formation of the Standing Committees)

Curriculum and Programs Committee: The committee shall review all courses and programs, including certificate programs, proposed as new offerings of the Graduate School. The committee shall recommend to the Graduate Studies Council acceptance, modification, or rejection of the proposed courses and/or programs. Approval by the committee shall be the first step toward accreditation of new programs. The committee shall be comprised of 3 faculty members elected by the Graduate Faculty (3 year terms), 3 faculty members appointed by the Dean of the Graduate School (3 year terms), and 1 graduate student identified by the Graduate Student Association (1 year term). (See Formation of the Standing Committees)

Course Evaluation Committee: The committee shall review course evaluations completed by the students at the end of each term, shall meet with course directors as appropriate to understand the basis of any significant deficiencies or dissatisfactions identified, and, where deficiencies are confirmed, develop with the course director plans for remediation of the deficiencies. For each course offered, the committee and the Dean of the Graduate School will jointly issue to the course director a letter summarizing the committee's findings with respect to that course. The committee will be comprised of 3 faculty members elected by the Graduate Faculty (3 year terms), 3 faculty members appointed by the Dean of the Graduate School (3 year terms), and 1 graduate student identified by the Graduate Student Association (1 year term).

Program Evaluation Committee: The committee shall review appropriate criteria and metrics and shall periodically review all programs of the Graduate School. The Chair of the committee will report the results of each review to the Dean of the Graduate School and to the Graduate Studies Council. The committee will be comprised of 3 faculty members elected by the Graduate Faculty (3 year terms), 3 faculty members appointed by the Dean of the Graduate School (3 year terms), and 1 graduate student identified by the Graduate Student Association (1 year term).

Faculty Credentials Committee: The committee shall review criteria for membership on the Graduate Faculty and for recognition as a qualified primary dissertation mentor. The committee shall evaluate credentials of new faculty members seeking to become members of the graduate faculty and/or to be recognized as qualified primary dissertation mentors. The committee will also review the credentials of graduate faculty members and qualified mentors as part of the periodic review of each Graduate School program. The Chair of the committee will report the results of the committee's deliberations to the Dean of the Graduate School. The committee will be comprised of 4 faculty members elected by the Graduate Faculty (3 year terms), and 3 faculty members appointed by the Dean of the Graduate School (3 year terms). (See Formation of the Standing Committees) (Note: Service on this committee is restricted to Associate and Full Professors.)

Nominating Committee: The committee shall obtain from members of the Graduate Faculty, an expression of interest in participating in the activities of the standing committees of the Graduate School. On the basis of interest and experience, the committee shall prepare a slate of candidates for the various committees of the Graduate School. The slate shall be prepared and voted on by the Graduate Faculty each spring. The committee shall be comprised of 2 faculty members elected by the Graduate Faculty (3 year terms) and 2 faculty members appointed by the Dean of the Graduate School (3 year terms). (See Formation of the Standing Committees)

Formation of the Standing Committees
Each committee shall consist of 6 graduate faculty and one graduate student except where noted. The Dean of the Graduate School shall appoint the Chair of each committee from among the faculty members elected or appointed to the committee. The Chairs of the Curriculum Programs, Course Evaluation and Program Evaluation committees shall be *ex- officio* members of the Graduate Studies Council. Student representation, except where noted, shall be from the Representative Council of the Graduate Student Association. All members of a committee shall have voting rights within that committee.

All GSC members will be recommended by the nominating committee for approval by the GSC. Selection of elected members of Standing Committees members will be by ballot of the Graduate Faculty.

Membership: The Graduate Studies Council (GSC) shall consist of the program directors and recruitment directors from each of the doctoral Graduate School programs, the program director of each master's degree Graduate School program, the President and Vice-President of the Graduate Student Association, the Dean of the Graduate School, the Associate Dean, Office of Postdoctoral Education, chairs of all Standing Committees, and other members as appointed by the Dean.

Term: Terms are determined by the length of time the member(s) remain in the position that entitles them to membership (*e.g.*, as program or recruitment director).

Procedures and Policies of the Standing Committees:
a) The charge to the standing committee includes development of rules of operation, guidelines for their activities, and the development of criteria to fulfill the function for which these committees were formed.

b) The policies of the Standing Committees or changes in the policies of the Standing Committees must be approved by the Graduate Studies Council.

In addition the MPH Program has two standing committees:

Committee: MPH Advisory Committee (minutes in resource file, 1.5)

Composition: This committee consists of representatives from the public health workforce, faculty, students, administration and alumni. Members are appointed by the MPH Program Director and serve for a five-year term. Students serve for a shorter term and may participate for as long as they remain in the program.

Charge: The committee provides recommendations and guidance to the program administration. Input is solicited on topics such as program objectives, program evaluation, curriculum development, student resources, workforce development, and new educational opportunities. This committee meets two times each year with special meetings scheduled as needed.

Current Membership

Dawn Bragg, PhD	Associate Dean, Student Affairs and Diversity, MCW
Tobi Cawthra, MPH	MPH Alumna, Senior Program Officer, Advancing a Healthier Wisconsin, MCW
Laura Conklin, MPH	MPH Alumna, Health Officer, City of Wauwatosa Health Department
Seth Foldy, MD, MPH	MPH Alumna, Professor, Department of Family Medicine, MCW
Jessica Gathirimu, MPH	MPH Alumna, Opioid Prevention and Control Manager, City of Milwaukee Health Department, Family and Community Health Services
Kirsten Johnson, MPH	Health Officer, Ozaukee and Washington Counties
Shawn Johnson, RN, MPH	Public Health Nursing Supervisor, Greendale Health Department
Mandy Kastner, MPH	MPH Alumna, Program Manager, Department of Medicine, MCW
Linda Meurer, MD, MPH	Professor, Department of Family and Community Medicine, MCW
Jessica Olson, PhD	MPH Student, Assistant Professor, Institute for Health and Society
Darren Rausch, MS, CPH	Health Officer, City of Greenfield Health Department
Kim Whitmore, MSN, RN, CPN	Director, Graduate Health Systems Management Program, Loyola University

Committee: MPH Faculty Committee (minutes in resource file, 1.5)

Composition: This committee consists of all MPH teaching faculty.

Charge: This committee is involved with strategic planning processes and reviews recommendations from the Advisory Committee. The committee provides additional guidance to the MPH Program Director, particularly on matters such as the curriculum, distance education methodologies, utilization of Desire to Learn, competencies, advising, diversity, research, service activities, recruitment, and policies and procedures that impact the faculty. This committee meets two times a year with special meetings scheduled as needed. Off campus faculty participate via telephone.

Current Membership

Faculty	Course(s) Taught
David McClure, PhD, MS *Assistant Adjunct Professor*	18201 Principles of Epidemiology
Alan Wells, PhD, MPH *Assistant Adjunct Professor* Janvier Gasana, MD, PhD, MPH *Associate Adjunct Professor* Matt Dellinger, PhD, MS *Assistant Professor*	18200 Environmental Health
David Nelson, PhD, MA, MS *Associate Professor* Timothy Lynch, PhD *Associate Clinical Professor*	18212 Behavioral Science & Public Health
David Nelson, PhD, MA, MS *Associate Professor*	18203 Public Health Administration
Raphael Fraser, PhD, MS *Assistant Professor* Soyoung Kim, PhD, MS *Assistant Professor*	18204 Introduction to Biostatistics
Nancy Kreuser, PhD, MSN *Assistant Adjunct Professor*	18209 Community Health Assessment & Improvement
Lisa Bradford, PhD, MA *Assistant Adjunct Professor*	18250 Ethical Issues in Public Health
Julie Willems Van Dijk, PhD, MSN *Assistant Adjunct Professor*	18260 Community Health Program Evaluation
Kim Gearin, PhD, MS *Assistant Adjunct Professor*	18230 Community Health Program Planning
James Sanders, MD, MPH *Associate Professor*	18291 Introduction to Global Health
Jennifer Peterson, PhD, MA *Assistant Adjunct Professor*	18241 Health Communication
Kusuma Madamala, PhD, MPH *Assistant Adjunct Professor*	18243 Performance Management & Quality Improvement
Seth Foldy, MD, MPH *Professor*	18115 Health Promotion and Disease Prevention
John Meurer, MD, MBA *Professor*	18223 Public Health Policy, 18232 Introduction to Population Health Management
Eric Gass, PhD, MS *Assistant Adjunct Professor*	18265 Public Health Research

Kaija Zusevics, PhD, MS *Assistant Adjunct Professor*	18218 Racial & Ethnic Inequalities in Health
Jay Gold, JD, MD, MPH *Assistant Adjunct Professor*	18221 Public Health Law
Earnestine Willis, MD, MPH *Professor* Sheri Johnson, PhD, MA *Associate Professor*	18254 Challenges in Maternal & Child Health
Janaki Shah, DO, MS *Assistant Professor* Kartikey Acharya, MBBS, MPH *Assistant Professor*	18215 Infectious Disease
E. Brooke Lerner, PhD, MS *Professor*	18258 Advanced Epidemiological Methods

1.5.b Identification of how the following functions are addressed within the program's committees and organizational structure.

General Program Policy Development

At the program level, the Program Director oversees policy development. Faculty, students and Advisory Committee members may offer recommendations on existing policies or the creation of new policies. With input and feedback from faculty, students, and Advisory Committee members, the Program Director initiates policy changes. Depending on the nature of the policy, it may or may not be necessary to obtain approval from the Graduate Studies Council. The Program Director may present the proposed policy to the Dean of the Graduate School who determines if it requires review and approval by the Council. Once approved, the Program Director ensures implementation and communication to appropriate stakeholders.

Planning and Evaluation

Strategic planning processes for the program are the responsibility of the Program Director with involvement from the faculty and the Advisory Committee. The Advisory Committee is involved with assessing and revising the program's mission, goals, objectives, and competencies along with developing overall evaluation and planning processes. The Advisory Committee's recommendations are then reviewed by the Faculty Committee. Members of each committee are involved in decision-making where appropriate. Examples of issues that were discussed during the past eighteen months include revised mission, goals, objectives, and values; new certificate proposals; new course development; and the development of student writing resources. Depending

upon the issue, the Program Director, Dean of the Graduate School or Graduate Studies Council may render final approval.

Budget and Resource Allocation
The Program Director, in consultation with the Institute for Health and Society Director and Administrator, determine the annual budget. The process includes review of anticipated program revenues (tuition) and expenses (salaries, fringes, supplies, travel, etc.) and any changes that could impact program financial resources for the up-coming year. The MPH Program budget is submitted for review/approval to the Board of Trustees as part of the Institute for Health and Society's annual budget process each spring.

Student Recruitment, Admission, and Award of Degrees
Student recruitment is a shared responsibility of the MPH Program and the Graduate School Recruitment Office. The recruitment process is discussed in Criterion 4.3. Admission recommendations are the responsibility of the MPH Program with the final authority resting with the Dean of the Graduate School. The Graduate School is responsible for awarding the degree. Once the student fulfills all degree requirements and files the appropriate forms, the Dean of the Graduate School verifies that the student has satisfied all requirements for graduation, and he submits the student's name to the Board of Trustees for approval.

Faculty Recruitment, Retention, Promotion and Tenure
The program abides by the faculty recruitment, retention, and promotion policies and procedures established by the College as described in-depth in Criterion 4.2. and in the *Information for Faculty Handbook*. The MPH Program Director requests a new faculty position to the Institute Director. The Institute Director, based upon recommendations from the MPH Program Director, is responsible for submitting formal recommendations for all faculty recruitment as well as retention, promotion and tenure requests to the Office of Faculty Affairs. The policies and procedures for retention, promotion and tenure can be found in the *Faculty Handbook* posted in the resource file, 1.5.

Academic Standards and Policies, Including Curriculum Development
The Graduate Studies Council is the primary policy-making body for the Graduate School and establishes the academic standards for all graduate programs. However, the program may require more stringent standards at its discretion. If there is consensus among members of the Faculty and Advisory Committees, the issue is brought to the Dean of the Graduate School or the Graduate Studies Council for final approval.

Research and Service Expectations and Policies
At the time of hire, all faculty sign a letter of offer, which outlines expectations for employment, including initial responsibilities in research, patient care, teaching, community service, and administration. Full-time faculty at the rank of Associate

Professor or Professor must also declare an academic path, which further delineates performance expectations. These four paths provide measurements for retention, promotion and tenure requirements as outlined in the *Information for Faculty Handbook*. The paths are outlined below:

- Traditional Path - major commitment to research and other scholarly activities in addition to achieving excellence in teaching and clinical or administrative service.
- Clinician-Educator Path - emphasis on teaching and clinical excellence. Research or other evidence of scholarly activities is required, although the measures for assessment of appointments are primarily focused on accomplishment and potential in teaching and clinical medicine.
- Research Path - place major effort on research with minimal requirement for teaching or service. The measure for assessment of appointments to the Research Path is almost exclusively research effectiveness, usually in association with a specific project goal of the department.
- Clinician-Administrator Path - devote professional effort predominantly to clinical practice or clinical administration or both. Excellence in clinical practice and a sustained commitment to, and excellence in, teaching are expected, and service to the broad College community is encouraged.

1.5.c A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

There are multiple documents that determine the rights and obligations of administrators, faculty, and students in governance of the program. The relevant documents are:

- *MPH Student Handbook*
- *Faculty Handbook*
- *Graduate Student Handbook*
- *Staff Employee Handbook*

(These documents can be found in the resource file, 1.5.)

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

Table 1.5.1 MPH Faculty Holding Membership on MCW Committees_2013-2017	
Program Faculty	**Committee(s)**
Kartikey Acharya, MD, MPH	• Member, Fellowship Program Evaluation Committee, Division of Infectious Diseases (2014-present) • Member, Intern Selection Committee, Department of Medicine (2015-present) • Member, Internal Medicine Residency Program Evaluation Committee (2016-present)
Seth Foldy, MD, MPH	• Master of Public Health Endowed Scholarship Fund Steering Committee (2014) • MPH Advisory Committee (2016) • (2016) Rank and Tenure Committee, Department of Family and Community Medicine (2016)
Raphael Fraser, PhD	• Ph.D. Preliminary Examination Committee: Statistical Theory
Sheri Johnson, PhD	• MCW Urban & Community Health Pathway, Faculty Advisory Council (2009-present) • MCW Faculty and Staff Gift Drive Committee (2010-present) • MCW Awards Committee, Graduate Studies Council-Dean's appointee (2014-17)
E. Brooke Lerner, PhD	• Chair: Department of Emergency Medicine Research Review Committee, Medical College of Wisconsin (2008-present) • Member: Scholarly Activities Workgroup (created by the New Curriculum Steering Committee), Medical College of Wisconsin (2011-present) • Dean appointed member: Course Evaluation Committee, Graduate School of Biomedical Sciences, Medical College of Wisconsin (2011-17) • Elected member: Graduate Studies Council Curriculum and Programs

Table 1.5.1 MPH Faculty Holding Membership on MCW Committees_2013-2017	
Program Faculty	**Committee(s)**
	Committee, Graduate School of Biomedical Sciences, Medical College of Wisconsin (2017-present)
Thomas May, PhD	• Diversity and Inclusion Advisory Committee (2014)
John Meurer, MD, MBA	• Member of MCW Cancer Center Internal Scientific Advisory Board (2011-present) • Appointed Member, Quality Improvement Project Committee, Higher Learning Commission Accreditation (2013-14) • Co-Chair, Cancer Center Community Advisor Board (2014-present) • Appointed Member by the Dean, Research Council (2014-present) • Reviewed AHW research grants and President Scholar grants (2014-present) • Elected Member, Faculty Benefits Committee (2014-present) • Appointed Member, Cardiovascular Center Internal Scientific Advisory Board and Prevention Affinity Team (2014-present)
David Nelson, PhD, MS	• Graduate School Curriculum and Programs Committee (2011-14) • Graduate Studies Council Curriculum and Programs Committee Member (2011-13) • Urban & Community Health Pathway Advisory Council Member (2012-present) • Graduate Studies Council Member (2013-present) • Graduate Studies Council Curriculum and Programs Committee Chair (2013-present) • Educational Technologies Work Group (2013-present) • Ad Hoc Committee – Teaching Awards Chair (2014-present)
James Sanders, MD, MPH	• Present Chair, Global Health Elective Funding, Residencies, Family and Community Medicine (2007-present)

Table 1.5.1 MPH Faculty Holding Membership on MCW Committees_2013-2017	
Program Faculty	**Committee(s)**
	• Present Member, Gold Humanism Award Selection Committee (2014-present) • Member, MCW Global Health Strategic Plan II Advisory Board (2015-16)
Janaki Shah, DO	• Member Internal Medicine Intern Selection Committee (2012-present)
Earnestine Willis, MD, MPH	• Search Committee, Institute for Health and Society

1.5.e Description of student roles in governance, including any formal student organizations.

There are two avenues for MPH students to be involved in governance; (1) the Graduate Student Association (GSA), and (2) The MPH Advisory Committee (described previously). Currently there is an MPH student representing the MPH Program on the GSA and there is a student member on the MPH Advisory Committee. (A description of the Graduate Student Association is located in the resource file, 1.5).

In addition, all MPH students participate in evaluation of the program through semester course evaluations, faculty evaluations, a graduate exit survey, and an alumni survey.

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

This criterion is met

Strengths

The Medical College, Graduate School, and MPH Program have clearly defined policies, procedures and administrative structures in place for the governance of the College.

Weaknesses

Many of the students in the MPH Program do not live close to the MCW campus or they have full time positions that do not allow them to be involved in campus activities such as serving on committees or associations.

Plans

None

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

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

The budgeting and resource allocation processes for the MPH Program have gone through some significant changes since the last re-accreditation of the program. Prior to FY-2011 the program operated on tuition revenue received from students and expenses included a 15% university tax to support the overhead expenses from the College. Starting in FY-11 all tuition revenue went to the College's central fund and funding for programs was allocated by the College from the central fund.

An additional refinement to the budgeting process occurred in FY-15 with the development of the Tuition Profitability Model (TPM). This model brings program tuition and expenses together in a model that demonstrates sustainability of the program. The most recent TPM for FY-16 is shown below and incorporates tuition earned, direct and indirect expenses, the margin goal for the College, and a positive discretionary earnings figure that demonstrates that the program is viable and covering all expenses of operations.

Tuition Profitability Model (FY 16)

Tuition Revenue	**$**	**634,631**	
Direct Expenses		($387,888)	<---salaries, supplies, services, etc.
Indirect Expenses		($147,397)	<---38% of direct expenses, to MCW
Contribution to Margin		($22,212)	<---3.5% of revenue
Net	**$**	**77,134**	<---revenue minus, direct, indirect and margin
Graduate School	$	38,567	<---50% of surplus
Department DRE	$	38,567	<---50% of surplus, discretionary retained earnings or Investment to RE or quasi

Other Fiscal Resources

In 2000, the Medical College of Wisconsin received a portion of charitable funds generated from a Blue Cross/Blue Shield United of Wisconsin conversion from a nonprofit organization to a for-profit corporation. The funds from this conversion are housed in the Advancing a Healthier Wisconsin Endowment. The present value of the endowment is approximately $420M. Interest earnings from the endowment advances research, education and community health improvement across every region in the State of Wisconsin. The MPH Program has benefited greatly from endowment funding as efforts continue to enhance the public health practice concentration. MPH faculty have also benefitted with funding for research and funded service as indicated in Criteria 3.1 and 3.2.

The Institute for Health and Society has a Quasi Endowment that supports training and development of Institute programs. The current value of the endowment is approximately $3M and interest earnings support programs and staff. The MPH Program receives annual allocations for Program development, promotions and outreach, and professional development. In addition, each staff member receives an allocation for professional development. (FY16 Quasi Professional Development Fund Guidelines in resource file 1.6).

The revised budgeting process implemented in 2015 allows for programs to share in profitability of tuition generated income. The Tuition Profitability Model equally shares any net income between the Graduate School and the Institute for Health and Society. Within the Institute, these discretionary retained earnings can be used for new investments and initiatives and support the Quasi Endowment.

There are two ongoing initiatives to provide financial support to students in the MPH Program. In the 2015-16 and 2016-17 academic years, the Friends of MCW provided funding to award two $3,000 scholarships to students in the MPH Program. In addition, the MPH Program has been working with the MCW Development Office to create a scholarship fund. Fundraising has been going on since 2015 to create a permanent MPH scholarship fund.

1.6.b A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate.

There are two noteworthy areas of Table 1.6.1 – Sources of Funds and Expenditures that deserve additional explanations.

The first involves the change that occurred in FY-11 when major changes were implemented in program budgeting that shifted all tuition revenue to the College's central fund and budget appropriations for programs coming from the central fund. Although tuition revenue is not directly considered as part of the annual budgeting process for the Program and does not appear in Table 1.6.1 after FY-10, the tuition revenue is tracked annually. Table 1.6.2 provides tuition revenue for the past seven years.

The second item is the presence of funding from the Advancing a Healthier Wisconsin Endowment for FY-10 through FY-15. In 2006, the AHW Endowment awarded a 5 year, $2.7M grant to the MPH Program to completely revise the concentration from occupational medicine to public and community health. This transition occurred during the 2006-2008 academic years. When the budgeting changes were developing in 2011 that directed all tuition to the central fund and instituted central allocation of funds, AHW approved no-cost extensions and allowed the Program to continue using AHW funds for operations and also investments in new electives developed to better support the new concentration. The AHW grant ended in 2015.

Table 1.6.1 Sources of Funds and Expenditures by Major Category. Fiscal years 2010 - 2016							
	Year 1 (FY 10)	**Year 2 (FY 11)**	**Year 3 (FY 12)**	**Year 4 (FY 13)**	**Year 5 (FY 14)**	**Year 6 (FY 15)**	**Year 7 (FY 16)**
Source of Funds							
Tuition and Fees	560,325						
College (Central) Funds		338,065	300,689	210,608	311,716	404,963	450,325
Grants & Contracts							
AHW Endowment	287,916	201,712	260,077	258,151	244,261	12,579	0
Gifts	485	850	1,692	1080	1,951	625	754
Total	**848,726**	**540,627**	**562,458**	**469,839**	**557,928**	**418,167**	**451,079**
Expenditures							
Faculty Salaries & Benefits	283,504	270,102	198,344	205,742	235,654	138,291	152,605
Staff Salaries & Benefits	250,382	209,076	288,689	214,564	244,777	222,166	217,101
Operations	16,317	11,661	13,293	7,526	12,937	23,024	18,182
Travel	2,392	5,609	3,422	4,993	6,200	8,228	0
College Tax	84,048						
Total	636,643	496,448	503,748	432,825	499,568	391,709	387,888

Table 1.6.2 Tuition Revenue Fiscal Years 2010 - 2016							
Year	Year 1 (FY 10)	Year 2 (FY 11)	Year 3 (FY 12)	Year 4 (FY 13)	Year 5 (FY 14)	Year 6 (FY 15)	Year 7 (FY 16)
Tuition	560,325	562,255	519,010	555,220	643,947	725,228	634,631

1.6.c If the program is a collaborative one sponsored by two or more universities the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable. The MPH Program is not a collaborative program.

1.6.d Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

This is a new objective developed to better measure the financial performance of the program. The objective is designed to track performance related to discretionary retained earnings from the Tuition Profitability Model that was instituted during the 2014-15 fiscal year. Performance over FY-15 and FY-16 shows a sustainable Program with positive annual earnings. (Tuition Profitability Models for FY-15 and FY-16 are located in resource file, 1.6)

Table 1.6.3 Outcome Measures for Adequacy of Fiscal Resources

Outcome Measure	Target	2013-14	2014-15	2015-16
Objective 14 Annual fiscal performance will show a positive Discretionary Retained Earnings amount in the Tuition Profit Model	Positive Earnings	NA	$79,644	$38,567

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

This criterion is met.

Strengths

The program has provided a sustained effort to demonstrate through the Tuition Profitability Model that tuition revenue received is far greater than program expenses. This has contributed to the support of receiving necessary requested funding through the annual budgeting process. The availability of funding through the AHW Endowment, the Quasi Endowment, and discretionary retained earnings returned to the program provides funding stability for program operations, research and service in the future.

Weaknesses

In order to continue to receive funding support, the MPH Program will need to continue its recruiting processes to enroll new students in the program.

Plans

No significant changes are planned for the funding of the MPH Program.

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

1.7.a A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration.

Table 1.7.1 Headcount of Primary Faculty

	2014-15	2015-16	2016-17
MPH	**6**	**6**	**6**

1.7.b A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Include the following information:

a. headcount of primary faculty
b. FTE conversion of faculty based on % of time devoted to public health instruction, research and service
c. headcount of other faculty involved in the program (adjunct, part-time, secondary appointment, etc.)
d. FTE conversion of other faculty based on estimate of % time commitment
e. total head count of primary faculty plus other non-primary faculty
f. total FTE of primary and other non-primary faculty
g. headcount of students by department of program area
h. FTE conversion of students, based on definition of full-time as nine or more credits per semester
i. student FTE divided by primary faculty FTE
j. student FTE divided by total faculty FTE including other faculty.

All programs must provide data for a, b, and i and may provide for c, d and j depending on whether the program intends to include the contributions of other faculty in its FTE calculations.

The documentation for Table 1.7.2 consists of a table of faculty FTE's for AY 2014-15, 2015-16, and 2016-17; and a Faculty FTE worksheet. They can be found in ERF 1.7

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area – 2014-15										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Core/Spec #1	**6**	**4.80**	**18**	**3.2**	**24**	**8.12**	**68**	**57.7**	**12.0**	**7.1**

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area – 2015-16										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Core/Spec #1	**6**	**4.93**	**20**	**4.21**	**26**	**9.14**	**62**	**34.9**	**7.1**	**3.8**

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area – 2016-17*										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
Core/Spec #1	**6**	**4.29**	**19**	**3.14**	**25**	**7.43**	**45**	**43.5**	**10.1**	**5.8**

1.7.c A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

Table 1.7.c. Staff Supporting MPH Program by Position and FTE Level – 2016-17		
Name	**Position**	**FTE**
Terry Brandenburg, MPH, MBA, CPH	MPH Program Director	0.67
Kim Contardi, MPH, CHES	MPH Program Manager	1.0
Cindy Schmitz	MPH Program Coordinator	1.0

Three staff members are dedicated to the MPH Program. In addition, there is administrative support for accounting, human resources, purchasing, and IT from the Institute for Health and Society. The Graduate School of Biomedical Sciences provides support for student applications, course registration, student recruitment, and learning management system (D2L) technical support.

1.7.d Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.) by location.

This is an online program and there is no need for classroom space. MPH staff have individual office space equipped with desks, computers, printers and all other office equipment needed to carry out their responsibilities. Meeting room space is available throughout the MCW campus.

1.7.e A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

Laboratory space and equipment is not applicable to the MPH Program.

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

Faculty and staff located on campus have computer equipment, e-mail, and all necessary software. Information Services provides tech support across the campus for faculty, students and, staff. In addition the Institute for Health and Society has in-house tech support for faculty and staff. Adjunct faculty who are located off-campus must provide their own computer equipment and internet service. All students in the program must provide their own computer equipment, software, and internet access to be enrolled.

1.7.g A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

Library resources are available to all registered students and Medical College employees and faculty. All students can remotely access the library resources. Passwords are assigned to students by Information Services, enabling them to access the multitude of library resources, particularly the electronic journals and books.

The Medical College Libraries comprise three facilities: the main research library (Todd Wehr Library), located in the Health Research Center, and two clinical libraries, one in Children's Hospital of Wisconsin and one in Froedtert Hospital. The libraries hold among the largest health sciences collections in the Midwest, with more than 250,000 volumes and 3,000 online journals, 800 electronic books and 85 databases. Nearly all of the library's licensed electronic resources can be accessed from off-campus via the library's proxy server.

The libraries are open to the public and serve a number of health consumers. Library information can be accessed at http://www.mcw.edu/Libraries.htm . Also, the libraries of the Medical College, Marquette University, and the University of Wisconsin-Milwaukee provide access to their collections and services for each other's academic communities via the Cooperative Access Program.

Instructional guides and tutorials are available on the library website. Many training and educational programs are offered by MCW Libraries. Examples of topics include:

- Reference Manager
- End Note
- Web Searching Techniques
- E-Journals
- Library Life Savers
- Consumer Health

The responsiveness and expertise of library staff is valued by students and faculty. Library administration works closely with department chairs, course directors, the Faculty Library Committee (comprised of faculty, medical students and graduate students), journal clubs and other faculty/student groups to determine priorities for acquisition of journals, books and database subscriptions. There is an online form that can be used to send an email to the MCW Libraries Reference Desk. Whenever possible, email questions received Monday-Friday from 8:30-4:30 are responded to within 4 hours. Questions received at other times are replied to within 24-48 hours.

1.7.h A concise statement of any other resources not mentioned above, if applicable.

In 2011, MCW established the Ombuds Office to provide a confidential, neutral, independent and informal channel of communication for staff, faculty and postdoctoral fellows to surface and resolve workplace issues. In addition to serving as a confidential resource for staff and faculty, the Ombuds Office conducts exit interviews of faculty leaving MCW and reports general trends and emerging issues to MCW leaders while maintaining confidentiality of Office visitors.

1.7.i Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years. (Outcome Measures Template)

Table 1.7.4 Outcome Measures for Adequacy of Resources

Outcome Measures	Target	2013-14	2014-15	2015-16
Objective 9 A student/faculty ratio of 10:1 or lower will be maintained annually.	10: 1	12.1: 1	7.1: 1	3.8: 1

The program has made steady progress in improving the total SFR. In academic years 2014-15 and 2015-16, a number of new faculty were hired and this has greatly improved our SFR numbers.

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

This criterion is met with commentary

Strengths

The program has sufficient resources and support for students, faculty and staff to provide quality education.

Weaknesses

In 2014-15 the student faculty ratio for primary faculty was 12.0, above the required SFR of 10.0.

Plans

The Institute for Health and Society has recently hired a new faculty member to teach environmental health in the MPH Program and conduct environmental health research. The addition of this new faculty member will help us to maintain a primary SFR at or below 10.0 in future annual calculations.

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

1.8.a A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:

i. Description of the program's underrepresented populations, including a rationale for the designation.
ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.
iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.
iv. Policies that support a climate for working and learning in a diverse setting.
v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.
vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.
vii. Policies and plans to recruit, develop, promote and retain a diverse staff.
viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.
ix. Regular evaluation of the effectiveness of the above-listed measures.

i. Description of the program's underrepresented populations, including a rationale for the designation.

The MPH Program considers underrepresented populations as those racial and ethnic groups who historically have been underrepresented in the student body of the MPH Program, including African Americans, Hispanics, Native Americans, and Asian Pacific Islanders.

In the past, females were underrepresented in the MPH Program, but that is no longer the case as the program demographics have changed and there is greater balance in gender distribution of the student population.

Aligned with MCW policies and applicable state and federal laws, the MPH Program recognizes its obligation to protect all students from discrimination due to sex, gender, race and national origin, age, or disability, and provide equal opportunity to all students.

ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

Diversity-Related Goal

Recruit and prepare a diverse student population for public health leadership positions.

Diversity-Related Objectives

- At least 15% of MPH students will be from underrepresented racial/ethnic populations each year.
- At least 40% of the faculty complement will be female.
- At least 15% of the faculty complement will be African American, Hispanic, Asian/Pacific Islander, Native American, or Other.
- At least 25% of students are eligible for financial aid each year.
- Full-time faculty will conduct at least 4 research projects annually that address public health problems in diverse populations.

This goal and the objectives surrounding diversity are consistent with the College's mission, strategic plan, and diversity initiatives. MCW defines diversity as a commitment to recognizing and appreciating the variety of individual differences in an environment that promotes and celebrates individual and collective achievement. In 2012, the Board of Trustees reiterated the importance to promote equal opportunity in all aspects of the culture of MCW. MCW's inclusiveness was acknowledged nationally in 2012 when President and CEO John R. Raymond, Sr., MD, received the Diversity Journal's 2012 CEO Leadership in Action Award, recognizing CEO's who fully support their organization's diversity and inclusion efforts.

The expanded scope of diversity activity over the past five years led to the 2015 recommendation to establish a formal Office of Diversity and Inclusion (ODI) aimed at embracing and championing differences among faculty, staff and students. http://www.mcw.edu/Office-of-Diversity-and-Inclusion.htm

An inclusive community is essential to the College's mission to be a national leader in the education and development of the next generation of physicians and scientists; to

discover and translate new knowledge in biomedical sciences; to provide cutting-edge, interdisciplinary clinical care of the highest quality; and, to improve the health of the communities we serve. The MPH Program contributes to this mission by preparing a diverse student population for public health leadership positions.

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

The program uses the diversity and non-discrimination policies of MCW and is dedicated to creating an institutional culture that fosters recruitment, engagement, and retention of diverse faculty, staff, and students. The program provides a climate free of harassment and discrimination for all faculty, staff, and students by adhering to the following Anti-Harassment and Non-Discrimination Policy:

MCW is committed to providing a respectful environment free from all forms of harassment and discrimination and all other negative conduct that inhibits effective communication and productivity. MCW will take immediate and appropriate action when it determines that harassment and/or discrimination has occurred.

Furthermore, the program complies with all Human Resources policies including the policy on equal opportunity and affirmative action:

The Medical College of Wisconsin (MCW) is an equal opportunity and affirmative action employer. It is the policy of MCW to provide equal employment opportunities to all qualified persons without discriminating based on race, color, sex, age, disability, genetic information, marital status, protected veteran status, past or present service in the uniformed services, sexual orientation, gender identity, national origin, ancestry, religion, arrest or conviction record. Equal employment opportunities shall be provided in accordance with pertinent legislation, judicial mandates and presidential executive orders designed to eradicate discrimination in all areas of employment.

The program also adheres to the American Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 and the Wisconsin Fair Employment Act (WFEA) concerning the employment of persons with disabilities.

Numerous other policies exist that can be found at: https://infoscope.mcw.edu/Corporate-Policies/Complete-Alpha-List-Corporate-Policies.htm.

iv. Policies that support a climate for working and learning in a diverse setting.

The policies mentioned above support a climate for working and learning in a diverse setting. The Medical College is expected to be a place where everyone feels safe, valued and respected. To affirm this commitment and enhance the diversity and inclusiveness of MCW on campus and in the community, a proposal to create an organization-wide Office of Diversity and Inclusion was approved and the ODI was launched in March 2016. Presently, the ODI efforts include:

- best practices for search committee composition and operation;
- a diversity inventory;
- engagement of minority women vendors and contractors;
- enhancement of our internal culture; and,
- recruitment and retention efforts that value diversity.

The ODI also promotes special events such as the annual President's Diversity and Inclusion Celebration held in conjunction with the annual Martin Luther King, Jr. Day Celebration (http://www.mcw.edu/Office-of-Diversity-and-Inclusion/Presidents-Diversity-and-Inclusion-Award.htm). During this event, the President's Diversity Awards are presented to recipients who demonstrate emerging or sustained commitment to the values of diversity, inclusion, and multiculturalism by documented efforts above and beyond the routine expectations of a job or project; demonstrate exceptional efforts to promote an environment free from bias and discrimination; and have made substantial contributions toward advancing diversity and inclusion.

The Annual Global Health Week is another event that increases the visibility of faculty and student global health activities in patient care, education, research, and community engagement. Annual Global Health Week helps raise awareness and understanding of local and international partnerships that are addressing global health issues.

In addition, an institutional goal established for FY17 is to "cultivate a culture that embraces, respects, honors and recognizes the value of differences and inclusion in our pursuit to improve the health of our citizens through the completion of National Coalition Building Institute (NCBI) training for leaders, faculty and staff." To date, more than 1,000 employees have participated in the Leadership for Social Inclusion and Equity Workshops, which consist of a series of activities and opportunities to learn about our own identities as well as those with whom we work.

v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

Since the MPH Program's transition to a focus on public health practice, diversity has been incorporated and considered in all aspects of the curriculum. The program has adopted two competencies in the cultural competency category that are attained in core, required, and elective courses (resource file, 2.6). The Field Placement, in particular, provides students with opportunities to gain applied experience and exposure to working with diverse populations. Some examples of organizations and populations students have worked with for the Field Placement are listed below.

Organization	Population
City of Milwaukee Health Department, Men's Health Program	Men in ethnic minority groups
Sister Freda's Medical Center	Women and youth in Kenya
Special Olympics of Minnesota	Individuals with intellectual disabilities
Forest County Potawatomi Health and Wellness Clinic	Native Americans
Miami-Dade Department of Health	African American, Hispanic, and LGBTQ communities
Urban Roots	Low income youth

In addition, the MPH Program offers "Introduction to Global Health" and "Racial and Ethnic Inequalities in Health," as electives.

vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

MCW is committed to diversity within its workforce and promoting equal employment opportunity for all levels of the organization. The MPH Program adheres to MCW's corporate policies and procedures for faculty which can be found at https://infoscope.mcw.edu/Corporate-Policies/Recruitment-Protocol-Faculty.htm.

The Office of Diversity and Inclusion and Faculty Affairs collaborate to ensure that MCW departments provide diversity and inclusion training and resources to promote diversity and inclusion; they also help build partnerships with organizations on- and off-campus to focus on reaching a diverse population of physicians and scientists. MCW is committed to ensuring that each faculty search will be conducted by a search committee that is charged with identifying a diverse pool of candidates.

MCW has moved to consistently identify talented physicians and faculty for selection into the Executive Leadership in Academic Medicine (ELAM) for women in or with high potential for leadership positions. MCW has worked to identify excellent candidates for its educational programs and faculty through visible representation from the Office of Student Affairs and Diversity, the Office of Diversity and Inclusion, and various faculty leaders at conferences held by national associations such as the National Medical Association (NMA), the National Hispanic Medical Association (NHMA), the Joining Forces Initiative, and the Society of Black Academic Surgeons.

vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

As noted above, MCW is committed to diversity within its workforce and promoting equal employment opportunity for all levels of the organization. The MCW corporate policies and procedures for staff recruitment can be found at https://infoscope.mcw.edu/Corporate-Policies/Recruitment-Staff.htm. In addition, the *Staff Employee Handbook* is available at https://infoscope.mcw.edu/HR/Policies/Staff-Employee-Handbook.htm and in resource file, 1.8.

viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

MCW recognizes its critical role in: 1) providing a learning environment that allows greater intellectual growth, collaboration and respect for students from all backgrounds; and 2) graduating individuals who are culturally competent to create closer ties with communities and contribute to improving the health of our communities.

MCW encourages the application, admission, and retention of ethnic or racial minority applicants into its graduate programs. In order to ensure that the affirmative action goals are upheld, MCW makes all appropriate efforts to recruit a pool of applicants, particularly those who are from groups underrepresented in public health, to the program. Since the MPH Program is online, it has the benefit of appealing to a larger geographic area, thus enhancing the potential to increase the diversity of the applicant pool.

MCW has established a number of pipeline programs designed to encourage students from diverse backgrounds to consider careers in healthcare and the biomedical sciences. For example, the Student Enrichment Program for Underrepresented Professions in Medicine (StEP-UP), is a new pipeline program supported by funding from the Advancing a Healthier Wisconsin Endowment which helps address the gap between the diversity of the medical workforce and the diversity of the populations cared for by this workforce.

An initiative specifically involving the MPH Program is *Diversity Matters: Recruiting Wisconsin's Public Health Workforce*, which is a partnership between the Wisconsin Public Health Association, the Medical College of Wisconsin, and the Wisconsin Division of Public Health and is funded by the Healthier Wisconsin Partnership Program. The primary goal of the project is to increase the diversity of Wisconsin's public health workforce by motivating African American and Hispanic high school and college students to explore and enter a career in public health. A summary of activities and accomplishments is in the resource file, 1.8. The MPH Program Director serves on the Advisory Committee for this project and staff participated in the project's Public Health Career and Internship Fair in April 2016. Other student recruitment efforts are described in 4.3.

The Graduate School, through the Office of the Dean, supports the Underrepresented Scholars in Biomedical Research Program, a student-run organization that is an academic, emotional and social support system for MCW minority graduate and post-doctoral fellows.

ix. Regular evaluation of the effectiveness of the above-listed measures.

Evaluation of the policies and plans is an ongoing process, since diversity is an integral part of the institution at multiple levels. The College regularly evaluates the effectiveness of its corporate policies and procedures. For example, the primary function of the Corporate Compliance Program is to help ensure that the College is consistently complying with all federal and state regulations relating to its mission.

At the program level, evaluation of the effectiveness of efforts is conducted by annually reviewing progress toward achieving objectives related to diversity and discussing initiatives during Advisory Committee and Faculty Committee meetings**.**

1.8.b Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

A commitment to diversity is explicit in the mission, goals, values and objectives of the MPH Program:

Mission

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.

Diversity-Related Goal

Recruit and prepare a **diverse** student population for public health leadership positions.

Diversity-Related Objectives

- At least 15% of MPH students will be from underrepresented racial/ethnic populations each year.
- At least 40% of the faculty complement will be female.
- At least 15% of the faculty complement will be African American, Hispanic, Asian/Pacific Islander, Native American, or Other.
- At least 25% of students are eligible for financial aid each year.
- Full-time faculty will conduct at least 4 research projects annually that address public health problems in diverse populations.

Values Statement

The MPH Program faculty, students, and staff are committed to the over-arching principle of respect for the dignity and worth of people regardless of gender, race, religious or ethnic affiliations, sexual orientation or social standing. Program values are reflected in:

- Community-based learning, research, and service.
- Strengthening academic and community partnerships.
- Infusing core competencies into interactive courses and other learning experiences.

- Providing the knowledge and skills necessary to develop leaders who will serve as advocates and foster the health of the public.
- **Fostering professional diversity to meet the changing public health needs of communities.**
- Emphasizing moral and principled precepts that underlie goals of the public health profession.

The program supports diversity in many other ways. Faculty are involved in community service and research projects that focus on diverse populations, and students are encouraged to engage in such projects as part of their Field Placement. Student Field Placements have occurred in a variety of community settings enabling students to gain experience working with diverse populations. A few examples include sites such as Minnesota Special Olympics, City of Milwaukee Health Department, and Village Volunteers in which a student did her placement in Kenya.

In fall 2008, the program added the elective course “Racial and Ethnic Inequalities in Health” and “Introduction to Global Health” has been offered since fall 2013. The majority of courses, including those that are required and elective, address competencies surrounding diversity and culture through readings, activity assignments, discussions, and projects. In reviewing the matrix of competencies, at least 16 out of 22 courses address the two competencies associated with cultural competency (resource file, 2.6).

As shown in Table 1.8.1, the program has achieved the majority of its targets for established objectives with recruiting a diverse student body as well as faculty. The program has made progress toward increasing the number of female faculty, but did not quite reach the target during two of the last three years. Volunteer and continuing education opportunities that cover topics related to diversity, cultural competency and health disparities are also shared with students and faculty.

1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

A Diversity Task Force appointed by the Executive Vice President in 2008 examined diversity across the campus and recommended actions aimed at attracting diverse and talented students, residents and faculty. Foremost was the establishment and appointment in 2010 of Alonzo Walker, MD, as Senior Associate Dean for Faculty

Affairs and Diversity, combining into one leadership position the responsibilities of the existing faculty affairs deanship with new responsibilities of diversity development.

As previously described, the expanded scope of diversity activity over the past five years led to the 2015 recommendation of the Diversity and Inclusion Advisory Committee and the Office of Faculty Affairs to establish a formal Office of Diversity and Inclusion, which reports to the President and aims to embrace and champion differences among faculty, staff and students. The Office of Diversity and Inclusion centralizes initiatives to create a diverse and inclusive environment. In November 2016, Dr. C. Greer Jordan was named Chief Diversity and Inclusion Officer of MCW. Dr. Jordan will provide strategic leadership including vision, management, and strategic planning for institution-wide diversity and inclusion initiatives.

The ODI supports the MCW Diversity and Inclusion Advisory Committee (DIAC), which is dedicated to developing an institutional culture that fosters the recruitment, nurturing and retention of a diverse student body, trainees, staff and faculty that is reflective of the larger community. The committee engages in thoughtful discussions to propose initiatives and develop comprehensive strategies to facilitate equal opportunity and diversity in MCW's educational, clinical and research programs and in internal and external communities. This committee is composed of faculty, staff and students.

Institutional policies such as those pertaining to anti-harassment and non-discrimination are longstanding policies consistent with applicable state and federal laws. Subject to approval of the Board of Trustees, authority and responsibility for carrying out an affirmative action program have been vested in the Vice President of Human Resources and Faculty Affairs, who is empowered to delegate such authority and to institute mechanisms to assure compliance with such program. The Office of Human Resources is responsible for the day-to-day administration of these policies; however, all employees are expected to comply with College policies relating to non-discrimination in employment.

Diversity was an important component in the development of the mission, goals, objectives, and values of the program that occurred in 2008 using an inclusive process with input from administration, faculty, students, alumni, public health practitioners, and employers as described in 1.1.e.

1.8.d Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

In relation to the goals and objectives of the MPH Program, the program monitors progress on achieving the objectives related to diversity and is committed to reviewing these objectives with the Advisory and Faculty Committees on an annual basis.

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

Table 1.8.1. Summary Data for Faculty, Students and/or Staff

Category/Definition	Method of Collection	Data Source	Target	Year 1	Year 2	Year 3
Students-Race/ethnicity	Self-report	EASI database-online application	15%	26% 14/53 (8 unknown)	23% 15/66 (4 unknown)	24% 15/62 (2 unknown)
Students-Eligible for financial aid	Tuition records	Office of Financial Aid	25%	43%	39%	31%
Faculty-Gender (female)	Self-report	Human Resources	50%	37% (7/19)	52% (11/21)	44% (11/25)
Faculty-Race/ethnicity	Self-report	Human Resources	15%	16% (3/19)	19% (4/21)	28% (7/25)

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

This criterion is met with commentary.

Strengths

There are institution-wide policies, procedures and practices in place that demonstrate a strong commitment to diversity and inclusivity. The recently established Office of Diversity and Inclusion will enhance and centralize the existing diversity efforts throughout the College. The MPH Program incorporates diversity into its mission, goals, values, and objectives and has achieved the majority of its related targets.

Weaknesses

Although the number of female faculty has increased over the years, the program has not yet consistently met the established target.

Plans

The MPH Program will stay informed of the efforts of the Office of Diversity and Inclusion and review any new policies regarding diversity to assure relevancy with the mission, goals, and objectives of the program. The MPH Program will consider whether specific program policies are needed.

Criterion 2.0 Instructional Programs

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

2.1.a An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate.

The Master of Public Health Program offers a MPH degree with a single concentration in public health practice. This professional degree is centered on core public health practice: training students to assess the health status of the populations they serve, collaboratively plan to improve health, and evaluate the interventions and efforts.

The program also offers an Undergraduate/MPH dual degree in partnership with Mount Mary University. The concentration is also in public health practice. Dual degree details are provided in Criterion 2.11.

Table 2.1.1: Instructional Matrix – Degrees and Concentrations

Master's Degrees		
Concentrations	**Academic**	**Professional**
Public Health Practice	None	MPH
Dual Degrees		
Concentrations	**Academic**	**Professional**
Public Health Practice	None	MPH

2.1.b The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

The Master of Public Health Program's bulletin describing the curriculum, required courses and course descriptions are available as indicated below:

- The curriculum for the MPH degree can be found at the Master of Public Health Program website: http://www.mcw.edu/mphprogram/ProspectiveStudents/CoursesCurriculum.htm
- The curriculum for the MPH degree can also be found in the *MPH Student Handbook* located in resource file, 2.1 and on the Master of Public Health program website: http://www.mcw.edu/FileLibrary/Groups/MPHProgram/MPHStudentHandbook2015-2016.pdf

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

This criterion is met.

Strengths

This online, interdisciplinary MPH degree in public health practice is designed for the working professional and prepares students with the skills for population health improvement.

Weaknesses

None

Plans

No changes are planned.

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

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

The Graduate School of Biomedical Sciences policy for course credit calculations is as follows:

Credit Calculations
Course credit calculations: Graduate course credit is calculated according to the following mechanism:

Each 18 hours of lecture, reading course presentations and other online materials, incorporating instructor feedback, engaging in online discussions/dialogue, interactive tutorials, or computer-assisted instruction and assessments + exams = one (1) credit hour.

Each 36 hours of laboratory, conference, demonstrations, clinical conference, other course activities = one (1) credit hour.

Ninety (90) outside (non-contact) credit hours conducting research, writing papers or other assignments, completing projects = one (1) credit hour.

Internet-Web Based Courses:
Definition: An internet-web based course is any course in which student may complete more than 50% of the requirements through internet access to the course website.
Equivalence: Courses taught in the web-based format must be equivalent to the same course(s) taught in the traditional, face-to-face format.

During the planning and development of an asynchronous course, faculty should estimate the time a typical student will take interacting with the course content not limited to reading course presentations and other materials, participation in online discussions, conducting research, writing papers or other assignments; taking exams, interactive tutorials, or computer-assisted instruction; engagement with the instructor regarding course content, and completing other assignments or projects. The total time spent on these activities in an online course is equivalent to time spent on comparable activities in a face-to-face, traditional course.

As is the case with traditional, face-to-face courses, online course syllabi should provide evidence of compliance with the "MCW Credit Calculations" (described previously).

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

The MPH Program requires the completion of 42 credits, including 33 required credits as shown in Table 2.2.b.

Table 2.2.b. Course Requirements for MPH Degree
Core Public Health Courses
18200 Environmental Health, 3 credits 18201 Principles of Epidemiology, 3 credits 18203 Public Health Administration, 3 credits 18204 Introduction to Biostatistics, 3 credits 18212 Behavioral Science & Public Health, 3 credits
Additional Required Courses
18209 Community Health Assessment & Planning, 3 credits 18230 Community Health Program Planning, 3 credits 18260 Community Health Program Evaluation, 3 credits 18250 Ethical Issues in Public Health, 3 credits
Practicum Requirement
18279 MPH Field Placement Preparation, 1 Credit 18280 MPH Field Placement, 2-5 credits
Culminating Experience Requirement
18297 MPH Capstone Project, 3 credits
Electives (3 courses required)
13 available electives, 9 credits

2.2.c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

No public health master's degrees were awarded for fewer than 42 credits in the last three years.

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

This criterion is met.

Strengths

The single concentration in public health practice prepares students for a variety of careers in the field of public health.

Weaknesses

None

Plans

The MPH Program continues to research and develop elective courses that will support the public health practice concentration.

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

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

The MPH degree requires 42 credits of approved graduate work including 33 credits of required courses. The required courses include the five core courses listed in Table 2.3.1, three concentration courses, an additional ethics course requirement, a Field Placement requirement, and a Capstone Project.

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	18204 Introduction to Biostatistics	3
Epidemiology	18201 Principles of Epidemiology	3
Environmental Health Sciences	18200 Environmental Health	3
Social & Behavioral Sciences	18212 Behavioral Science and Public Health	3
Health Services Administration	18203 Public Health Administration	3
Additional Requirements	18209 Community Health Assessment & Improvement	3
	18230 Community Health Program Planning	3
	18260 Community Health Program Evaluation	3
	18250 Ethical Issues in Public Health	3
	18279 MPH Field Placement Preparation	1
	18280 MPH Field Placement	2-5
	18297 MPH Capstone Project	3

Core courses and descriptions:

18204 Introduction to Biostatistics. *3 credits.* (spring)

- Describes the use of descriptive and analytical statistics in research studies, with an emphasis on understanding statistical reports and judging the appropriateness of statistical applications reported in the literature. Calculations of statistics are included as a means to understand the appropriate use of statistics.

18201 Principles of Epidemiology. *3 credits.* (fall)

- Examines the design and implementation of case control, cohort, and mortality studies; identifies resources, databases, and problems; and critically analyzes studies in current public health literature.

18200 Environmental Health. *3 credits.* (spring)

- Provides a foundation for understanding the scientific principles of environmental analysis, including communicable diseases, toxic chemicals and hazardous physical conditions as well as the development of environmental legislation.
- Recommended preliminary coursework: Undergraduate chemistry and biology; 18201 Principles of Epidemiology.

18212 Behavioral Science and Public Health. *3 credits.* (summer)

- Surveys the influence of biological factors, family, state of development, ethnic and cultural factors, community factors and stressors on health and well-being.

18203 Public Health Administration. *3 credits.* (fall)

- Provides an introduction to the structure, functions and financing of public health within the context of the U.S. health care system and its health policies as well as the planning, management and evaluation of programs to improve health.

18209 Community Health Assessment and Improvement. *3 credits.* (fall)

- Covers the central concepts of community health assessment and improvement. Students will review public health concepts from a public health systems and practice perspective. The course will focus on public health assessment and the health improvement process using selected frameworks.

18230 Community Health Program Planning. *3 credits.* (spring)

- Prepare students to apply public health knowledge and skills in a community-based setting. Planning skills are an essential competency of both public health practitioners and public health administrators and thus are a critical component of the MPH curriculum. Building on the foundation in health improvement program planning obtained in the Public Health Administration course, this course will increase the depth and breadth of students' knowledge and skills through a theoretical and application-based curriculum. The course will be divided into three modules, including strategic planning, program planning, and leadership competencies to lead planning efforts.

18260 Community Health Program Evaluation. *3 credits.* (spring)

- Examines the basic topics related to Community Health Program Evaluation including the history of program evaluation; the levels of program evaluation process; qualitative and quantitative measures; data management tools; data analysis methods; quality management; and other contextual issues surrounding program evaluation. This course will incorporate the use of assigned readings, group projects, peer evaluation, online discussions and exams in order to foster knowledge of material presented in the course, as well as application-based learning in the area of evaluation of community health.

18250 Ethical Issues in Public Health. *3 credits.* (summer)

- Provides students with an introduction to the moral, social and ethical issues involved in public health policy and practice. The course begins by examining the moral, social and political philosophical foundations of public health, particularly the role of the state and of individual autonomy in shaping behaviors. The course then examines several areas of public health policy and practice in the context of this moral and social framework. These include mandatory childhood vaccination programs; health screening; use of personal health information; racial and gender disparities in health care; and access to health care/health insurance. Special attention is paid to how consideration of the moral and social framework will place limits on, and shape, public health interventions.

18279 Field Placement Preparation. *1 credit* (fall, spring, summer)

- Guides students through the preparation work for the Field Placement experience. Students will learn about the Field Placement experience, identify and contact potential sites, secure a project and site preceptor, and lastly, develop a formal proposal. This course should be completed in the semester immediately preceding the Field Placement course.

18280 Field Placement. *2-5 credits.* (fall, spring, summer)

- Consists of a planned, supervised and evaluated practice experience that is designed to enhance and complement the student's educational training by providing practical experience in a public or private organization that addresses significant public health issues. Working with a site preceptor and faculty advisor, the student will complete an Action Learning Project that is relevant to his/her area of interest.

18297 Capstone Project. *3 credits.* (fall, spring, summer)

- Provides a culminating experience that requires the student to synthesize and integrate knowledge acquired in coursework and other learning experiences. Students apply theory and public health principles in the development of a Master's Paper on a significant public or community health issue or topic.

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

This criterion is met

Strengths

The five core courses required in the MPH Program provide a solid foundation for students and prepare them for the advanced courses in the program. The selection of concentration courses, the ethics course, the Field Placement requirement, and the Capstone Project prepares students to actively engage in the practice of public health.

Weaknesses

None

Plans

The MPH Program will examine opportunities for revisions in the required core courses consistent with the new 2016 CEPH accreditation criteria.

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

2.4.a Description of the program's policies and procedures regarding practice placements, including the following:

- selection of sites
- methods for approving preceptors
- opportunities for orientation and support for preceptors
- approaches for faculty supervision of students
- means of evaluating student performance
- means of evaluating practice placement sites and preceptor qualifications
- criteria for waiving, altering or reducing the experience, if applicable

Overview

An integral aspect of the MPH curriculum is a Field Placement that provides students with the opportunity to synthesize, integrate, and apply practical knowledge and skills learned through courses, gain professional experience in a public health work environment, and work on public health projects that are of interest to the student and of benefit to the agency. Specific learning objectives include:

- Demonstrate awareness of the functions and operations of an organization that contributes to the health of a community.
- Apply appropriate public health theory, skills and knowledge to a public health or community health issue.
- Complete an Action Learning Project in an area of public health practice for the participating Field Placement site.
- Develop or enhance skills and knowledge in multiple areas of public health competency as identified in the Field Placement proposal.

All students must complete a minimum of two credit hours (80 hours of fieldwork). Since the majority of students are employed, this option is selected most frequently. Students discuss plans with the Program Director and, with approval, may elect a three (120 hours), four (160 hours), or five (200 hours) credit option instead. The three or four credit option is rare given the existing structure of the curriculum and 42 credit hours needed to complete the program. In special circumstances when a student is able to devote time to a project that will extend beyond 80 hours, five credit hours are taken. In this case, the additional three credit hours are taken in lieu of an elective.

Typically, the Field Placement occurs over one semester, but it may be extended over multiple semesters if warranted. Once project work has started, students must complete the Field Placement in one calendar year. The Field Placement and final Capstone Project are two distinct MPH curriculum requirements. However, the Field Placement could lead to a topic that can be further explored within the development of the Capstone Project.

Preparation

During the first semester in the program, students complete a plan of study and are encouraged to consider potential Field Placement sites and the semester in which they plan to enroll in the Field Placement course. During the annual evaluation conducted by the Program Director, plans regarding this experience are reviewed. Students are encouraged to refer to the *Field Placement Handbook* (resource file, 2.4) throughout the program, which describes responsibilities and presents a timeline for carrying out various activities. The MPH website has a section entitled *Culminating Experiences*, which provides detailed information about both the Field Placement and Capstone Project courses. The information can be accessed at http://www.mcw.edu/mphprogram/CulminatingExperiences.htm.

Students must have completed, at a minimum, all core courses and, preferably, all other required courses and electives except the Capstone Project. However, due to the uniqueness of the Field Placement and opportunities that may arise, exceptions may be made. Students must submit the Early Field Placement Request Form (resource file, 2.4) to the Program Director in these instances.

Students engaging in a traditional Field Placement are required to enroll in 18279 MPH Field Placement Preparation the semester before beginning project work. The one credit Field Placement Preparation course facilitates the students' planning process and incorporates all of the students' responsibilities through the development of a proposal. Development of this proposal is an iterative process with input from the faculty advisor and site preceptor. A Field Placement Proposal that has been approved by the student's faculty advisor and site preceptor is the final product of the Field Placement Preparation course.

The Field Placement Proposal and all other forms, in addition to the *Field Placement Handbook*, are available in the resource file, 2.4. Students can access the forms on the MPH website as well. Students are required to maintain CITI (Collaborative Institutional Training Initiative) certification in the Protection of Human Subjects Research throughout the Field Placement. A Student Interest Form, current CV, and completed competency self-assessment are submitted to the Program Coordinator four months

prior to beginning the Field Placement during the Field Placement Preparation course. Students also contact the Program Coordinator to discuss specific details regarding this experience.

Site and Preceptor Selection

Site selection is made in collaboration with the student, the Program Coordinator and the designated site. The student is primarily responsible for exploring possibilities, establishing contacts and identifying a site. There are a wide range of organizations that can provide beneficial learning experiences for students. Examples include community-based organizations, local and state health departments, managed care organizations, consulting companies, industrial settings, hospitals, schools, federal agencies and international agencies.

Overall considerations and criteria in the selection of a site for each student are as follows:

- *Program Director approval.* All new Field Placement sites are discussed with the Program Director and Program Coordinator.
- *Availability of a qualified preceptor.* The site must have someone with substantial public health experience who is willing and able to spend time with the student and provide constructive feedback and guidance, and to assure access to appropriate resources. Preceptor resumes are screened by the Program Coordinator who also talks with the potential preceptors to ensure they are appropriately qualified to assume this role.
- *Appropriateness and relevance of experiences offered to the students.* Students should have the opportunity to engage in substantive tasks that enable them to further develop and apply specific skills and competencies related to public and community health.
- *Availability of resources.* Students should be provided with resources (i.e. computer, desk, phone, etc.) necessary to complete assigned tasks.
- *Student and agency match.* It is essential that the student needs and agency needs match.

Students are strongly encouraged to select a site other than their regular place of employment. If that is not a feasible option, the Field Placement may be completed at the place of employment provided the activities and proposed Action Learning Project extend beyond regular job responsibilities and allow application of the knowledge and skills being learned. In addition, the preceptor must be someone other than the student's current supervisor.

Opportunities for Orientation and Support for Preceptors
The Program Coordinator is responsible for orienting preceptors, students, and faculty to the Field Placement course and its requirements. Each preceptor receives a *Site Preceptor Handbook* (resource file, 2.4) and is directed to the MPH website to review a presentation and other resources specifically for site preceptors. The Program Coordinator communicates with the preceptor throughout the Field Placement to convey information about expectations, due dates and deliverables, and to address any questions or concerns.

Approaches for Faculty Supervision of Students
Students have the opportunity to identify a faculty member of their preference to advise them during the Field Placement. If there is not a preference, the advisor is selected based upon expertise in the topic area of the proposed project, when possible.

The success of the Field Placement depends on the collaboration and coordination among the student, preceptor, faculty advisor and Program Coordinator. Each participant in this experience has specific roles and responsibilities.

Student Responsibilities
The student participating in the Field Placement Preparation and Field Placement courses will be responsible for the following:

- Submission of a Student Interest Form, current resume or CV, and competency self-assessment to the Program Coordinator four months prior to beginning the Field Placement.
- Identification of an appropriate site and preceptor in conjunction with the Program Coordinator.
- Completion and maintenance of CITI certification in the Protection of Human Research Subjects throughout the Field Placement.
- Drafting of a Field Placement Proposal in collaboration with the preceptor and faculty advisor.
- Obtaining Medical College of Wisconsin Institutional Review Board approval if determined necessary by the IRB consultants.
- Maintenance of a work schedule agreed upon with the preceptor.
- Submitting a monthly Field Placement Log.
- Completing a Midpoint Progress Report and participating in a Midpoint Review in conjunction with the faculty advisor and preceptor.

- Completing an Action Learning Project in an area of public health practice, and submitting a written report that summarizes the activities performed in relation to the project as well as the learning objectives achieved during the Field Placement.
- Submitting a PowerPoint presentation describing the activities and results of the Field Placement. When relevant, the student may be asked to present his/her work to a community board or agency department/group.
- Completing an Exit Interview with the preceptor, faculty advisor and Program Coordinator within one week of the end of the Field Placement.
- Completing an evaluation of the Field Placement site, preceptor and overall experience within one week of the end of the Field Placement.

Site Preceptor Responsibilities

The preceptor at the Field Placement site is responsible for the following:

- Ensuring that a representative from the site signs the Affiliation Agreement with the Medical College of Wisconsin.
- Collaborating with the student and faculty advisor to develop an Action Learning Project for the Field Placement experience.
- Reviewing and signing the Field Placement Proposal.
- Providing an orientation to the Field Placement site. This includes reviewing the mission and vision of the organization, providing an overview of the services offered, and providing any work or safety rules and codes of conduct.
- Developing a schedule of contact hours with the student, and verifying the contact hours.
- Providing the student with appropriate office space and resources necessary to complete the assigned tasks.
- Arranging regular meetings with the student to monitor progress and provide constructive feedback on the Action Learning Project.
- Participating in a Midpoint Review in conjunction with the student and faculty advisor.
- Evaluating the student's performance utilizing a student evaluation form provided by the MPH Program.
- Participating in an Exit Interview with the student, faculty advisor and Program Coordinator within one week of the end of the Field Placement.

Faculty Advisor Responsibilities

The faculty advisor is responsible for the following:

- Providing guidance to the student, as needed, in the development of the Action Learning Project.
- Reviewing and approving the Field Placement Proposal.
- Serving as the Principal Investigator for the student's application to the MCW IRB if deemed appropriate by the IRB consultants.
- Participating in a Midpoint Review in conjunction with the student and preceptor.
- Participating in an Exit Interview with the student, preceptor and Program Coordinator within one week of the end of the Field Placement.
- Conducting a final assessment, and assigning the final grade for the Field Placement course.

Program Coordinator Responsibilities

The Program Coordinator is responsible for the following:

- Fulfilling administrative aspects of the Field Placement such as tracking and maintaining Field Placement forms, monitoring student progress, updating Program materials and website, and maintaining data.
- Orienting students, preceptors, and faculty advisors to the course and its requirements.
- Assisting students in arranging the Field Placement experience and selecting appropriate sites.
- Ensuring preceptors have sufficient experience to fulfill role.
- Assigning faculty advisor with direction from the Program Director.
- Providing feedback on monthly Field Placement Log.
- Participating in an Exit Interview with the student, faculty advisor and preceptor within one week of the end of the Field Placement.
- Serving as a resource for students, faculty advisors and preceptors.

Products and Evaluation

Each student is required to complete a monthly Field Placement Log, Action Learning Project Summary Report, and a PowerPoint Presentation summarizing their Field Placement project. Students should also maintain any materials developed such as surveys, reports, brochures, etc., that can be incorporated into a portfolio. Student performance is based on the preceptor's student evaluation report and the faculty advisor's evaluation of the Field Placement Proposal, Field Placement Logs, PowerPoint Presentation and Action Learning Project Summary Report. If the student is asked to present his/her work to a community board or agency department/group, an

assessment of this presentation will be incorporated into the preceptor's evaluation of the student.

The log is used to document activities pursued, hours completed, learning objectives fulfilled, competencies achieved, and reflections observed during the Field Placement. Reflections include the student's assessment of progress and learning achieved during the Field Placement experience, challenges that have been encountered and how these were addressed, and an assessment of how the experience has addressed a public health concern. The logs are submitted at least monthly to the advisor, preceptor, and Program Coordinator who tracks the number of hours each student has completed on his/her project and ensures the minimum requirement is met.

During the midpoint of the Field Placement, the student, preceptor, faculty advisor, and Program Coordinator convene for the Midpoint Review to collaboratively discuss accomplishments, challenges and next steps. The student completes a Midpoint Progress Report that is submitted to everyone a few days prior to the review. The student has the opportunity to revise and resubmit the report based upon the discussion and recommended revisions.

Students are expected to prepare and submit an Action Learning Project Summary Report at the end of the Field Placement. The report must be at least twelve pages in length (double-spaced, 12 point font, 1 inch margins), excluding references, tables and appendices. The specific format may vary depending on the type of project. The report should summarize the project(s), present observations and reflections of the Field Placement experience, and include the following elements:

- Description of the agency
- Description of the public health problem
- Overall project plan, including learning objectives
- Implementation of the project/methods used
- Theoretical foundations
- Application of results/public health significance
- Competencies addressed
- Application of MPH coursework
- Overall quality of the Field Placement experience

Students may be asked to present their work to a community board or an agency department or group. Students are also required to formally present their findings during the Exit Interview, using the required PowerPoint Presentation that describes key results and the overall Field Placement experience. Examples of students' presentations are on the MPH website for others to view (also in resource file, 2.4). The final grade is determined by the student's faculty advisor with input from the preceptor and based on the following criteria:

- Feedback from Site Preceptor-35%
- Field Placement Log-20%
- Midpoint Progress Report-5%
- Action Learning Project Summary Report-35%
- PowerPoint Presentation-5%

The student is assigned a grade of Excellent, Good, Satisfactory or Unsatisfactory. A student whose performance is evaluated as Unsatisfactory is required to retake the course.

Waivers

Students with a health-related academic degree and at least five consecutive years of previous public health employment (defined as working full-time in a governmental public health agency) may be eligible for a waiver. Students must submit a waiver application form that includes the description of the Field Placement equivalent experience along with a resume or curriculum vitae and a completed competency self-assessment. The Program Director reviews and considers the merits of the student's request based upon the description of experience demonstrating proficiency in the core and concentration-specific public health competencies, the competency self-assessment, and a resume or curriculum vitae. After determination, the Program Coordinator notifies the student of the decision. Recognizing the importance of participation in the Field Placement, granting of waivers is very rare. During the past three years, two students who were enrolled in the Occupational and Environmental Residency Program at the University of Pennsylvania received waivers. One student has graduated and one remains in the program.

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

AY 2014-2015		
Site Name	**Location**	**Preceptor**
City of Milwaukee Health Department	Milwaukee, WI	Eric Gass, PhD Director of Policy and Research
Greenfield Health Department	Greenfield, WI	Darren Rausch, MS Health Officer
Impact 211	Milwaukee, WI	Kathleen Pritchard, PhD VP of Planning and Evaluation
UW-Extension Waukesha County	Waukesha, WI	Melinda Stewart, MD, RD Family Living Educator
West Allis Health Department	West Allis, WI	Melissa Hanson, RN Public Health Specialist
Eli Lilly	Indianapolis, IN	Kenneth Hornbuckle, DVM, MPH, PhD Research Fellow-Pharmacoepidemiology
Children's Health Alliance	Milwaukee, WI	Kristen Grimes, MAOM, MCHES Senior Project Manager
City of Racine Health Department	Racine, WI	Bobbi Fergus, BSN, RN Community Health Director
Mercy Health System	Janesville, WI	Christopher Wistrom, DO Associate EMS Medical Director
NASA	Cleveland, OH	Angela Windau, CIH Lead Safety and Occupational Health Manager
Children's Health Alliance	Milwaukee, WI	Abby Collier Injury Prevention and Death Review Project Manager
University of the Pacific	San Francisco, CA	Christine Miller, RDH, MHS, MA Associate Professor and Co-Founder Pacific Center for Special Care
Winnebago County Health Department	Oshkosh, WI	Douglas Gieryn, MPH Health Officer
Mayo Clinic	Rochester, MN	Michelle Mielke, PhD Associate Professor
Urban Roots	Austin, TX	Max Elliott, LMSW Executive Director

City of Milwaukee Health Department	Milwaukee, WI	Darryl Davidson, MS Men's Health Manager
Katy Independent School District Nutrition and Food Services	Katy, TX	Sarah McDonald, RD, LD Assistant Director
Village Volunteers	Seattle, WA	Shana Greene Executive Director
AIDS Resource Center of Wisconsin	Milwaukee, WI	Mandy Kastner, MPH Director of Quality Assurance
South Washington School District	Rochester, MN	Tammy John, DNP, APRN, CNP Lead Nurse and Licensed School Nurse
AY 2015-2016		
Cecil County Health Department	Elkton, MD	Daniel Coulter, MPH Health Planner/Accreditation Coordinator
National Association of County and City Health Officials	Washington, DC	Kendal Leser, MS, PhD Program Analyst
Portage County Health and Human Services	Portage, WI	Gary Garske, RS, MPH Health Officer
Greenfield Health Department	Greenfield, WI	Darren Rausch, MS Health Officer
Center for Resilient Cities	Milwaukee, WI	Marcia Caton Campbell, PhD Executive Director
Central Racine County Health Department	Racine, WI	Jeffrey Langlieb, MPH Community Health Program Manager
Miami-Dade Department of Health	Miami, FL	Erica Coello, MPH Government Operations Consultant II
University of Wisconsin Madison	Madison, WI	Dorte Doepfer, DVM, PhD Associate Professor
Naval Medical Center-San Diego	San Diego, CA	Carol Lavery, CIH Industrial Hygiene Division Head
Mosaic Family Health Center	Appleton, WI	Shawn Boogaard, MSE Health Educator
Milwaukee County Emergency Medical Services	Milwaukee, WI	Jon Cohn Chief, Greenfield Fire Department
Greendale Health Department	Greendale, WI	Deborah Heim, PhD Public Health Nurse Supervisor
Ingham County Health Department	Lansing, MI	Debbie Edokpolo, MSW Deputy Health Officer
Unity Point Health-Meriter	Madison, WI	Pam Dahlke, RN, BSN, MBA Director, Organized System of Care

Special Olympics Minnesota	Minneapolis, MN	Hillary Tyler Health Programs Manager
Public Health Madison & Dane County	Madison, WI	Carl Meyer, MPH Director, Community Health Division
Marshfield Clinic Research Foundation	Marshfield, WI	Amit Acharya, PhD Director, Institute of Oral and Systemic Health
Fight Asthma Milwaukee Allies	Milwaukee, WI	Erin Lee Coordinator

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

Two students received a waiver of the Field Placement requirement. Both were enrolled in the Occupational and Environmental Residency Program at the University of Pennsylvania. The waiver applications are in the resource file, 2.4.

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

One student who completed the program was also enrolled in the Occupational and Environmental Residency Program at the University of Pennsylvania. Information regarding his practicum rotation is in the resource file. The other student is still in the program.

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

This criterion is met.

Strengths

The Field Placement is an integral component of the program that enables students to apply knowledge and skills attained through coursework and enhance additional skills related to public health practice. Policies and procedures have been established to guide and support effective implementation of the Field Placement, and the addition of the Field Placement Preparation course allows students adequate time to prepare and plan for the experience. Overall, Field Placement evaluation results and student feedback have been very positive; indicating mutually beneficial experiences for the students and sites. Successful relationships have been established with local organizations that now request to have MPH students engage in projects when opportunities arise.

Weaknesses

None

Plans

No significant changes are planned at this time, but the requirements will be reviewed to ensure alignment with the new CEPH criteria. The program will continue to monitor the Field Placement experience with particular attention to feedback from students, preceptors, and faculty advisors.

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

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

Overview

Beginning in fall 2008, all students have been required to complete a Capstone Project. The Capstone Project is the final requirement that students fulfill during their course of study. It requires a student to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspect of professional practice. It is used as one means by which faculty judge whether the student has mastered the body of public health knowledge and can demonstrate proficiency in the required public health competencies.

Specific learning objectives include:

- Application of appropriate public health theory, skills and knowledge to a public health or community health issue.
- Completion of a major written paper on a significant public health or community health issues.
- Demonstration of proficiency in the required public health competencies.
- Demonstration of professional writing and presentation skills.

The *Capstone Project Handbook,* which includes related forms and timelines, is in the resource file, 2.5.

Preparation

Students have ongoing communication with the Program Coordinator and faculty advisor as they develop the Capstone Project proposal during the semester prior to enrollment in the course, and ideally will prepare for the Capstone Project throughout the MPH Program. Explanatory presentations, the handbook, timelines, forms, examples of graduates' projects, and other resources are available to students on the

MPH website and via communication with the Program Coordinator. Typically, the faculty advisor for the Field Placement will also serve as the advisor for the Capstone Project.

Students should have completed all MPH coursework, including the Field Placement, before enrolling in the Capstone Project. However, due to the uniqueness of the project and opportunities that may arise, exceptions may be made. Students must submit the Early Capstone Project Request Form (resource file, 2.5) to the Program Director in these instances. Students are required to maintain CITI (Collaborative Institutional Training Initiative) certification in the Protection of Human Subjects Research throughout the Capstone Project.

Responsibilities

As with the Field Placement, the Capstone Project is a collaborative effort among a few individuals, including the student, faculty advisor, second reader and Program Coordinator. The student's faculty advisor acts as the primary reader of the final product, a Master's Paper, and a second reader also reviews and assesses the quality of the Capstone Project. The second reader may be another faculty member or an individual from the public health practice community who has expertise in the topic area. The responsibilities of each of these individuals are detailed below.

Student Responsibilities

The student participating in the Capstone Project is responsible for the following:

- Development and submission of a proposal for the Capstone Project to the faculty advisor and Program Coordinator for review and approval.
- Maintaining CITI certification throughout enrollment in the Capstone Project course.
- Obtaining MCW IRB approval if deemed appropriate by the IRB consultants.
- Submitting preliminary drafts of the Master's Paper to the faculty advisor and second reader for review and comment.
- Submitting a final draft of the Master's Paper to the faculty advisor within the course guidelines and timeframes.
- Developing and submitting a PowerPoint Presentation on the findings, outputs, outcomes, and recommendations of the written paper.

Faculty Advisor Responsibilities

The faculty advisor is responsible for the following:

- Providing guidance to the student, as needed, in the development of the Capstone Project.
- Reviewing and approving the Capstone Project proposal.
- Serving as the Principal Investigator for the student's application to the MCW IRB if deemed appropriate by the IRB consultants.
- Reviewing drafts of the Master's Paper and providing guidance, resources, and constructive feedback.
- Evaluating the Master's Paper and submitted presentation, assessing competency achievement, and assigning the final grade for the Capstone Project course.

Second Reader Responsibilities

The second reader is responsible for the following:

- Reviewing drafts of the Master's Paper and providing guidance, resources, and constructive feedback.

Program Coordinator Responsibilities

The Program Coordinator is responsible for the following:

- Fulfilling administrative aspects of the Capstone Project such as tracking and maintaining Capstone Project forms, monitoring student progress, updating Program materials and website, and maintaining data.
- Reviewing and approving the Capstone Project proposal.
- Serving as a resource for students, faculty advisors, and second readers.

Products

There are three key documents that students must submit to fulfill the expectations of the Capstone Project: the proposal, the Master's Paper, and the PowerPoint presentation. Examples of each are provided in the resource file, 2.5.

Proposal

The Capstone Project proposal is submitted prior to enrollment in the course. The proposal must be approved by the faculty advisor, IRB consultant and Program Coordinator before the student may enroll in the course. The narrative description of the Capstone Project includes:

1. Rationale
    a. Concise statement of the purpose of the proposed project.
2. Project Design
    a. Narrative of the project procedure in the sequence in which the project segments will be performed.
    b. Description of data/information that will be gathered, including whether the student will be working with private health information and/or interacting with possible participants.
    c. Explanation of each method or approach to be utilized.
3. Materials
    a. Explanation of any instruments or materials to be utilized.
4. Data Analysis or Evaluation
    a. Intended analytic technique, or
    b. Evaluation plan.
5. Anticipated Outcomes
    a. Knowledge or product that can be expected as a result of the project.
    b. Potential significance of the results, including public health relevance.
6. References
    a. Include any references utilized.
7. Course Requirements
    a. Timeline, including identification of when deliverables will be submitted.
    b. Competencies that will be enhanced during the Capstone Project.

Master's Paper

An original Master's Paper on a significant public or community health issue or topic is the primary component of the Capstone Project. All papers are required to include a comprehensive literature review. The Master's Paper can take many forms and may include:

- *Program Development*. Students work to develop a program in areas such as health promotion or a community intervention.
- *Program Evaluation*. Students conduct an evaluation of a public or community health program to determine effectiveness and outcomes.

- *Community Assessment.* Students conduct various aspects of a community health assessment.
- *Community Health Planning.* Students develop various aspects of a community health plan.
- *Public Health Policy*. Students research and develop a public policy analysis or an advocacy statement related to a significant public or community health issue.
- *Applied Research*. Students conduct research on a public or community health topic of interest.

The paper should be of publishable quality and include the following:

- Title Page
- Abstract
- Introduction
- Purpose Statement or Research Question(s)
- Literature Review
- Methods
- Results
- Discussion
- Conclusion
- References
- Appendices

PowerPoint Presentation

A PowerPoint presentation that summarizes the findings, outputs, outcomes, and recommendations determined in the Master's Paper is submitted to the faculty advisor and Program Coordinator at least two weeks prior to the end of the semester. In some circumstances, particularly if the student builds upon the work done during the Field Placement, the presentation may be shared with community stakeholders.

Graduates' abstracts and PowerPoint presentations are posted on the MPH Program website as examples for other students to view.

Evaluation

Student performance is based on the faculty advisor's evaluation of the student's proposal, Master's Paper, and PowerPoint presentation with input from the second reader. A sample evaluation form is in the resource file, 2.5. The final grade is determined by the student's faculty advisor, and the student is assigned a grade of Excellent, Good, Satisfactory or Unsatisfactory. A student whose performance is evaluated as Unsatisfactory is required to repeat the course (course 18297).

A breakdown of the grading is as follows:

Capstone Project Proposal – 10%
Master's Paper - 80%
PowerPoint Presentation - 10%

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

This criterion is met.

Strengths

All students are required to complete a Capstone Project that integrates and synthesizes knowledge gained in coursework and other learning experiences which are linked to competencies. There is a well-defined process for completing the culminating experience. Faculty advisors play an integral role in working with students on the Capstone Projects. Students have presented their work at local and national conferences.

Weaknesses

IRB processes can cause delays and limit the type of projects students can conduct. The online nature of the program does not afford all students the opportunity to work with faculty on research projects.

Plans

No significant changes are planned for the Capstone Project.

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

2.6.a Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).

The MPH Program is guided by the following set of 21 competencies that all students are expected to attain.

MPH Program Core Competencies
BIOSTATISTICS
Develop and apply statistical reasoning and methods in addressing and solving problems in public health.
Determine appropriate use of quantitative and qualitative data and statistical methods for problem identification and resolution.
EPIDEMIOLOGY
Assess the health status of populations and their related determinants of health and illness.
Utilize data to address scientific, political, ethical, and social public health issues.
ENVIRONMENTAL HEALTH
Demonstrate an understanding of the environmental factors including biological, physical, and chemical factors that affect the health of a community.
Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.
PUBLIC HEALTH ADMINISTRATION
Describe the structure, process and outcomes of health services management and policy development including the costs, financing, organization and accessibility of care.

SOCIAL AND BEHAVIORAL SCIENCES
Apply basic theories, concepts and models from social, scientific and behavioral disciplines that are used in public health research and practice.
PUBLIC HEALTH PRACTICE AND SCIENCE
Apply the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health, public health administration, and social and behavioral sciences) to public health policies and programs.
Identify best practices for assessing, preventing, and controlling environmental and occupational hazards that pose risks to human health and safety.
COMMUNICATION
Communicate effectively to diverse professional and lay audiences regarding public health issues.
CULTURAL COMPETENCY
Identify the role of cultural, social, and behavioral factors in determining the organization and delivery of public health services and programs.
Develop public health interventions and strategies responsive to the diverse cultural values and traditions of the communities being served.
MPH Program Concentration-Specific Competencies
MONITORING AND ASSESSMENT
Assess community linkages and relationships among multiple factors (or determinants) affecting health.
PROGRAM PLANNING, IMPLEMENTATION, AND EVALUATION
Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community outcomes.
Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.
ETHICS
Describe the legal, moral, social, political and ethical issues involved in public health policy and practice.
Apply legal and ethical principles to the practice of public health in a variety of settings.
MANAGEMENT AND COLLABORATIVE LEADERSHIP
Apply principles of collaborative leadership and management that include the mobilization of community partnerships to administer public health programs, advance public health initiatives and achieve community health goals.
Demonstrate effective leadership, coalition/team building and advocacy skills in managing, applying laws and regulations, and advancing public health issues.

2.6.b Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

This is not applicable. The competencies listed previously apply to all students within the MPH Program.

2.6.c A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area.

Table 2.6.1 Core and Required Courses and Other Learning Experiences by which the Competencies are Met
P=competency is primarily gained
R=competency is reinforced

MPH Program Competencies	Environmental Health 18200	Principles of Epidemiology 18201	PH Administration 18203	Intro to Biostatistics 18204	Behavioral Science & PH 18212	Com. Health Assessment & Improvement 18209	Com. Health Program Planning 18230	Ethical Issues in PH 18250	Com. Health Program Eval. 18260	Field Placement 18279	Capstone Project 18280
BIOSTATISTICS											
Develop and apply statistical reasoning and methods in addressing and solving problems in public health.	R	R	P	P	R	R			R	R	R
Determine appropriate use of quantitative and qualitative data and statistical methods for problem identification and resolution.	P	P	P	P	R	R			R	R	R
EPIDEMIOLOGY											
Assess the health status of populations and their related determinants of health and illness.	R	P	P		R	P	R		R	R	R
Utilize data to address scientific, political, ethical, and social public health issues.	P	P	P		P	P	R	R	P	R	R

MPH Program Competencies	Environmental Health 18200	Principles of Epidemiology 18201	PH Administration 18203	Intro to Biostatistics 18204	Behavioral Science & PH 18212	Com. Health Assessment & Improvement 18209	Com. Health Program Planning 18230	Ethical Issues in PH 18250	Com. Health Program Eval. 18260	Field Placement 18279	Capstone Project 18280
ENVIRONMENTAL HEALTH											
Demonstrate an understanding of the environmental factors including biological, physical, and chemical factors that affect the health of a community.	P	P	P		P	P	R			R	R
Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.	P	R	P		P	P	R			R	R
PUBLIC HEALTH ADMINISTRATION											
Describe the structure, process and outcomes of health services management and policy development including the costs, financing, organization and accessibility of care.	R	R	P		P	P	R		R	R	R
SOCIAL AND BEHAVIORAL SCIENCES											
Apply basic theories, concepts and models from social, scientific and behavioral disciplines that are used in public health research and practice.	R	R	P		P	P	R	R	R	P	P
PUBLIC HEALTH PRACTICE AND SCIENCE											
Apply the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health, public health administration, and social and behavioral sciences) to public health policies and programs.	R	P	P		P	R	R		P	P	P
Identify best practices for assessing, preventing, and controlling environmental and occupational hazards that pose risks to human health and safety.	P	R	P		R	P	R		R	R	R
COMMUNICATION											
Communicate effectively to diverse professional and lay audiences regarding public health issues.	R	P	P		P	R	R		R	P	P

MPH Program Competencies	Environmental Health 18200	Principles of Epidemiology 18201	PH Administration 18203	Intro to Biostatistics 18204	Behavioral Science & PH 18212	Com. Health Assessment & Improvement 18209	Com. Health Program Planning 18230	Ethical Issues in PH 18250	Com. Health Program Eval. 18260	Field Placement 18279	Capstone Project 18280
CULTURAL COMPETENCY											
Identify the role of cultural, social, and behavioral factors in determining the organization and delivery of public health services and programs.	P	R	P		P	R	R	R	R	P	R
Develop public health interventions and strategies responsive to the diverse cultural values and traditions of the communities being served.	R	R	P		P	R	R	R	R	P	R
MONITORING AND ASSESSMENT											
Assess community linkages and relationships among multiple factors (or determinants) affecting health.	P	P	P		P	P	P		R	P	P
PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION											
Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community outcomes.	R	P	P		P	P	P		R	P	P
Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.	R	R	P		R	R	P		P	P	R
Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.	R	R	P		P	R	P	P	P	P	P
ETHICS											
Describe the legal, moral, social, political and ethical issues involved in public health policy and practice.	R	R	P		P	R	P	P	R	R	R
Apply legal and ethical principles to the practice of public health in a variety of settings.	R	R	P		R	R	P	P	R	P	R

MPH Program Competencies	Environmental Health 18200	Principles of Epidemiology 18201	PH Administration 18203	Intro to Biostatistics 18204	Behavioral Science & PH 18212	Com. Health Assessment & Improvement 18209	Com. Health Program Planning 18230	Ethical Issues in PH 18250	Com. Health Program Eval. 18260	Field Placement 18279	Capstone Project 18280
MANAGEMENT AND COLLABORATIVE LEADERSHIP											
Apply principles of collaborative leadership and management that include the mobilization of community partnerships to administer public health programs, advance public health initiatives and achieve community health goals.	R	R	P		R	R	P		R	P	R
Demonstrate effective leadership, coalition/team building and advocacy skills in managing, applying laws and regulations, and advancing public health issues.	R	R	P		P	R	P		R	P	R

2.6.d Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

A review of the matrix indicates that all of the competencies are being addressed throughout the curriculum. The competencies are covered in the core and required courses and further enhanced by electives. The matrix that includes elective courses and Graduate School competencies is in the resource file, 2.6. The most recent competency self-assessment by all faculty occurred in spring 2016, in which faculty specified if competencies are primarily gained or reinforced in their respective courses. There have not been any significant changes made to courses as a result of this analysis, but it was discovered that some of the course syllabi (newer electives) did not include the MPH Program competencies. These competencies are being added accordingly.

2.6.e Description of the manner in which competencies are developed, used and made available to students.

The existing set of 21 competencies, which consists of thirteen core competencies and eight concentration-specific competencies, was developed in October 2009. Prior to this time, the program utilized the Association of Schools and Programs of Public Health (ASPPH) competencies to form the basis for curriculum development, assessment and enhancement of the MPH Program. However, the Advisory Committee expressed concern about the large number of competencies and recommended reducing the number of competencies. Also, CEPH indicated that overall program and track-specific competencies needed to be identified despite having only one track in the program.

The Competency Development Subcommittee, composed of individuals with extensive experience in current and emerging trends in public health practice, reviewed nationally recognized public health competencies including the model identified by ASPPH and those developed by the Council on Linkages between Academia and Public Health Practice. Competencies utilized by other public health degree programs were considered as well. The subcommittee provided initial recommendations for a more refined set of competencies, which were submitted to the Advisory Committee and Faculty Committee for final review and approval. The 21 competencies that were adopted remain well-aligned with the course learning objectives and are attained by all students through coursework, the Field Placement and the Capstone Project.

Competencies are used in the curriculum planning processes as well as in the evaluation of Program activities. As noted in 2.6.d., Course Directors completed the competency self-assessment and specified if competencies are primarily gained or reinforced. The results affirmed that competencies are still being addressed throughout the curriculum. The competencies also form the basis for student planning and participation in the Field Placement and Capstone Project. Prior to the start of the Field Placement, students must complete a competency self-assessment. The self-assessment is found on the MPH Program website and in the *Field Placement Handbook*, located in the resource file, 2.4. As part of the Field Placement project proposal, students select at least six competencies to focus on during their placement experience. Achievement of these competencies is assessed by the preceptor. Also, students are asked to refer to their competency self-assessment when determining specific competencies to target in their final Capstone Project. Achievement of the competencies is assessed by the faculty advisor. Finally, competencies are used to assess overall performance in the MPH Program. Students complete a competency self-assessment in which sources of evidence for achieving the competencies are identified. Further details regarding how competencies are utilized to assess student performance are described in 2.7.

It should also be noted that the Graduate School defines a uniform set of competencies as a series of general skills which underlie the ability of students to perform at the graduate level (resource file, 2.6). Progress towards these competencies is evaluated annually by the Program Director and faculty. The data are compiled and shared with the Dean of the Graduate School, the Graduate Studies Council (through the Graduate School Program Evaluation Committee) and individual programs to assess overall program effectiveness.

The MPH Program competencies are presented on the MPH website, http://www.mcw.edu/mphprogram/CurrentStudents/Competencies.htm, and the matrix of competencies is located in Appendix A of the *MPH Student Handbook* (resource file, 1.1). In addition, MPH Program competencies that are addressed in each course are included in the syllabi along with the Graduate School competencies.

2.6.f Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

The changing needs of public health practice are assessed by the program in various ways including communication with the Advisory Committee and Faculty Committee, participation in professional conferences, membership in professional organizations such as the Wisconsin Public Health Association, workforce development activities of the former Wisconsin Public Health Education Training Center (WiCPHET), staying abreast of national recommendations by agencies such as the Association of Schools and Programs of Public Health, and through feedback provided by field placement preceptors. The communication and networking that occurs, both formally (e.g. meetings, conferences, and surveys) and informally (e.g. email and conversations) provides the opportunity to engage with potential employers, elicit feedback, and stay informed regarding the evolving needs of public health practice.

In addition, the Program Director currently serves on the National Association of County and City Health Officials (NACCHO) Workforce and Leadership Development Committee and on the Public Health Accreditation Board (PHAB) Accreditation Improvement Committee which produced the latest version (v1.5) of public health practice standards and measures for health department accreditation.

As has been described, the program primarily consults with the Advisory Committee and Faculty Committee during biannual meetings and email correspondence. During its most recent (February 2017) meetings of the Advisory Committee and Faculty Committee, the program shared the new set of foundational competencies released by CEPH and has initiated a process to reassess the concentration-specific competency set based upon the new recommendations. At this time, the competencies are relevant to public health practice and consistent with the mission, goals and objectives of the MPH Program.

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

This criterion is met.

Strengths

The program has developed a defined set of competencies based upon an inclusive process of obtaining input from individuals with a solid understanding of current and future public health practice needs. The competencies are addressed throughout the curriculum, communicated to students in a variety of ways, and used to assess program effectiveness.

Weaknesses

None

Plans

The program is in the process of identifying concentration-specific competencies with guidance from the Advisory and Faculty Committees based upon the newly adopted version of CEPH foundational competencies. Courses and assessment activities will be mapped to the competencies as required by the new CEPH criteria.

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

2.7.a Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

Assessment and tracking of student progress is a high priority for the program and the Graduate School. A variety of quantitative and qualitative procedures to monitor and assess student progress are used, including the methods described below.

Coursework

The procedures used to assess student achievement are unique to each course based on criteria established by each instructor and include activity assignments, online discussion participation, case studies, quizzes, exams, papers and projects. Each syllabus identifies the means by which students are evaluated and the competencies addressed in the course. At the conclusion of each course, with the exception of Readings and Research, the Field Placement and the Capstone Project, students are assigned grades of A-F. Students who receive a grade lower than a B, may be advised to enroll in the course again. Students with a GPA lower than 3.0 are placed on academic probation and notified by the Dean of the Graduate School. The Program Director communicates with the students to identify strategies to improve academic performance. A student who is on probation for two consecutive semesters will be recommended for dismissal from the Graduate School. Under extenuating circumstances, the period of probationary status may be extended if approved by the Dean of the Graduate School. A student is recommended for dismissal after only one semester on probation if it is mathematically impossible for the student to achieve a cumulative GPA of 3.0 by taking courses approved by the program during a second semester of probationary status. The progress and performance of each matriculated student is reviewed by the Program Director at least annually, at the end of the second semester of the academic year. Graduating students complete a final competency self-assessment in which the competency level is rated (aware, knowledgeable or expert) and courses and activities in which the competency is achieved are identified along with sources of evidence that demonstrate the competency. An analysis of self-assessments for the past three years is located in the resource file, 2.7 and results are presented in Table 2.7.3.

Field Placement

All students are required to enroll in the Field Placement. As described in 2.4, this experience provides the opportunity to evaluate the degree to which students are able to integrate and apply the knowledge and skills from coursework into public health practice. Students complete a competency self-assessment prior to the Field Placement and identify at least six competencies to focus on during the experience. As part of the Field Placement Proposal, students complete a chart that identifies learning objectives, competencies, activities and evidence. During the Field Placement, students maintain a log that documents activities and reflections regarding the competencies. In addition, a Midpoint Progress Report is conducted that provides an opportunity for the student, preceptor and faculty advisor to convene and assess progress in accomplishing the identified activities, learning objectives and related competencies. Students discuss competency attainment within the Action Learning Project Summary Report. The preceptor's final evaluation of the student includes an assessment of the extent to which the competencies were achieved. With input from the preceptor, the faculty advisor assigns a grade of Excellent, Good, Satisfactory or Unsatisfactory. A student whose performance is evaluated as Unsatisfactory will need to retake the course.

Capstone Project

The Capstone Project is the final requirement of the program in which students can demonstrate the ability to select theories, methods and techniques from across the curriculum to integrate and synthesize knowledge, and to apply it to the solution of public health issues. As students complete the Capstone Project Proposal, competencies that will be enhanced through the Capstone Project are identified, and the faculty advisor evaluates the extent to which the student has achieved the competencies in the student's final evaluation. Student performance is based on the faculty advisor's evaluation of the Master's Paper and PowerPoint Presentation. Students earn a grade of Excellent, Good, Satisfactory or Unsatisfactory. A student whose performance is evaluated as Unsatisfactory will need to retake the course.

Graduate Student Annual Assessment

The Graduate School's annual graduate student assessment tool was redesigned in 2015. The revised form addresses student progress toward a shared set of College-wide competencies and captures progress toward acquiring skills that are broadly deemed fundamental to graduate level accomplishment. The tool helps give students a better idea of what level of skill is expected of them in core areas and captures narrative to address milestones toward degree completion. It also helps advisors have a conversation around these issues with students. The competencies are intended to be general enough, and focus on basic skills, so that the rubrics are not inherently program or degree specific. However, the focus is geared toward biomedical science disciplines

and some competencies may not apply to MPH students. The data are compiled and shared with the Dean of the Graduate School, the Graduate Studies Council (through the Graduate School Program Evaluation Committee) and individual programs to assess overall program effectiveness.

Advising

Student progress is also monitored through the advising process. Student activity in courses can be routinely reviewed in D2L and inactivity or lack of progress is brought to the attention of the Program Director. As mentioned previously in 2.7.a, an annual evaluation is conducted with each student. The Program Director discusses academic progress and the plan of study including a targeted graduation date with each student.

Alumni Survey

Approximately one year following graduation, alumni are asked to complete an online survey (resource file, 2.7) to assess the level of preparedness (self-rated) to demonstrate the public health competencies in their current position. Despite follow-up efforts, the response rates have been relatively low, but those who complete the survey indicate preparedness in the MPH Program competencies.

Employer Survey

An employer survey (resource file, 2.7) is implemented annually to obtain employer perspectives on the MPH Program's preparation of graduates. Supervisors of MPH graduates are asked to indicate the graduates' level of preparedness to demonstrate the MPH competencies based upon job performance. Unfortunately, the response rate remains low and alternative methods to obtain employer data are being explored. For some local students, the program receives positive feedback from employers through informal communication during meetings, conferences, and other interactions.

2.7.b Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor's, master's and doctoral degrees) for each of the last three years. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided.

Although the degree completion rate for the 2011-2012 cohort does not meet the required threshold of 70%, there has been improvement in this area. It should be noted that the program anticipates the rate for this cohort to increase to 64% as one student is currently working on her Capstone Project in order to graduate this May. The MPH Program has analyzed student withdrawals (resource file, 2.7), which have occurred for a variety of reasons such as poor academic performance, financial issues, acceptance into medical school, family and work obligations, and other life circumstances. To achieve higher graduation rates, greater scrutiny of applicants has been implemented, and students may receive a recommendation to start with the Graduate Certificate in Public Health Program as a pathway to pursue the MPH degree. In addition, student progress is closely monitored by the program and Graduate School to identify and resolve issues in a timely manner. Although the expectation is that all students who enter the MPH Program will complete it within five years, it is difficult to predict life events that may impact student progress and result in the need to withdraw before fulfilling the degree requirements.

The program has calculated some projections on degree completion rates for the 2013-2014, 2014-2015, and 2015-2016 cohorts. As indicated in Table 2.7.b., the percentage of students who are anticipated to complete the program within the designated timeframe exceeds 70%. These projections are based on the following criteria:

- Student is in good academic standing
- Student is on schedule with current Plan of Study

Table 2.7.b. Projected Degree Completion Rates

Cohort	Normal time to graduation	Number entering at start	Number withdrawn	*Number on probation or inactive	Number continuing in good standing	Projected rate (# continuing/# entering)
2013-2014	5 years	22	2	1	19	86%
2014-2015	5 years	26	3	0	23	88%
2015-2016	5 years	13	0	2	11	85%

*This number excludes approved Leave of Absences.

Table 2.7.1. Students in MPH Degree, By Cohorts Entering Between 2011-12 and 2015-16 (Academic Year: July 1 – June 30)								
	Cohort of Students	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**		
2011-12	# Students entered	14						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2012-13	# Students continuing at beginning of this school year	14	26					
	# Students withdrew, dropped, etc.	3	1					
	# Students graduated	2	0					
	Cumulative graduation rate	14.2%	0%					
2013-14	# Students continuing at beginning of this school year	9	25	22				
	# Students withdrew, dropped, etc.	1	1	1				
	# Students graduated	2	3	0				
	Cumulative graduation rate	28.5%	11.5%	0%				
2014-15	# Students continuing at beginning of this school year	6	21	21	26			
	# Students withdrew, dropped, etc.	0	4	1	0			

Table 2.7.1. Students in MPH Degree, By Cohorts Entering Between 2011-12 and 2015-16 (Academic Year: July 1 – June 30)								
	Cohort of Students	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**		
	# Students graduated	3	10	2	0			
	Cumulative graduation rate	50%	50%	9%	0%			
2015-16	# Students continuing at beginning of this school year	3	7	18	26	13		
	# Students withdrew, dropped, etc.	0	0	0	2	0		
	# Students graduated	1	7	5	2	0		
	Cumulative graduation rate	57.1%	76.9%	31.8%	7.6%	0%		
2016-17	# Students continuing at beginning of this school year	2	0	13	22	13		
	# Students withdrew, dropped, etc.	1		0	1	0		
	# Students graduated	0		4	6	0		
	Cumulative graduation rate	57.1%		50%	30.7%	0%		

Template 2.7.2 Destination of Graduates by Employment Type 2014-2016	2013-2014 (2013 grads)	Year 2 2014-2015 (2014 grads)	Year 3 2015-2016 (2015 grads)
Employed	14	10	14
Continuing education/training (not employed)	1	1	2
Actively seeking employment		1	
Not seeking employment (not employed and not continuing education/training, by choice)			
Unknown	2	1	1
Total	17	13	17

Table 2.7.3 Student Achievement Outcome Measures

Outcome Measure	Target	2013-2014	2014-2015	2015-2016
*Average GPA for graduates	3.2	3.6	3.6	3.6
Graduates self-rating of being knowledgeable or expert in MPH competencies	80%	9/12=75%	13/16=81%	13/15=87%
Sufficient preparation to perform competencies as indicated by alumni	90%	4/4=100%	4/4=100%	9/9=100%
Employer satisfaction with employee's preparation	90%	1/1=100%	*N/A	2/2=100%
Alumni employed within 12 months of graduation	90%	12/12=100% 2 unknown	10/10=100% 1 unknown	14/14=100% 1 unknown

*****There was only 1 respondent who indicated questions weren't applicable since graduate was enrolled in residency program.

2.7.c An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

All graduating students must complete a Student Information Post Graduation form (resource file, 2.7) in which they indicate career plans following graduation. Therefore, employment information for 100% of the graduating students is captured from this document. The program follows up with alumni annually via email or phone to verify contact information and employment status. In the event that a student's contact information is no longer valid, the program uses avenues such as LinkedIn, Google, Facebook, etc. to search for the data. Response rates one year following graduation are presented in Table 2.7.4.

Table 2.7.4 Graduates' Response rates for annual request for employment data

AY Year	2013-2014	2014-2015	2015-2016
Response Rate	15/17=88%	12/13=92%	16/17=94%

2.7.d In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

Although the Certified in Public Health exam is not required, the program is aware of three students who took the Certified in Public Health exam over the last three years and 100% passed.

2.7.e Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

The program implemented an online alumni survey and employer survey in 2016 to assess preparation of graduates to demonstrate the competencies as well as employer perspectives on the preparation of graduates. A summary of results is in the resource file, 2.7, along with the surveys administered to alumni from the past three years. As

previously noted, response rates for these surveys have been low, particularly with the employer survey. Only four employers completed the survey on behalf of alumni from each of the last three years and one respondent indicated the survey was not applicable as the graduate was in a residency program. As the following table shows, in rating the 21 competencies, the majority indicated either being prepared, but needing additional training, being adequately prepared, or being well prepared. The only exception occurred with 2013 graduates in which one of the competencies was rated as not applicable (biostatistics) and two of the competencies (biostatistics and environmental health) received ratings of not prepared.

Table 2.7.f Alumni and Employer Survey Summary of Results for 2013-2015 Graduates

Competency rated by alumni as:	Not applicable	Not prepared	Prepared, but needed additional training	Adequately prepared	Well prepared
2013 graduates, n=4	1/21	2/21	7/21	19/21	16/21
2014 graduates, n=4	0	0	6/21	20/21	20/21
2015 graduates, n=9	0	0	11/21	21/21	21/21
Competency rated by employer as:	Not applicable	Not prepared	Prepared, but needed additional training	Adequately prepared	Well prepared
2013 employers, n=1	2/21	0	2/21	17/21	0
2014 employers, n=1	21/21	0	0	0	0
2015 employers, n=2	0	0	4/21	20/21	13/21

For some local students, the program receives valuable feedback from employers through informal communication during meetings, conferences, and other interactions. A more formal means of collecting information from employers remains a challenge as some have expressed reluctance due to confidentiality reasons.

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

This criterion is met with commentary.

Strengths

The program has established robust procedures to monitor and assess student progress in attaining the MPH Program competencies. Surveys have been developed and implemented to obtain information from graduates and their employers regarding preparation to demonstrate the program competencies.

Weaknesses

It has been challenging to obtain information from employers of graduates, and survey response rates from alumni are relatively low as well. Graduation rates have not consistently remained at 70% or above, although there has been improvement in this area and projected rates appear to meet the threshold.

Plans

The program continues to brainstorm ideas with the Advisory Committee members, who are employers themselves, as to alternative methods for obtaining information from employers. However, the program will continue to reach out to graduates and employers in an effort to increase response rates. Based upon Advisory Committee input, the survey for alumni will be modified to inquire whether alumni are employed in a position in which they are contributing to the health of the public. In addition, the program is piloting an Exit Survey for graduates and a Quality Enhancement Survey for current students, which includes a question about satisfaction with career preparation. The program will continue to implement a rigorous application process along with ongoing advising in an effort to maintain graduation rates above 70%.

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

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

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This Criterion is not applicable.

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

This Criterion is not applicable.

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

This Criterion is not applicable.

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

2.11.a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Table 2.1.1: Instructional Matrix – Degrees and Concentrations

Master's Degrees		
Concentrations	**Academic**	**Professional**
Public Health Practice	None	MPH
Dual Degrees		
Concentrations	**Academic**	**Professional**
Public Health Practice	None	MPH

2.11.b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

In 2013, the MPH Program initiated an Undergraduate/MPH Dual Degree Program in partnership with Mount Mary University. The program allows students to obtain an undergraduate degree and an MPH degree in the span of five years.

During the first three years of matriculation at Mount Mary University, prospective students work toward completing the requirements for an undergraduate degree. Students interested in the dual degree program apply during their third year. If accepted into the dual degree program, students are enrolled at both Mount Mary University and in the MPH Program at MCW during their fourth year. During the fourth year, the students complete their course requirements for their undergraduate degree and also enroll in the required core courses in the MPH Program. The 15 credits earned in the MPH Program can be applied to their 128 credit requirement for their bachelor's degree. Students graduate from Mount Mary University at the end of their fourth year. In the fifth year, the students are only enrolled in the MPH Program at MCW and can complete the requirements for an MPH degree by the end of the fifth year.

In this program, Mount Mary University allows the 15 credits earned at MCW to be included in their 128 credit requirement. No credits earned at Mount Mary University can be transferred to the MPH Program.

A sample MPH Program schedule for the 4th and 5th years is located in the resource file (2.11)

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

This criterion is met.

Strengths

This program reaches into the undergraduate level of education and recruits students who might be interested in a career in public health and also provides the necessary education. As a pipeline initiative it can assist in helping to recruit and train students to enter the public health workforce.

Weaknesses

None

Plans

None

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

2.12.a Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The MPH Program is offered only in a distanced-based format.

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

Explanation of Model and Methods Used

The MPH Program is delivered in a completely online format thus offering a fully online pathway to the MPH degree. This method has been utilized since the program's inception in 1986 and is primarily intended to meet the needs of working professionals. Courses are offered on a semester basis that is aligned with the other on-campus and online masters programs offered by the Graduate School. The program is structured in a manner that accommodates the needs of students who may not be able to travel to campus to attend classes.

As indicated, courses are delivered via a web-based learning management system known as Desire to Learn (D2L). With D2L, students can complete surveys, take quizzes and exams, send and receive email, post to threaded discussions and chat rooms, upload assignments using drop boxes, and other activities. Students can check their progress and grades at any time during the course and can create groups and teams for project or committee work.

The specific format, delivery and content of coursework varies with each instructor and course but consists primarily of online lectures, discussions, activity assignments, problem sets, quizzes, exams, papers and projects. All course syllabi follow a standard format and contain information that is consistent with Graduate School requirements.

Typically, courses are organized into weekly modules. Coursework may involve participation in a project that requires the student to conduct a site visit at a local health department, hospital or other type of facility. Courses may also incorporate guest lecturers who have expertise in a particular area within public health. Courses focus on the applicability of theory and knowledge to practice and provide ample opportunities for students to acquire skills beyond the online instructional setting.

Rationale for Offering the Program

Time, distance and cost are often cited as three barriers to continuing one's education. Individuals who are working full time in public health, or are in a different position but interested in the field of public health, cannot obtain advanced training due to time and not being near a campus offering public health training. Not surprisingly, most of our students are early to mid-career individuals who are working fulltime and obtaining advanced training in public health while balancing both work and family responsibilities. Students are still held accountable for meeting deadlines and progressing through the program, however the barriers of time, to some degree, and distance are removed. Prospective students, current students and alumni alike express positive comments about the ability to complete a degree program online. Alumni and current students are frequent sources of referrals to prospective students. The program has maintained this format due to student and alumni satisfaction, continued interest and growing popularity in online programs.

Manner in Which the Program Provides Necessary Administrative and Student Support Services

Students who participate in the program receive administrative and support services from both the Graduate School and the MPH Program staff. Everyone strives to ensure students receive the best possible access to these services in addition to instruction and other resources. Two essential reference documents include the *Graduate School Student and Faculty Handbook* and the *MPH Student Handbook.* The *Graduate School Handbook* provides information such as admission requirements application and registration procedures, tuition and fees, and all other policies and procedures students need to be familiar with. The *MPH Student Handbook* includes information for current and prospective students regarding the program's mission, goals, values, plan of study, course descriptions, advising, faculty, and program resources. It also identifies important contact information that directs students where to go for issues such as registration, financial aid, library services, advising, transfer credits, grievances, continuing education, governance, coursework, and D2L assistance. This handbook is considered a supplement to the *Graduate School Handbook*. It is the student's responsibility to be aware of, and comply with, all requirements, policies, procedures and deadlines in both documents. The *MPH Student Handbook* is updated annually (or as needed) and posted on the MPH website at http://mcw.edu/mph . The *Graduate School Handbook* is available on the Graduate School's website at http://mcw.edu/gradschool. Both can also be found in the resource file, 2.12.

Information is communicated to students throughout the program via email, D2L, the website, and phone when appropriate. Program staff responds to inquiries and provide assistance on a daily basis. Program staff is also very involved with students in coordinating their required practicum and in their Capstone Project. Staff keeps informed of resources and best practices for supporting students and creating an environment where students feel connected and part of a community. The program consistently receives positive feedback regarding the administrative support that is provided.

Manner in Which the Program Monitors Academic Rigor

Academic rigor is monitored through factors such as faculty qualifications and performance as reported on course evaluations; the ongoing review of existing courses and approval of new courses; and the range of achievements among students and alumni as demonstrated by coursework, Field Placement, Capstone Project, service activities and accomplishments following graduation (promotions, publications, honors, etc.). With a competency-based curriculum, academic rigor is also monitored by the achievement of competencies as assessed by students, faculty and external experts such as preceptors.

The course evaluations provide meaningful results regarding the effectiveness an instructor has in achieving the stated objectives of a particular course. The Course Evaluation Committee of the Graduate School reviews the evaluations, which are also shared with the Course Director (instructor) and Program Director. Concerns are discussed with the instructor, and remediation plans are developed.

MPH courses are subject to the same review as all other programs within the Graduate School. For new courses, a course proposal is submitted to the Curriculum and Programs Committee for the initial review. Once this committee recommends approval, it is submitted to the Graduate Studies Council for final approval. All courses go through a comprehensive course evaluation every three years. The MPH Program must also participate in the Graduate School review process at least every five years.

Manner in Which the Program Evaluates the Educational Outcomes, Format and Methodologies

Objectives and outcome measures are in place to assess educational outcomes as described in 2.7. Course evaluations and student surveys provide feedback regarding the format and methodologies that are utilized. Results from alumni and employer surveys help to assess educational outcomes in the way of preparing students for

positions in the public health workforce. Previous internal and external reviews have served as an impetus for implementing changes in the format and technologies used, especially in terms of efforts to increase student engagement.

2.12.c Description of the processes that the program uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

All students must adhere to the Graduate School's policies and procedures including avoiding dishonest, unethical, or irresponsible behavior as outlined in the Graduate Handbook. Professional misconduct can result in disciplinary actions ranging from a reprimand to dismissal from the program. The MPH Program's process for verifying student's identity starts with D2L, the program's learning management system. All work and faculty/student discussions are conducted in this secure, password protected system. Each week students must submit written assignments and participate in discussion boards and an instructor quickly starts to recognize a student's work and writing style. In addition, the practicum requires that a preceptor be identified in the Field Placement site and the preceptor provides an evaluation of the student's performance.

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

This criterion is met.

Strengths

The program has 30 years of experience in delivering a quality public health curriculum in a distance-based format. The learning management system (D2L) used in the program provides an effective and efficient platform for conducting the educational efforts and creating a virtual classroom experience. Faculty have experience in distance-based learning and program staff provide ready access for student support.

Weaknesses

None

Plans

The program continues to examine new learning technologies and the educational support offered by the MCW Office of Media Services. In particular, faculty are working to develop video lectures to replace their current voice-over PowerPoint presentations.

Criterion 3.0 Creation, Application and Advancement of Knowledge

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

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

The MPH Program has established a research goal and objectives that are consistent with achieving its mission. The research activities are aligned with a goal of the Institute for Health and Society which is to develop and support research projects and scholarly products and projects, and also with the mission of the Medical College which states, "we are a distinguished leader and innovator in the education and development of the next generation of physicians, scientists, pharmacists, and health professionals; we discover and translate new knowledge in the biomedical and health sciences; we provide cutting-edge, collaborative patient care of the highest quality; and we improve the health of the communities we serve."

Although the MPH Program itself does not have any formal research agreements, the program actively supports research and scholarly activities through various policies, procedures and practices. The program has set forth objectives and outcome measures surrounding research activities that are communicated to all faculty. Research expectations of MCW-based faculty are initially negotiated in the hiring process and later determined by their designated pathway as discussed in 1.5. Research productivity is an important component of the promotion and tenure criteria, but with varying degrees of emphasis dependent upon the specific pathway of the faculty member (*Information for Faculty Handbook* appendices (resource file, 1.5).

Faculty from outside of MCW participate in research as well and abide by the expectations as established by their primary institutions of employment in addition to those of the program. Appointment as a member of the faculty of the Graduate School requires that faculty prove they can provide an academically active environment for graduate student training as evidenced by peer-reviewed publications, peer-reviewed competitive research awards, or participation in the conceptualization, design and execution of funded research activities. All of the MPH teaching faculty are members of the Graduate School.

Faculty research activities inform their teaching and provide opportunities for students. As shown in 3.1 and 3.2.2 (funded service that includes projects with both research and service components), MPH faculty engage in interdisciplinary and community-based research covering diverse topics such as injury and violence prevention, mental health, substance abuse prevention, chronic disease prevention, HIV prevention, maternal and child health, nutrition and physical activity, policy and systems change, oral health, and others.

The Medical College is a major national research center, in fact, the largest research institution in the Milwaukee metro area and the second largest in Wisconsin. In 2015, the College received $158.2 million in grant awards for research, teaching, training and related purposes including funding from the National Institutes of Health and other sponsors. Annually, College faculty direct or collaborate on more than 3,200 research studies, and more than 1,300 scientific papers by College faculty are published in peer-reviewed journals.

Research is also one of the two key components of the Advancing a Healthier Wisconsin Endowment:

- Healthier Wisconsin Partnership Program (HWPP) supports community-academic partnerships that address public and community health improvement.
- Research and Education Program supports research initiatives in such focus areas as cardiovascular disease, cancer, concussion and traumatic brain injury, neuroscience, diabetes & obesity, health disparities, and population health.

Since 2004, the AHW Endowment has awarded $186.4M to more than 335 initiatives dedicated to improving the health of the people of Wisconsin through community health partnerships, research and education. In October 2013, the MCW Consortium on Public and Community Health and the MCW Board of Trustees approved the 2014-2018 Advancing a Healthier Wisconsin (AHW) Five-Year Plan entitled, *Moving from Grantmaker to Changemaker.* The 2014-2018 AHW Five-Year Plan builds from the knowledge and experience gathered over the past ten years of accomplishments while embracing the challenge of how to have a greater impact for the future.

Some of the Healthier Wisconsin Partnership Program projects could be categorized as research or service, but are presented in Table 3.2.2.rather than in 3.1 for purposes of distinction. A complete list of HWPP funded projects can be found on the Medical College website at http://www.mcw.edu/Advancing-Healthier-WI-Endowment/Funded-Awards.htm.

In addition to the Advancing a Healthier Wisconsin Endowment, the following College-wide resources exist, including those that are housed within the Institute for Health and Society:

Office of Research
The Office of Research is an integrated resource for facilitating scientific discovery through administrative support of investigators, education and training, and ensuring regulatory compliance. The Office of Research provides:

- Resources for linking investigators with funding opportunities
- Assistance in preparing and submitting grant applications
- Comprehensive research education and training opportunities
- Oversight to ensure regulatory compliance and safety.

Researcher's Quick Reference (resource file, 3.1) identifies a variety of information on resources available throughout the College and includes the Office of Research Units and Committees.

Biostatistics Consulting Service
The Division of Biostatistics within the Institute for Health and Society offers comprehensive statistical consulting, computing and data entry services for clients within the Medical College and from other academic institutions, government agencies and private industry. Consulting services include assistance with design and analysis of clinical trials, observational studies, and surveys as well as assistance with public databases, sample size and power calculations, and data analysis and interpretation. Additional information is available at http://www.mcw.edu/Biostatistics-Consulting-Service.htm.

Clinical and Translational Science Institute
The Medical College received a five-year, $22 million Clinical and Translational Science Award renewal from the National Institutes of Health. The Clinical and Translational Science Institute (CTSI) is an innovative infrastructure to support and advance education, collaboration, and research in clinical and translational science. The Institute's website is http://www.ctsi.mcw.edu/.

Research Ethics Consultation Committee
The Research Ethics Consultation Committee offers ethics and regulatory compliance consultation services for CTSI investigators to assist with protocol development and refinement prior to IRB submission. This group also offers ethics and regulatory compliance consultation services for CTSI investigators following IRB review—e.g. to

assist with integrating feedback or requests for protocol revision from the IRB—and during the conduct of research protocols.

Epidemiology Data Resource Center
The Epidemiology Data Service Center (EDRC) is the Medical College's centralized resource for secondary health and demographic data. The EDRC also provides expertise in the use of spatial data and geographic information systems, or GIS. The Center's website is http://www.mcw.edu/edrc.htm.

Community Engagement Core
The Community Engagement Core (CEC) is a primary resource and catalyst for community engagement projects for both MCW and community partners. The CEC's mission is to improve the health of communities of Wisconsin and beyond by advancing art and science of community engagement and make the Medical College of Wisconsin a national leader in improving the health of the public. The Carnegie Foundation for the Advancement of Teaching, which works to develop networks of ideas and institutions to advance teaching and learning, has awarded Community Engagement Classification to the Medical College in recognition of its community engagement practices. MCW is one of four medical schools nationwide to have received the Carnegie Community Engagement Classification. Additional details can be found at http://www.mcw.edu/community-engagement/senior-associate-dean.htm.

3.1.b Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

MPH Program faculty are engaged in a variety of public health research projects including partnerships with local, state, national and international public health agencies and several community-based organizations as noted in 3.1.a. and presented in Table 3.1.1. The Medical College invests significantly in expanding its community mission to build strategic community-academic partnerships that have the greatest impact on Wisconsin's most critical needs. More than 150 faculty from over 20 departments and centers are working with greater than 350 diverse community groups to advance public and community health in the metro Milwaukee area and throughout Wisconsin. MPH faculty work with the following centers and collaborative programs that focus on strengthening community or individual capacity to improve health.

Center for the Advancement of Underserved Children (Earnestine Willis, Center Director and faculty and Sheri Johnson, faculty)
The Center for the Advancement of Underserved Children (CAUC), http://www.mcw.edu/Center-Advancement-Underserved-Children.htm, is a cooperative endeavor between Children's Hospital of Wisconsin (CHW) and the Medical College. Center faculty and staff conduct community-oriented research and develop culturally-tailored initiatives to understand the current status of children's health locally, statewide, regionally and nationally.

National Center for AIDS Intervention Research
The research mission of the Center for AIDS Intervention Research (CAIR), http://www.mcw.edu/cair/aboutcair.htm, is to develop, conduct, and evaluate new interventions to prevent HIV among persons most vulnerable to the disease. CAIR's research also focuses on the prevention of adverse health and mental health outcomes among persons living with HIV infection and their loved ones. CAIR is supported by an AIDS research grant from the National Institute of Mental Health (NIMH). CAIR also receives grant support from other sources, including other institutes of the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), the Wisconsin AIDS/HIV Program, and the Medical College of Wisconsin.

Injury Research Center (Brooke Lerner, faculty)
The Injury Research Center (IRC), http://www.mcw.edu/Injury-Research-Center.htm, was established as a comprehensive federally funded injury control research center to address the burden of injury in the Great Lakes Region of the Midwest (WI, MN, IL, IN, MI and OH). The IRC brings together researchers, practitioners, advocates, organizations, and agencies to prevent, treat, and care for injuries.

Center for Healthy Communities and Research (David Nelson, faculty)
The Center for Healthy Communities and Research develops community-academic partnerships that improve health in urban and rural communities in Wisconsin. The Center integrates community-based education for graduate and undergraduate medical students into these partnerships, and conducts research, both locally and nationally, on community-identified needs. Partners, which include the Housing Authority City of Milwaukee, S.E.T. Ministry, Inc. (Serve, Empower, and Transform), The Village at Manor Park, and the Milwaukee County Department on Aging, work with the Center on program development, implementation and management, community capacity building, health education and literacy, on-site case management, and provide financial support.

3.1.1c A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years.

Table 3.1.1 c Research Activity from 2014 to 2017. Bold indicates primary faculty.

Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-15	Amount 2015-16	Amount 2016-17	Community -Based Y/N	Student Partici-pation Y/N
Brazauskas, Statistician	National Marrow Donor Program Service Agreement	National Marrow Donor Program	09/01/02-09/30/18	N/A				N	N
David Seal, Principal Investigator Ruta Brazauskas, Statistician	A Systemic Approach to Seek, Test, and Treat Strategies for Correctional Populations	NIH/NIDA (7R01 DA030770-03)	9/30/10-6/30/15	$741,196 total	$10,176	$10,500	$0	Y	N
Mary Horowitz, Principal Investigator Ruta Brazauskas, Statistician	A Data Source for Analyzing Blood and Marrow Transplants	NIH/NCI (5U24 CA76518-15)	3/1/13-2/28/18	$2,403,698				N	N
Matthew Dellinger Program Director	Great Lakes Native American Research Center for Health VIII	NIH/HIS	7/2014 – 8/2018	$153,605	$23,064.84	$23,389	$23,389	Y	N
Matthew Dellinger Principal Investigator	A Fish Consumption Advisory to Promote	NIH/NIEHS	9/2015 – 10/2017	$385,903		$240,845	$140,058	Y	N

Table 3.1.1 c Research Activity from 2014 to 2017. Bold indicates primary faculty.									
Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-15	Amount 2015-16	Amount 2016-17	Community -Based Y/N	Student Partici-pation Y/N
	Anishinabe Environmental Health Literacy								
Matthew Dellinger Principal Investigator	Storytelling as Culturally-Tailored Fish Consumption Advice for the Anishinaabe	NIH/NIEHS	12/2016 – 11/2021	$1,259,793 Not yet awarded officially				Y	N
O'Brien, Principal Investigator Eric Gass**,** Academic Partner	Community Safety Data Repository	Wisconsin Partnership Program	7/01/13-6/30/16	$400,000	$100,000			Y	N
M. Elizabeth Gyllstrom, Principal Investigator Kim Gearin, Co-Investigator	Measuring variation in the integration of primary care and public health: a multi-state PBRN study of local integration and health outcomes	Robert Wood Johnson Foundation	9/15/13-9/14/16	$449,998	$10,560	$10,560	$0	Y	N

Table 3.1.1 c Research Activity from 2014 to 2017. Bold indicates primary faculty.									
Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-15	Amount 2015-16	Amount 2016-17	Community -Based Y/N	Student Partici-pation Y/N
Sheri Johnson, Principal Investigator	Triple P Primary Care Initiative	Children's Trust Fund of Wisconsin	3/1/13 – 3/31/15	$49,244		$0	$0	Y(in Children's Medical Group sites and trained community based mental health providers)	N
Brooke Lerner Principal Investigator	State Trauma Registry	State of Wisconsin Dept. of Health	1/1/2011 – 6/30/17	$220,000	$20,000	$20,000	$20,000	N	N
Brooke Lerner, Principal Investigator	Development of the Charlotte, Houston and Milwaukee Prehospital (CHaMP) Research Node	National Institutes of Health	9/1/2013-8/31/2016	$900,000	$300,000	$300,000	$300,000	Y	N
Hernandez-Meier/Hargarten, Principal Investigators **Brooke Lerner**, Mentor	Integrating Emergency Department Data with Law Enforcement, Emergency Medical Service and Community Data to	National Institute of Justice	1/2015 — 12/2015	$194,175	-	$194,17	-	Y	N

Table 3.1.1 c Research Activity from 2014 to 2017. Bold indicates primary faculty.									
Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-15	Amount 2015-16	Amount 2016-17	Community -Based Y/N	Student Partici-pation Y/N
	Reduce Violence								
Brooke Lerner, Principal Investigator	Development of the Charlotte, Houston and Milwaukee Prehospital (CHaMP) Research Node	U.S. Department of Health and Human Services, Health Resources and Services Administra-tion, Maternal Child Health Bureau's Emergency Medical Services for Children	9/1/16-8/31/19	$1,199,982	-	-	$399,995	Y	N
Jane Brice, Principal Investigator **Brooke Lerner**, Co-Investigator	Pediatric Performance Measures: Improving EMS Care for Time-Critical Illness and Injury	U.S. Department of Health and Human Services, Health Resources and Services Administra-tion, Maternal Child Health Bureau's Emergency Medical Services for	9/1/16-8/31/19	$825,000	-	-	$18,491	N	N

Table 3.1.1 c Research Activity from 2014 to 2017. Bold indicates primary faculty.									
Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-15	Amount 2015-16	Amount 2016-17	Community -Based Y/N	Student Partici-pation Y/N
		Children							
Brooke Lerner, Principal Investigator Jillian Theobald, Principal Investigator	Milwaukee Community Opioid Prevention Effort (Milwaukee-COPE)	Zilber Family Foundation; City of Milwaukee; Medical College of Wisconsin, Emergency Medicine	7/1/16-6/30/18	$150,000	-	-	$75,000	Y	N
E Belongia, Principal Investigator David McClure, Co-Investigator	Vaccine Safety Datalink (VSD)	CDC	2010-2017	N/A	$105,000	$105,000	$105,000	N	N
R Shaker, S Ahmed, et al, Principal Investigator **John Meurer,** Co-Investigator	Clinical Translational Science Institute (CTSI) of Southeast Wisconsin	National Institutes of Health	7/1/10 – 6/30/15	$888,004	$9,049.47	$4,532.09 (only for six months of the year, grant ended in June)	N/A	Y	N
R Shaker, S Ahmed, et al, Principal Investigator **John Meurer,** Co-Investigator & Director of Research Expertise & Methods	Clinical Translational Science Institute (CTSI) of Southeast Wisconsin	NIH/NCATS	7/2015 - 6/2020	$11.9 million	$10,988	$10, 988	$10,988	N	Y

Table 3.1.1 c Research Activity from 2014 to 2017. Bold indicates primary faculty.									
Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-15	Amount 2015-16	Amount 2016-17	Community -Based Y/N	Student Partici-pation Y/N
Bernard Black, Principal Investigator **John Meurer**, Co-Investigator and MCW PI	Effect of ACA Medicaid expansion on diabetes	CDC/NIDDK to Univ. of Kansas Medical Center Research Institute and Northwestern Univ. program	September 2015 – August 2020	$1,586,015	N/A	N/A	$12,064	N	N
Linda Meurer, Program Director **John Meurer**, Program Director, Institute for Health & Equity	Academic Fellowship in Primary Care Research	US Health Resources & Services Administration National Research Service Award	July 2016 – June 2021	$1,862,826	N/A (effort is cost shared)	N/A (effort is cost shared)	N/A (effort is cost shared)	N	Y
Hueston, Program Director **John Meurer**, Co-Director	Science of Health Care Delivery Curriculum Development	Kern Foundation/ Mayo Clinic	July 2014 – June 2017	$300,000	$13,374.40 (only six months, started in July 2014.	$39,900.99	$12,392.14	N	Y
Alan Wells Co-Investigator	Green Family Foundation Neighborhood HELP and Aetna Foundation Health Policy Analysis Academy	Aetna Foundation	October 31, 2015- 2017	$200,101		$11, 400	$11,400	Y	N

Table 3.1.1 c Research Activity from 2014 to 2017. Bold indicates primary faculty.									
Principal Investigator & Department (for schools) or Concentration (for programs)	Project Name	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2014-15	Amount 2015-16	Amount 2016-17	Community -Based Y/N	Student Partici-pation Y/N
Earnestine Willis, Principal Investigator	Reach Out and Read	Wisconsin Energy Corp	2006 – 2014	$250,000	$20,000	$20,000	$10,000	Y	
Earnestine Willis, Principal Investigator **Sheri Johnson**, Co-Investigator	CHIMC- Take Control-Immunize! (TCI)	National Institute for Minority Health/ Health Disparities	7/8/13 – 2/28/16	$1,113,943	$375,000	$375,000	$88,100	Y	N
Earnestine Willis, Principal Investigator	Breastfeeding-Employer Supported Time (BEST)	Kellogg Foundation	7/1/14-8/31/15	$150,000	$150,000	$0	$0	Y	N
Earnestine Willis, Principal Investigator	Summer Reading Fun - Reach Out and Read	Faye McBeath Foundation	6/16/14 – 9/15/14	$1,500	$1,500	$0	$0	Y	N
Earnestine Willis, Principal Investigator	Reach Out and Read	PNC Bank	9/1/14 – 12/31/16	$5,000	$5,000	$5,000	Pending	Y	N
Earnestine Willis, Principal Investigator	Reach Out and Read	Robert and Ethel Herzfeld Foundation	7/1/15 – 6/30/16	$15,000		$15,000		Y	N
Earnestine Willis, Principal Investigator	Reach Out and Read	Robert and Ethel Herzfeld Foundation	7/1/16-6/30/17	$15,000			$15,000	Y	N
Totals	[redacted]			$27,619,983	$1,153,712.71	$1,169,727.08	$1,241,877.14		

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

Table 3.1.2 Outcome Measures for Research Activities, AY 2013-2016

Outcome Measure	Target	2013-2014	2014-2015	2015-2016
*Percentage of full-time faculty who conduct interdisciplinary public health research each year.	80%	7/11=64%	5/8=63%	4/13=31%
Number of research and funded service projects conducted by full-time faculty that address public health problems in diverse populations.	4	10	11	10
Percentage of teaching faculty who offer at least one presentation at a professional conference or meeting each year.	50%	58% 11/19	52% 11/21	44% 11/25
Number of scholarly publications by teaching faculty each year.	8	39	27	38

*Several of the full-time faculty engage in Advancing a Healthier Wisconsin or Healthier Wisconsin Partnership Program projects, which are included in the funded service category. Typically, these projects contain elements of research and service, and the above percentages would be higher if counted as research.

A list of faculty publications and presentations can be found in the resource file, 3.1.

3.1.e Description of student involvement in research.

Research is an important part of the program's curriculum. Students can explore opportunities for research projects or apply research techniques to projects conducted during their Field Placement and Capstone Project courses. As part of the Field Placement Preparation course, all students are required to complete an online Collaborative Institutional Training Initiative (CITI) training in the Protection of Human Research Subjects. In addition, all project proposals for the Field Placement and Capstone Project are reviewed by the Institutional Review Board (IRB) to determine the need for further IRB review and approval. Students engage in types of research such as program evaluation or community assessment, but will typically avoid projects that involve human subject research and, therefore, require a formal IRB review process. If a student participates in research at another institution and goes through that institution's IRB process, an IRB authorization agreement needs to be established. This prevents the student from having to go through a formal IRB review at both institutions. Students who do opt to pursue projects that require IRB approval usually experience significant delays and need to revise the project plan as initially proposed. For example, the student may develop the overall study design or evaluation plan without implementing it for purposes of the Capstone Project. In some cases, students have continued efforts to obtain IRB approval following graduation in order to take the project to the next level.

The research project may be initiated by the student or developed collaboratively with the faculty advisor. Due to MCW institutional human subject protection requirements, students must work with MCW faculty advisors who serve as the principal investigators on research projects. While many research opportunities are available to students, they are not able to develop a totally independent research project. However, the regulation does not restrict the student's ability to independently engage in program evaluation or research that does not involve human subjects.

A variety of opportunities exist for local students, such as those available through the Healthier Wisconsin Partnership Program as described in 3.1.a. or through innovative projects that are conducted by the various centers such as the Center for the Advancement of Underserved Children, the Center for Healthy Communities and Research, the Injury Research Center, and the Center for AIDS Intervention Research. However, given the focus of the program (public health practice), IRB limitations, and proximity of students, the majority of students elect not to engage in research that requires IRB approval.

Students have presented their work at state and national conferences, and one recent graduate has been invited to share her Capstone Project at the Association of University Centers on Disabilities (AUCD) Conference in Washington, D.C. this December.

Students are also exposed to research activities in other coursework, and beginning in spring 2016, Public Health Research has been offered as an elective.

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

This criterion is met.

Strengths

Research is a vital component of the missions of the MPH Program and the Medical College. Numerous resources and opportunities exist to engage in research activities and there is a strong investment in building community-academic partnerships.

Weaknesses

The Institutional Review Board (IRB) processes limit the type of research that can be accomplished by students during the program. Students who are located in other states may not have the opportunity to work directly with MCW faculty on research projects.

Although students work with a faculty advisor on projects initiated by the student or those associated with another organization, there have not been any students engaged in MPH faculty members' research yet.

Plans

Although there are some constraints, the program will better inform local students about the opportunities that exist to work directly with MCW faculty. In turn, faculty will also be encouraged to consider engaging MPH students in their current research activities.

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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.

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

Service is an essential component of the program's mission and is further supported by the Medical College's community engagement practices. Faculty participate in service activities locally, regionally, statewide, nationally and internationally, and are actively involved with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing professional knowledge and competence as presented in Tables 3.2.1.and 3.2.2 (resource file, 3.2).

Many of the research activities that faculty participate in provide a direct service to the community. As indicated in Criterion 3.1, several MPH faculty have been involved with the Healthier Wisconsin Partnership Program, a component of the endowment funds at the Medical College of Wisconsin. Each project funded by the Healthier Wisconsin Partnership Program must include a partnership between at least one community organization and one Medical College of Wisconsin faculty member. Through these projects, faculty have established formal collaborations with community agencies across the state that provide a rich array of service and research opportunities for faculty and students. A list of funded partnership projects is available on the Advancing a Healthier Wisconsin website at http://www.mcw.edu/Advancing-Healthier-WI-Endowment/Funded-Awards.htm.

Faculty are expected to participate in service activities as indicated in the *Information for Faculty Handbook*, which describes the expectations for community service achievements at various faculty ranks (resource file, 4.2, handbook appendices A&B, pp. 38-42). MPH faculty are recognized for their service efforts during faculty meetings and activities have also been acknowledged in *eMPHasis*, the MPH Program's newsletter (resource file, 3.2). MCW faculty service activities are also rewarded through the MCW Distinguished Service Award, which is designed to recognize distinguished and significant contributions to MCW.

In addition, members of the public health community contribute to the efforts of the MPH Program through representation on the Advisory Committee, serving as guest lecturers

in various courses, conducting presentations during Institute seminars, providing sites and preceptors for the Field Placement, serving as second readers on students' Capstone Projects, and providing feedback on planning and evaluation activities including the development of the self-study.

The MPH Program itself does not have formal contracts with external organizations except for the agreements with sites that host students for the Field Placement. The majority of service provided to communities directly from the MPH Program comes from student participation in the Field Placement. A formal, legal agreement, known as an affiliation agreement (resource file, 2.4), must be fully executed (signed by MCW and the site) prior to the student conducting any work with the placement site. This is a legal document that outlines the responsibilities and liabilities for MCW and the Field Placement organization.

3.2.b Description of the emphasis given to community and professional service activities in the promotion and tenure process.

As with research, service is an important component of the promotion and tenure criteria, but with varying degrees of emphasis dependent upon the specific pathway of the faculty member. The *Information for Faculty Handbook* indicates that for senior faculty (associate professors and professors), recommendations for promotion include evidence of accomplishments in all areas: teaching, research, clinical, service, and administrative. Criteria and guidelines for granting tenure indicate that teaching, research, service and administration are judged in the context of the national peer cohort of the faculty member's academic discipline. As previously noted, the expectations for community service achievements can be found in the *Information for Faculty Handbook* appendices (resource file, 4.2)

Current service and funded service activity of faculty can be found in the resource file, 3.2.

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

Table 3.2.3 Outcome Measures for Service Efforts, AY 2013-2016

Outcome Measure	Target	2013-2014	2014-2015	2015-2016
Proportion of students who participate in at least one service activity annually	75%	74% 14/19	75% 18/24	80% 16/20
Proportion of teaching faculty who participate in service-related activities	80%	79% 15/19	86% 18/21	80% 20/25
Number of courses that incorporate guest lecturers from the public health community	2	5	2	6
Number of Advisory Committee meetings	2	2	2	1

3.2.e Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Students are encouraged to participate in service activities beyond course requirements and this expectation is conveyed in the *MPH Student Handbook*: "All students in the program are expected to provide service to the communities in which they live and/or work. Service opportunities may come from activities such as class projects, the Field Placement, and volunteer work." Students are asked to submit service activities on an annual basis and report involvement in a variety of service-related activities as presented in Table 3.2.4. Information regarding student service activities is also obtained from resumes that are submitted at the beginning of the Field Placement Preparation course.

Table 3.2.4. Examples of Reported Student Service Activities 2013-2016

Community Group/Organization	Nature of Activity	Date (s)
Project Homeless Connect	Volunteer dentist	March 2009-present
Oral Health Coalition of Dane County	Officer/ President	2010-2014
Bayview Foundation, Bayview Community Center	Board Member	2010-2015
Waukesha County Community Dental Clinic , Waukesha, WI	Public health volunteer for dental clinic and assisted with Seal-A-Smile	Nov. 2012-Nov. 2013

Table 3.2.4. Examples of Reported Student Service Activities 2013-2016		
Community Group/Organization	**Nature of Activity**	**Date (s)**
Neighborhood House Community Center	Board Member Officer, secretary and vice-president	2012-present
The Freshmobile Initiative, Madison WI	Board Member (mobile grocery store)	2012-2014
Aurora West Allis Medical Center	Hospital volunteer	2013
Sustainable Food Center	Board member	May 2013-present
Neenah City Council and Neenah Public Service and Safety Committee	Providing testimony	September 2013 January 2016
WI Public Health Association	Student Member	Sept. 2013-May 2016
MCW's Women in Science Committee	Board Member	2013-present
Extramural Programs Committee, University of the Pacific	Extramural Clinic Manager	June 2015-Jan. 2016
San Francisco Children's Dental Health Committee	Committee Member	June 2009-present
Winnebago County Heroin Task Force	Community based organization	October 2013-present
San Francisco Health Improvement Partnership	SF Children's Oral Health Implementation-Coordination Committee member Promotion team member Provided testimony for San Francisco Health Commission	January 2016-present January 2014-present February 2015
Association for the Advancement of Automotive Medicine	Member	2012-2014
Fox Valley Early Childhood Coalition	Co-chair	January 2014-present
WPHA	Member Joint Public Affairs Committee	2014-present
Waukesha Nutrition Coalition	Coalition Member l	June 2014-April
EveryBODY Plays! Adaptive Sports and Recreation Expo	Safety and health/logistics volunteer	July 2014, July 2015
San Francisco Dental Society	Community Dental Health Committee member	January 2015-present
American Red Cross	Phlebotomist	March 2014-May 2016

Table 3.2.4. Examples of Reported Student Service Activities 2013-2016		
Community Group/Organization	**Nature of Activity**	**Date (s)**
Parkview Health Community Doctor's Day	Health and Wellness Promotion Volunteer	March 2014
Health Promotion and Disease Prevention (HPDP) Committee, Department of Veterans Affairs, Clement J. Zablocki VA Medical Center	Committee Member HPDP guides efforts to improve the health of the VA population: Patients, employees, and volunteers	March 2014-present
Parkview Health Kids Safety Camp	Children's Health Promotion Volunteer	May 2014, April 2015, May 2016
WI Public Health Council	Member	June 2014-present
Cecil County Health Department	Member of Community Health Needs Assessment Team	June 2014-present
Alto Cayma (Peru)	Meal Program Volunteer, Education	June 2014-July 2014
El Rio Community Health Center, Tucson, AZ	Public Health Volunteer: assisted with large epidemiological data collection and databases, as well as with HIV education	June 2014-January 2015
Indiana-Purdue University Fort Wayne	Kids Fest Volunteer- Children's health promotion	July 2014
Fort Wayne Tin Caps Baseball	Community Health Promotion Event Volunteer	August 2014
Children's Health Alliance of WI	Intern	Sept. 2014-Dec. 2014
AIDs Resource Center of WI (ARCW)	Junior Board Member	Sept. 2014-June 2016
Partnership in Urban Medical Education and Advancement-PUMA (MCW)	Student Science Volunteer	Sept. 2014-May 2015
16th Street Clinic	Volunteer- Southside Bicycle Date	June 2015
Party.0	Board of Directors, Treasurer	August 2015-present
Parkview Health Wellbeing/Community Health Department	Consulted with staff on developmentally-appropriate initiatives in pediatric health promotion/wellness	August 2015
Zablocki VA Medical Center	Presenter to Peer Specialists	August 2015

Table 3.2.4. Examples of Reported Student Service Activities 2013-2016		
Community Group/Organization	**Nature of Activity**	**Date (s)**
Wisconsin Association of Local Health Departments and Boards-WALHDAB	Co-Chair Annual Conference	Fall 2015-present
National Association of County and City Health Officials	NACCHO Health and Disability Fellow	Sept. 2015-June2016
IndependenceFirst	Researcher/Intern	September 2015
Health Promotion and Disease Prevention (HPDP) Strategic Planning Sub-Committee	Subcommittee, Member September	September 2015-present
US Marine Corps Deployment Processing Command – Reserve Support Unit - East	Physician (Medical Officer)	October 2015-present
Wisconsin Public Health Association (WPHA)	Member	October 2015-present
MCW's Cancer Center Community Advisory Board	Board Member	2015-present
DRIVE: Educational Pipeline Program for Underrepresented Minorities in Health Related Professions	Co-director	2015-present
United Way LIHF	Policy, Systems and Environmental Change Committee	November 2015-present
Milwaukee Police Department	Consultation/inquiry- district data	December 2015
Pathfinders, Milwaukee WI	Student's Inquiry – community health assessment	December 2015
Prenatal Care Coordination Regional Group- DHS	Communications Director	December 2015-present
ExFabula	Disability inclusion consultant	February 2016—present
American Cancer Society's More Birthday's Council	Health and Wellness Committee	February 2016-present
Cudahy Health Department	Healthy Growth and Development Taskforce	April 2016-present
State of Maryland	State Advisory Council on Arthritis and Related Disease Member	April 2016-present
Minnesota Academy of Physician Assistants	Member	May 2016-present
American Public Health Association	Governing Councilor of the Maternal and Child Health section	July 2016-present

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

This criterion is met.

Strengths

Service is an integral component of the program's mission. Students and faculty participate in a wide range of service activities both on and off campus that benefit communities. Service is an established part of the Medical College's expectations, promotional criteria, and faculty priorities.

Weaknesses

Response rates from students are relatively low and likely do not sufficiently capture all of the service activities.

Plans

The program continues to explore alternative means of obtaining information regarding student service activities that more accurately reflects all of the excellent work being done.

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

3.3.a Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

In 2010, the Medical College of Wisconsin collaborated with the three other MPH Programs in Wisconsin (University of Wisconsin campuses in Madison, Milwaukee and La Crosse) and the Wisconsin Public Health Association in the formation of the Wisconsin Center for Public Health Education and Training (WiCPHET). Funding was provided by HRSA and the University of Wisconsin – Madison was designated as the lead agency and fiscal agent. During the 2012-13 academic year, this consortium conducted a comprehensive workforce training needs assessment with all of the local health departments in Wisconsin, based on the Council on Linkages Core Competencies for Public Health Professionals. The assessment report provided much guidance as the MPH Program was planning on expanding its elective offerings. The workforce assessment report and minutes of the initial organizational meeting of the collaboration indicating that MCW was a member of the steering committee are located in the resource file, 3.3.

In 2015, the MPH Program developed and instituted two surveys to determine the training needs in (1) population health management, due to the new skills needed in healthcare to align with the Affordable Care Act (ACA) and the formation of accountable care organizations, and (2) community health assessment and planning to better support local communities as they produce quality community health assessments (CHAs) and community health improvement plans (CHIPs). The population health management survey was distributed to key healthcare partners in the Milwaukee area and the community health assessment and planning survey was distributed to all local health departments and tribal health departments in Wisconsin. The survey results indicated training needs in both areas and the MPH Program developed and launched two new 12 credit certificate programs; a Certificate in Population Health Management and a Certificate in Community Assessment and Planning. Both surveys with results and flyers of the new certificates are located in the resource file, 3.3.

3.3.b A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified.

Table 3.3b Continuing Education Activity - July 1, 2013 – June 30, 2016

Date	Presenter	Topic	# Attendees
July 2014	David Nelson	Community Engagement and the Clinical Science Institute of Wisconsin ROADS Program, Medical College of Wisconsin, Milwaukee, WI	50
September 2014	David Nelson	Public Health and the Structure of Community. Undergraduate Urban Planning class, University of Wisconsin, Milwaukee	25
September 2014	Earnestine Willis	Moving Toward a Healthy Community: The CHIMC Project. Grand Rounds. Children's Hospital of Wisconsin	150
October 2014	David Nelson	Community Engagement and Health Disparities. Discussion with first year residents Waukesha Family Residency Program, Waukesha, WI	20
October 2014 December 2014	Kim Gearin	Perspectives on Primary Care and Public Health Collaboration, Public Health Practice-Based Research Networks Research in Progress webinar 10/16/2014 and Public Health Services & Systems Research – Research in Progress Webinar Series 12/3/2014	40 90
November 2014	Brooke Lerner	SALT Triage: Updates and Review; EMT & Paramedic Refresher Courses, Kenosha Fire Department, Kenosha, WI	60-100

Table 3.3b Continuing Education Activity - July 1, 2013 – June 30, 2016			
Date	**Presenter**	**Topic**	**# Attendees**
September 2015 April 2016	Kartikey Acharya	HIV/ AIDS Education Series - HIV Prevention and Treatment Teaching Sessions for Community Clinics – 16th Street Community Health Center & Outreach Community Health Center	20 30
January 2015	David Nelson	Building a Framework to Increase Physical Activity in Wisconsin Community. Noon seminar series Clinical and Translational Science Institute of Southeast Wisconsin, Milwaukee, WI	80
January 2015	David Nelson	Get Physical: The Implementation of the SPARK Curriculum. Presentation and discussion at the MPS Research Development Office Research Review Milwaukee, WI	20
February 2015	David Nelson	Building a Framework to Increase Physical Wisconsin Community – Implications for Physical Medicine. Physical and Rehabilitative Medicine Grand Rounds. Medical College of Wisconsin	30
April 2015	Sheri Johnson	Mindfulness Meditation for Medical Students, Medical College of Wisconsin Innovations in Medical Education Conference, Milwaukee, WI	20
May 2015	Earnestine Willis	Navigating the Complexities of Community-Based Participatory Research (CBPR). Preventive Medicine Grand Rounds. Rush University	100
October 2015	Janvier Gasana	Waterborne Diseases Water and Sustainability Seminar Series	50
February 2016	Kusuma Madamala	Commentary Speaker. Inter-Organizational Collaboration in Local Public Health Systems: Implications for Costs, Impacts and Management Capacity. Public Health Systems and	20-40

Table 3.3b Continuing Education Activity - July 1, 2013 – June 30, 2016			
Date	**Presenter**	**Topic**	**# Attendees**
		Services Research Webinar	
February 2016	Kaija Zusevics	Guns, Grief, and Grace in America: Everyone's Tool-Kit Project. Presentation for the Osher Lifelong Learning Institute, University of Wisconsin-Milwaukee's School of Continuing Education. Milwaukee, WI	30
June 2016	Tom May	Genomics & Ethics Symposium How Genomics Changes Our Traditional Distinctions Between Personal and Population Health	100
September 2016	Kartikey Acharya	Preconception Counseling for Serodifferent Couples in Times of PrEP. Presented at Midwest AIDS Training & Education Center – Wisconsin	50
September 2016	Kartikey Acharya	Hepatitis B co-infection in patients with HIV: Review of quality of care at a safety-net HIV clinic in Milwaukee, Wisconsin. Accepted at MCW (Medical College of Wisconsin) Research Day 2016	10
September 2016	James Sanders	Comparing a Novel Way of Caring for Chronic Disease against Fee for Service, Poster Presentation, Faculty Research Day, Medical College of WI	Poster presentation: 100 attended & 12 stopped for more information.
Ongoing (2010-present)	Sheri Johnson	Training program sponsored by Milwaukee Area Health Education Center and the Milwaukee Area Healthcare Alliance to prepare future healthcare employees for entry level and middle skill positions	10-12 per cohort.

Table 3.3b Continuing Education Activity - July 1, 2013 – June 30, 2016			
Date	**Presenter**	**Topic**	**# Attendees**
Date	**Presenter**	**Institute for Health and Society sponsored lectures**	**# Attendees**
September 2014	William Riley	Institute for Health and Society sponsored **Becker Lecture**, "The Science of Health Care Delivery" What is it and why now?"	75
October 2015	George Isham	Institute for Health and Society sponsored **Becker Lecture**, Key roles at: Health Partners, Institute of Medicine and National Quality Forum	75
March 2016	Caldwell Esselstyn	**Institute for Health and Society** sponsored lecture, Prevent and Reverse Heart Disease	228 2 sessions
Date	**Presenter**	**Global Health Week**	**# Attendees**
December 2014	James Sanders	**Office of Global Health** sponsored a diversity of local, regional, and international speakers from disciplines within and out of medicine who presented a wonderful mosaic of topics that spanned global equities and progress.	1,000 staff, faculty, health care professionals, and community members
November 2015	James Sanders	**Office of Global Health** sponsored conference explained the core competencies and integrative strategies we as a community of multidisciplinary providers need to enhance the care for the region's diverse refugee and recent immigrant populations.	1,200 trainees, staff, faculty, health care professionals, and community members

Table 3.3b Continuing Education Activity - July 1, 2013 – June 30, 2016			
Date	**Presenter**	**Topic**	**# Attendees**
Date	**Presenter**	**Public Health Week**	**# Attendees**
April 2016 Public Health Week	Community Organiza-tions, MPH Program	The MPH Program sponsored a **Public Health Fair** with MCW Wellness at Work Program, Children's Health Alliance, City of Milwaukee Health Dept. Men's Health Center, Greenspace, IMPACT, Milwaukee Muslim Women's Coalition, Institute for Health and Society (MPH, PhD and Bioethics), MCW Public Safety, MCW Student Health & Wellness, Novo Nordisk, Wauwatosa Health Dept. and Wisconsin Public Health Association.	100+
Date	**Presenter**	**Community Engagement Week**	**# Attendees**
April 2015	John Meurer David Nelson	Aligning Community Engagement, Research, Education, and Patient Care with Community: Making Connection between Campus and Community	170+
April 2016	David Nelson John Meurer Earnestine Willis Seth Foldy Terry Branden-burg	Community Engagement: Bridging the Gap Between Academics and the Community	600+
Date	**Presenter**	**Diversity Matters, Public Health Career & Internship Fair**	**# Attendees**
April 2016	MPH attended as	An opportunity to learn about attendees'	25

Table 3.3b Continuing Education Activity - July 1, 2013 – June 30, 2016			
Date	**Presenter**	**Topic**	**# Attendees**
	an exhibitor.	interests in public health.	
Date	**Presenter**	**Milwaukee Child Development Care System Data Exchange Conference**	**# Attendees**
October 2016	John Meurer	1. Aims, values, and future state of the Milwaukee child developmental care system 2. Parent engagement in the child developmental care system 3. Health care and education collaboration in the child developmental care system 4. Vision of a Milwaukee and Wisconsin child developmental care system data exchange 5. Advocacy for a child developmental care system data exchange	100
Date	**Presenter**	**Milwaukee Succeeds Child Developmental Care Conference**	**# Attendees**
April 2016	John Meurer	1. Explore strategies for coordinated developmental screening for children under age 6 in Milwaukee and Statewide 2. Understand the critical importance of parents in promoting their child's optimal development 3. Learn about value stream mapping to improve screening, referral and follow-up processes 4. Learn about work being done to create a centralized data hub to track the health and wellbeing of our children	80-90

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

The MPH Program offers a five course, 15 credit Public Health Certificate in an online distance-based format. The certificate consists of the five required core courses in the MPH degree. Students who complete the Public Health Certificate often continue with their public health training by applying to the MPH Program, (resource file, 3.3).

Enrollment data for the past three years is as follows:

Table 3.3.c. Certificate Enrollment Data from 2013 - 2016			
Year	**2013-14**	**2014-15**	**2015-16**
Number Enrolled	14	17	7

3.3.d Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

The MPH Program has a single concentration in public health with a strong emphasis on population health. The program monitors public health practice and population health trends within the public health system to identify, research, and develop public health education offerings to the public heath workforce and the broader health care workforce.

In the last three years, the program has identified needs and developed courses and certificates in response to the evolving practice of public health and changes in the health care environment. Some of the most recent examples are:

- **Affordable Care Act (ACA**). The changes in health care brought on by the ACA have required new skills and competencies to conduct a required community health assessment and develop a community health improvement plan every three years. The program has responded by developing a four course, 12 credit certificate program in **Community Health Assessment & Planning** which was launched in the fall of 2016.
- **Affordable Care Act (ACA) and Accountable Care Organizations (ACOs).** With the initiation of the ACA and the resulting formation of accountable care organizations, there continues to be a bridging of health care and population health consistent with the Triple Aim of health care. In meeting the need for advancing skills in population health within traditional healthcare settings, the program developed a four course, 12 credit certificate program in **Population Health Management**. The certificate was launched in the fall of 2016. A new course was developed (**18232 – Introduction to Population Health**

Management) and added to the curriculum, and a course in population-based financing is under development.

- **Public Health Accreditation Board (PHAB).** The standards developed by PHAB have presented new challenges for health departments seeking national accreditation. Specifically, these challenges are found in Domain 9 which requires that the department have a performance management plan and a quality improvement plan, and Domains 1 and 5 which require the department to provide a recent community health assessment (CHA) and a community health improvement plan (CHIP). In response the program developed two new courses; **18243-Performance Management & Quality Improvement** and **18265-Public Health Research** which provides enhanced skills in collecting data for a quality community health assessment. In addition, the **Community Health Assessment and Planning Certificate** also supports health departments in developing quality CHAs and CHIPs.
- **Foundational Public Health Services (FPHS) and Public Health 3.0**. The Public Health Leadership Forum has supported a new set of foundational public health services that should be present in every community, and the Department of Health and Human Services has released Public Health 3.0, which supports a major upgrade in public health practice. In reviewing these calls for new capacity and capabilities, the program is in the process of developing two new courses; **Health Promotion & Disease Prevention** which will support individuals working with the new foundational public health services and capabilities and a new course in **Public Health Leadership** which supports those individuals who will assume a role of Chief Health Strategist in their communities as articulated in Public Health 3.0.

The MPH Program continues to monitor trends in public health practice and provides the training and education to function well in contemporary public health practice.

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

As previously mentioned in 3.3a, the MPH Program has been collaborating with 3 other MPH Programs in Wisconsin to form a Public Health Training Center. A Workforce Training Workgroup was formed as part of the structure of the collaborative and focused on developing continuing education programs for the existing public health workforce,

new public health workers, preceptors and new local public health officers. The minutes of the initial organizing meeting of this collaborative are located in the resource file, 3.3.

The MPH Program has also collaborated with two on-campus activities to provide continuing education to the Milwaukee community. The first collaboration is Community Engagement Week, a week-long event at MCW with the aim of improving the health of communities of Wisconsin, and beyond, by advancing the art and science of community engagement. Faculty in the MPH Program were engaged in the planning committee and in presentations as part of the event. The printed programs for the 2015 and 2016 events are located in the resource file, 3.3, as well as the flyer for 2017.

A second on-campus event at MCW where MPH faculty collaborated in providing continuing education is Global Health Week. The aim of this event is to (1) increase visibility of faculty's global health activities in patient care, education, research, and community engagement; and (2) raise awareness of local and international partnerships that are addressing global health issues from neighborhoods to nations. Again, MPH faculty participated in this annual event. The printed programs for the 2013, 2014, and 2015 events are located in the resource file, 3.3.

3.3.f Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 3.3.1f. Service Goal 2.1, Objective 3- Education Needs Assessment				
Year	**Target**	**2013-14**	**2014-15**	**2015-16**
Objective 3. Continuing education needs of Wisconsin Public Health Practitioners will be assessed every three years	Assessments Conducted	Assessment conducted by WiCPHET	Survey conducted to assess need for certificates	Not applicable

Table 3.3.2f Education Goal 1.3, Objective 4 – Develop On-line Certificates				
Year	**Target**	**2013-14**	**2014-15**	**2015-16**
Objective 4. By fall 2016 develop and offer two new online certificates	2 new certificates	Not yet established	Not yet established	Approval of 2 new certificates

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

This criterion is met with commentary

Strengths

The program has conducted ongoing surveillance of the both evolving public health practice and identifying the needs of the public health workforce. The program has responded with educational opportunities to meet those identified needs.

Weaknesses

In review of our workforce development efforts, the program could do more in providing continuing education, especially using the advanced technology and expertise in providing webinars.

Plans

The program will continue to explore partners and avenues for providing online continuing education based on the needs of the public health workforce. One area currently under discussion is continuing education in the area of health equity.

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Criterion 4.0 Faculty, Staff and Students

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

4.1.a A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests.

The documentation for Tables 4.1.1 and 4.1.2 consists of faculty CVs and a table of faculty FTEs for AY 2014-2015, 2015-2016, and 2016-2017. This can be found in resource file 4.1.

Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area									
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH	Matthew Dellinger	Assistant Professor	Tenure Track, Traditional Path	.75	MS & PhD	University of Wisconsin Milwaukee	MS: Clinical Lab Sciences (Toxicology) PhD: Biological Sciences - Human and Ecological Risk Assessment	Environmental Health	Environmental Health, Toxicology, Risk Assessment, Epidemiology
MPH	Sheri Johnson	Associate Professor	Clinician Educator	.60	MA & PhD	Boston University	Clinical Psychology	Maternal & Child Health	Racial disparities in children; increasing community health staff competencies in mental health, oral health, pediatric primary care

Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area									
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH	E. Brooke Lerner	Professor	Tenured	.66	MS & PhD	State Univ. of New York, Buffalo, NY	MS: Epidemi-ology & Community Health PhD	Advanced Epidemiology Epidemiology	Emergency medical services, trauma triage guidelines
MPH	John Meurer	Professor	Clinician Educator - Tenured	.83	MD MBA	UW Madison Northwestern Univ. Illinois	Medicine Health Systems	Public Health Policy & Population Health Management	Diabetes, population health management, public health policy
MPH	David Nelson	Associate Professor	Clinician Educator	.95	MA MS PhD	Univ. of Northern Colorado Medical College of Wisconsin Univ. of Tennessee	Agency Counseling Epidemiology Adult Education	Public Health Administra-tion & Behavioral Science and Public Health	Increasing physical activity, food access, social support, process of community engagement

Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area									
Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification*	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH	Earnestine Willis	Professor	Clinician Educator - Tenured	.50	MD MPH	Harvard Medical School Harvard School of Public Health	Pediatrics Maternal & Child Health	Maternal & Child Health	Children's Health

4.1.b Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program.

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
MPH	Kartikey Acharya	Assistant Professor	Assistant Professor Dept. of Medicine, MCW	.25	MBBS MPH	Medicine International Health	Infectious Disease
MPH	Lisa Bradford	Assistant Adjunct Professor	Assistant Adjunct Professor, University of Wisconsin-Milwaukee, WI	.10	MA PhD MA	Communication Communication Bioethics	Ethical Issues in Public Health
MPH	Seth Foldy	Professor	Professor Family & Community Medicine, MCW	.47	MD MPH	Medicine Generalist	Health Promotion & Disease Prevention
MPH	Raphael Fraser	Assistant Professor	Assistant Professor Institute for Health & Society, MCW	0.0	MS MS	Biostatistics Statistics	Biostatistics

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)							
Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
					PhD	Statistics	
MPH	Janvier Gasana	Associate Adjunct Professor	Professor. Florida International University	.12	MD MPH PhD	Medicine Public Health Public Health	Environmental Health
MPH	Eric Gass	Assistant Adjunct Professor	Executive Director, Ascension - Agape Community Center	.17	MS PhD	Child Development & Family Studies Urban Studies	Public Health Research
MPH	Kimberly Gearin	Assistant Adjunct Professor	Senior Research Scientist. Minnesota Department of Health	.35	MS PhD	Community Health Education Health Education	Community Health Program Planning
MPH	Jay Gold	Assistant Adjunct Professor	Senior Vice President and Chief Medical Officer, MetaStar	.12	JD MPH MD	Law Health Services Administration Medicine	Public Health Law

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)							
Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
MPH	Soyoung Kim	Assistant Professor	Assistant Professor Institute for Health and Society, MCW	.10	MS PhD	Statistics Biostatistics	Biostatistics
MPH	Nancy Kreuser	Assistant Adjunct Professor	Retired Health Officer	.17	BSN MSN PhD	Nursing Community Health Nursing Nursing	Community Health Assessment
MPH	N. Timothy Lynch	Associate Clinical Professor	Associate Clinical Professor Dept. of Neurosurgery MCW	.12	PhD	Educational Psychology	Behavioral Science & Public Health
MPH	Kusuma Madamala	Assistant Adjunct Professor	Independent Public Health Systems Consultant	0.0	MPH PhD	Public Health Administration Health Policy & Administration	Performance Management & Quality Improvement
MPH	David McClure	Assistant Adjunct Professor	Project Scientist/Epidemiologist, Marshfield Clinic Research Foundation	.05	MS PhD	Materials Science Analytical Health Sciences	Epidemiology
MPH	Jennifer Peterson	Assistant Adjunct	Assistant Professor, Mount Mary University	.11	MA	Mass Communication	Health Communication

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)							
Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
		Professor			PhD	& Technology Health Communication	
MPH	James Sanders	Associate Professor	Assistant Professor, Family & Community Medicine, MCW	.27	MD MPH	Medicine International Health	Global Health
MPH	Janaki Shah	Assistant Professor	Assistant Professor, Dept. of Medicine, MCW	.10	DO MS	Osteopathy Clinical & Translational Research	Infectious Disease
MPH	Alan Wells	Assistant Adjunct Professor	Assistant Professor, Florida International University	.05	MPH PhD	International & Family Health Community Health Sciences	Environmental Health
MPH	Julie Williams Van Dijk	Assistant Adjunct Professor	Associate Scientist, UW Madison, Population Health Institute	.12	MSN PhD	Nursing Nursing	Community Health Program Evaluation
MPH	Kaija Zusevics	Assistant Adjunct Professor	Associate Researcher, Center for Urban Population Health	.47	MS PhD	Community Health Education Community Based	Epidemiology Racial & Ethnic Inequalities in Health

Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)							
Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
						Participatory Research; Education	

4.1.c Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

As displayed in Tables 4.1.1., and 4.1.2, the MPH Program has a well-prepared, multidisciplinary faculty that supports the program's mission, goals and objectives. The program employs full-time MCW faculty, part-time MCW faculty, part-time faculty from other academic institutions and organizations, and part-time faculty who are employed as public health practitioners outside of academia. In addition to the core and part-time teaching faculty, there are MCW faculty from various departments who are available to serve as advisors for Field Placement and the Capstone Project. All faculty have terminal degrees. Twelve out of the 25 faculty who currently develop and teach courses have advanced degrees in a public health discipline.

In addition to a multidisciplinary faculty complement, a number of MPH faculty have public health experience outside of the academic setting. The following are examples of faculty (name and positions held) with extensive public health practice experience:

Sheri Johnson, PhD, MA	• State Health Officer, Wisconsin Department of Health Services
Kimberly Gearin, PhD, MS	• Senior Research Scientist, Minnesota Department of Health • Epidemiologist, Polk County Health Department, Wisconsin
Seth Foldy, MD, MPH	• Health Commissioner, Milwaukee City Health Department • State Health Officer, Wisconsin Department of Health Services • Director, CDC Public Health Informatics & Technology Program Office
Nancy Kreuser, PhD, MSN	• Health Officer, Wauwatosa City Health Department, Wisconsin
Julie Willems Van Dijk, PhD, MSN	• Health Officer, Marathon County Health Department, Wisconsin

	• Co-Director, County Health Rankings & Roadmaps
Eric Gass, PhD, MS	• Public Health Research & Policy, Milwaukee City Health Department

4.1.d Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

The outcome measures identified for this criterion focuses on (1) the quality of instruction, (2) the quality and academic preparation of our faculty, and the public health experience that faculty brings to the program.

Table 4.1.d. Outcome Measures Used to Monitor Faculty Qualifications

Outcome Measures	Target	2013-14	2014-15	2015-16
Objective 4 100% of courses will achieve a mean rating of 2.5 or better (1=best score, 5= worst score) for overall quality at the end of each semester offered.	100% with 2.5 or better	100%	100%	100%
Objective 10 100% of the faculty will have a terminal degree.	100%	100%	100%	100%
Objective 11 At least 80% of the faculty complement will have public health experience.	80%	75% (15/19)	86% (18/21)	84% (21/25)

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

This criterion is met

Strengths

The MPH Program has assembled a very impressive faculty team to teach in the MPH Program, conduct basic and applied population health research, and provide service activities.

Weaknesses

None

Plans

We will continue to seek out highly qualified faculty to teach in the MPH Program.

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.

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

The *Information for Faculty Handbook* is the primary governance document for MCW faculty. In addition, MPH faculty are members of the Graduate School of Biomedical Sciences faculty. Responsibilities of the Graduate Faculty are described in the *Graduate School Handbook*. The program adheres to the College's policies and procedures for recruiting, appointing and promoting faculty.

Copies of the *Information for Faculty Handbook* and the *Graduate School Handbook* are located in the resource file, 4.2.

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

The Medical College of Wisconsin has traditionally had and continues to maintain a strong focus on the development and vitality of its faculty. Faculty development is encouraged and supported in a number of ways for all faculty (full-time, part-time and volunteer).

Office of Educational Improvement

The Office of Educational Improvement provides a comprehensive program of educator development and assessment to assist MCW in establishing an institution-wide culture of learning and improving teaching effectiveness through integration and innovation. The office provides resources in curriculum, instructional design, and educational technology. These resources are available to full-time, part-time and volunteer faculty.

Office of Media Services

The Office of Media Services provides software and technical assistance for narrated slide presentations. The Office also has a production studio for the development of high quality video presentations. These resources and technical assistance are available to all faculty and staff.

Faculty Career Development Committee

The Faculty Career Development Committee is responsible for actively supporting the continued growth and development of faculty members. The committee will assess faculty development needs, make recommendations, assist in their implementation and measure their effectiveness. Faculty development includes activities that enable: academic advancement, development of educational curriculum, programs, improved techniques and skills, research productivity, institutional leadership at all levels of medical education and community-based health initiatives.

Women's Faculty Council

The Women's Faculty Council (WFC) was created by the Medical College Dean in the late 1980's to serve as an advisory committee on issues of particular relevance to the professional development of women faculty members. This initial charge has expanded to include issues of importance to the professional development of all faculty members. The council consists of twelve women faculty members from both clinical and basic science departments, who have full-time or full professional effort appointments and represent both patient care and research interests.

Society of Teaching Scholars

The MCW Society of Teaching Scholars was established in 1990 to affirm the commitment of the College to its educational mission. Faculty who are elected to the Society have a record of teaching innovation and excellence. A maximum of three full-time faculty members may be elected to the Society each year. The Society offers the expertise of its members to enhance the teaching and education at MCW.

MCW Leadership Academy

The Leadership Academy is a collaborative program between MCW and the University of Wisconsin-Milwaukee Sheldon B. Lubar School of Business aimed at preparing faculty and staff leaders to address the challenges inherent in the ever-changing environment of academic medicine. The program is designed to bring current, relevant business and leadership skills to leaders in an abbreviated but intense and interactive manner. Annually, approximately 30 faculty and staff from diverse backgrounds participate in the Leadership Academy.

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

There are three separate processes to evaluate faculty competence and performance.

The first evaluation process is a talent development initiative called EMERGE that applies to both faculty and staff. EMERGE is a comprehensive approach to engaging employees in dialogue by articulating clear expectations, setting goals and measuring the achievement of those goals. EMERGE centers on goal-setting, career discussions between employees and leaders, and providing coaching and mentorship to assist with focused professional development. Each faculty and staff member can expect a minimum of:

- one personal goal aligning with department and institutional goals
- one discussion with your leader regarding mutual expectations and future goals
- utilizing one system to record and track progress

The Results Review allows for employees and leaders to discuss achievements over the most recent fiscal year. It is intended to facilitate thoughtful dialogue among leaders and team members around performance and achievements and provide focused professional development. The Results Review has an area in which leaders can discuss with individuals career goals and expectations that align with career results and achievements. Leaders are encouraged to engage in ongoing dialogue with employees throughout the year should modifications or enhancements to goals and expectations be needed to guide employees toward goals achievement and professional development.

The second evaluation process is conducted through the Office of Educational Improvement. Graduate students are required to complete a faculty teaching evaluation at the conclusion of each course, based on a three-question template: 1) The presenter was clear and organized in presenting the material; 2) The speaker pointed out major concepts; and 3) Readings/handouts supported the objectives for this session. A textbox is provided for additional comments.

Because Graduate School faculty often teach in multiple courses, these faculty receive a single evaluation report comprising the average student evaluation scores for each course in which they have taught during the evaluation period.

The evaluations are compiled and disseminated after each semester as follows:

- A copy of the report is sent by the Office of Educational Improvement to the individual faculty and his/her department chair.
- Each course director receives a report comprising the average scores for each faculty member who has taught in that course during the academic period.
- Each department chair receives a report comprising the average evaluation scores for each faculty in his/her department who taught in any course during the academic period.

The third evaluation process is linked to the course evaluation process as described in Section 4.2d of this criterion. As part of the course evaluation survey, students rate the teaching effectiveness of the instructor.

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

The Graduate School has a two phase process for students to evaluate courses and instructional effectiveness:

1. At the end of each semester, all students are required to complete a standard course evaluation survey for each enrolled course. Students access the surveys through the D2L learning management system.
2. Every three years, course directors must conduct a comprehensive evaluation of their courses. The evaluation, called the triennial review, is conducted using a standard template. Course directors review the course syllabus, grading, and course evaluations since the last evaluation; conduct a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis; and provide a report to the Evaluation Committee.

All of the courses, instructor effectiveness, and triennial evaluations are reviewed by the Course Evaluation Committee of the Graduate Studies Council with reports sent to the Dean of the Graduate School, individual faculty members, and program directors and department chairs.

The complete course evaluation process, a sample of the communication to students about accessing and completing the course evaluation, and a sample of the triennial review template for 18230-Community Health Program Planning are located in the resource file, 4.2.

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

This criterion is met.

Strengths

The College has provided guidance to faculty as to the rules and regulations through the publication of faculty and Graduate School handbooks. The College supports its faculty in teaching assistance and career development. The College, Graduate School and MPH Program have developed standardized methods to comprehensively assess the performance and competency of faculty and evaluate all courses on instructional effectiveness.

Weaknesses

None

Plans

None

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

4.3.a Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The MPH Program is committed to recruiting a qualified student body and adheres to the Medical College's Non-Discrimination Policy in its recruitment and admissions activities. Qualified students are admitted regardless of age, race, creed, religion, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or the State of Wisconsin. With the expansion of the program to the broader public health workforce in 2007, the program's student population has become more diverse. The program remains geared toward working professionals with an interest in advancing their careers in public health, but it may also be appropriate for recent undergraduates with an interest in obtaining additional knowledge and skills to pursue a career in the field of public health. The program aims to recruit individuals who are academically well prepared and committed to improving the health of individuals and communities. Although the program is online and attracts students from across the country, there is a focus on Wisconsin and enhancing the public health workforce throughout the state. The following recruitment efforts have been implemented.

Recruitment Activities

- Development of new exhibit displays and updated flyers.
- Participation in local and national conferences (e.g. American Public Health Association, Wisconsin Public Health Association, Wisconsin Public Health Nursing Association, Wisconsin Association of School Nurses, Wisconsin Association for Perinatal Care, National Association of Local Boards of Health, and Wellness Council of Wisconsin) (resource file, 4.3).
- Participation in *Diversity Matters* Public Health Career and Internship Fair.
- Distribution of flyers and informational letters to Wisconsin Health Departments, select colleges and universities, and alumni of select undergraduate programs in Wisconsin.

- Participation in Virtual Open Houses on a triannual basis.
- Direct outreach via email to health department personnel in states that do not offer an online MPH Program.
- Participation in National Public Health Week events.
- Distribution of program information via the campus-wide intranet. In April 2016, a segment by Dean Kerschner featured the MPH Program (resource file, 4.3).
- Distribution of flyers and other information to inquiries.
- Distribution of program information via e-blast sent by Wisconsin Nurses Association (resource file, 4.3).
- Distribution of flyers by the Office of Diversity and Inclusion, faculty, Advisory Committee members, and the Graduate School Recruitment Coordinator at professional meetings and conferences.
- Distribution of the MPH newsletter (*eMPHasis!*) to students, alumni, inquiries, applicants, faculty, and Advisory Committee members (resource file, 4.2).
- Participation in Graduate School Open Houses.
- Participation in informational sessions with prospective students at Mount Mary University.
- Participation in Gradschoolmatch.com.
- Submission of information for online communication with the Wisconsin Nurses Association and print publications with *Milwaukee Magazine.*
- Reorganization and refinement of MPH website in 2014. Ongoing enhancements and updates are made to ensure current and comprehensive information is provided.
- Inclusion of program information in web-based directories of graduate school programs (e.g. Peterson's and the Graduate Guide).

In spring 2016, the MCW Graduate School initiated a monthly meeting of faculty and staff associated with recruitment and admissions for the MCW Master and Certificate programs as a way to gain a working knowledge of each program's unique qualities and benefits, share challenges, best practices and trends, provide current data on inquiries with historical context, and assess current efforts and brainstorm new initiatives. As a result, programs have been able to share information, pool resources to advertise the educational offerings, and support each other in efforts to recruit, enroll and retain quality students. Efforts are underway to implement a retargeting campaign.

4.3.b Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The program's admissions policies and procedures are established by the Graduate School and can be found in the *Graduate School Handbook*, on the Graduate School and MPH Program websites at http://mcw.edu/gradschool and http://mcw.edu/mph, and on the MPH Program's promotional flyers in the resource file, 4.3.

Admissions Policies and Procedures
For admission into the program, applicants must meet the following minimum requirements and complete the following procedures:

- Undergraduate degree with a GPA of 3.0 or higher. Submission of official transcripts directly to the Graduate School.
- Submission of GRE scores. An average of 60% or greater on the scores of the verbal and quantitative components of the test, and a 3.5 or higher on the analytical writing component are desired. Applicants who have previously earned a terminal degree (PhD, MD or JD) may request of waiver of the GRE requirement. The Medical College Admission Test (MCAT), Graduate Management Admission Test (GMAT) or Law School Admission Test (LSAT) scores may be accepted in lieu of GRE scores at the discretion of the program that the applicant is pursuing.
- Submission of three letters of recommendation along with three "Admission Recommendation Forms."
- Submission of a personal statement.
- A Test of English as a Foreign Language (TOEFL) score is required for applicants who have not received their baccalaureate degree from a U.S.-based institution and do not use English as their primary language. A minimum acceptable score is 100 on the internet-based version of the test, including speaking.

Applications are accepted on a rolling basis throughout the year with the following deadlines for admission during a specific semester:

- April 1 for summer enrollment
- July 1 for fall enrollment
- November 1 for spring enrollment

Applications are completed online using the EASI system and all application fees, and materials including official transcripts, letters of recommendation and forms, GRE scores, and TOEFL scores are submitted directly to the Graduate School.

The program receives electronic notification from the Graduate School of a completed application. The Admissions Committee reviews the application materials and submits a recommendation to the Graduate School. The Program Director may choose to meet (or contact via phone if a meeting is not feasible) with a prospective student prior to making a decision. If there are any concerns with the program's recommendation, the Director of Enrollment will discuss these with the Program Director. The final decision is rendered by the Dean of the Graduate School who notifies the student in writing of the decision. The program receives a copy of this letter. Successful applicants are asked to respond to the Graduate School regarding their intention to enroll. The letter also encourages the student to contact the Program Director to discuss course selections.

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

Examples of recruitment materials include:

- Promotional flyers (resource file, 4.3)
- MPH website: http://www.mcw.edu/mphprogram.htm
- Graduate School Website: http://www.mcw.edu/Graduate-School.htm
- Advertising in online publications and print ads

The *Graduate School Handbook* provides comprehensive information on topics such as admission requirements, application and registration procedures, tuition and fees, grading, and all other policies and procedures students need to be familiar with. This handbook is available on the Graduate School's website, http://www.mcw.edu/Graduate-School.htm, and the academic calendar can be found there as well (resource file, 4.3). The *MPH Student Handbook* provides program specific information such as the program's mission, goals, values, competencies, course descriptions, advising process, faculty, and program resources. The Graduate School and MPH Program websites are the primary sources of information for prospective students.

4.3.d Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format.

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2015 to 2017

		2014-15	2015-16	2016-17
Public Health Practice	Applied	30	17	9
	Accepted	21	12	*3
	Enrolled	21	11	3

*Five additional applications are pending

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

Table 4.3.2 Student Enrollment Data from 2015 to 2017

	Year 1 (2014-15)		Year 2 (2015-16)		Year 3 (2016-17)	
	HC	FTE	HC	FTE	HC	FTE
MPH – Public Health Practice	68	57.7	62	34.9	45	43.5

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

Table 4.3.3 Outcome Measures for Success in Enrolling a Qualified Study Body

Outcome Measure	Target	2013-14	2014-15	2015-16
Average GPA of applicants accepting admission offer	3.2	3.3	3.2	3.5
Proportion of accepted applicants who enroll	70%	77%	100%	92%

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

This criterion is met.

Strengths

The program has implemented a variety of recruitment strategies and is collaborating with the MCW Graduate School to build upon existing efforts to recruit a qualified student body and improve its visibility locally and nationally. Efforts to recruit students from Wisconsin have been successful. The application process is clear as is the method for selecting students and notifying them of their status. The Program Director and staff are very accessible and willing to meet with prospective students via phone or in person.

Weaknesses

Enrollment numbers have declined, which may be due, in part, to the increase in tuition effective July 1, 2014.

Plans

The program will continue to collaborate and strategize with the Graduate School Recruitment Coordinator and explore new avenues for recruiting students. The program will continue to follow up with inquiries and track the ways in which prospective students hear about the program.

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

4.4.a Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Upon acceptance into the program, students receive a notification letter from the Dean of the Graduate School. The letter encourages students to contact the Program Director to discuss course selection and steps toward degree completion. The program has a new student orientation page on the MPH website that outlines many of the academic and degree requirements and can be located at http://www.mcw.edu/mphprogram/CurrentStudents/VirtualNewStudentOrientation.htm. This information is also found within the *MPH Student Handbook*.

The Program Director serves as the student's academic advisor. Students must obtain approval from the Program Director prior to enrolling in a course. During the first semester in the program, students are required to complete their plan of study. This is reviewed by the Program Director and used to monitor student course selections during the registration period. The months of October and March, which are prior to registration, are formal academic advising periods where students can make appointments with the Program Director to review the student's plan of study, course selections, or any other issues on completing the program degree requirements. Academic advising can always be provided at any time during a student's matriculation in the program and program staff are also available to provide ongoing guidance regarding coursework.

When a student is preparing to enroll in the Field Placement, he/she is assigned a faculty advisor. The student may request to work with a particular faculty member or ask the Program Coordinator to identify a faculty advisor who would be an appropriate match. Ideally, the same faculty member will also advise the student during the Capstone Project.

The *MPH Student Handbook* and the MPH Program Student Plan of Study template are located in the resource file, 4.4.

4.4.b Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

Most of the students in the MPH Program are early to mid-career individuals who are currently employed and are seeking the MPH to grow in their organization or seek another position in their field. Many students do not need or seek out career counseling services. For those few students who are looking for a position, particularly in a new field, those conversations and mentoring takes place with the Program Director often during academic advising. A student's career aspirations are often discussed during advising on elective courses and attempts are made to be strategic on where a field practicum might take place. Faculty and staff continue to monitor open positions in various public health settings and communicate them to both current students and alumni and support applications with letters of reference.

A part-time career counselor is available to graduate students and post-doctoral fellows for students wishing to obtain information and assistance in seeking new positions. Services provided include career counseling through one-on-one meetings, the presentation of career seminars, development of a career network, and the administration of standardized career counseling and personal assessment tools. The career counselor meets individually and in small groups with both graduate students and postdoctoral fellows to help plan their careers. Included in this process is creating a job search strategy, reviewing CVs, assisting with cover letters, preparing for interviews, discussing salary information, referral to useful job contacts, and helping with networking.

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

The MPH Program has developed and piloted a revised Exit Survey for graduating students to obtain information about their experience with the program, and also developed and piloted a Quality Enhancement Survey for current students to obtain feedback and remedy any issues or revise aspects of the program. The Quality Enhancement Survey will be administered near the end of each academic year starting in 2017. In both surveys, there are questions about the adequacy of both academic and career advising. The revised Exit Survey and the 2016 pilot results and the new Quality Enhancement Survey and 2016 piloted results are available for review in section 4.4 of the resource file.

4.4.d Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

There are formal and informal procedures in place for students to communicate their grievances and complaints. These procedures are found within the *Graduate School Handbook*. In addition, faculty, program staff and the Program Director encourage students to communicate any concerns they may have. Each syllabus includes contact information for the instructor and program staff who typically respond to the day to day feedback and concerns, which are handled expeditiously. Issues that are more serious are brought to the attention of the Program Director.

The *Graduate School Handbook* is located in the resource file, 4.4 and the grievance procedure can be found on pages 47-48.

Table 4.4d. Aggregate Number of Student Complaints/Grievances – 2013-2016

Year	2013-14	2014-15	2015-16
Student Complaints/Grievances	0	0	0

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

This criterion is met with commentary.

Strengths

The program supports students throughout their time in the program and as alumni by being available to advise, counsel and mentor students. The program also has formal policies and procedures for obtaining and resolving grievances advanced by a student.

Weaknesses

The program has not developed comprehensive systems to obtain feedback from students regarding advising.

Plans

The MPH Program will implement the new student Exit Survey with the spring 2017 graduates and the new Quality Enhancement Survey will be administered at the end of the spring semester in 2017.

Electronic Resource File Index

1.1 Mission
- MPH Student Handbook

1.2 Evaluation
- Exit Survey Pilot and Results
- MPH Course Evaluation Results
- MPH Mid-Semester Survey
- Needs Assessments for Certificates
- Plan of Study
- Quality Enhancement Survey and Results
- Request for Feedback on Self Study

1.3 Institutional Environment
- Faculty Handbook
- Staff Employee Handbook-FINAL_2009

1.4 Organization and Administration-N/A

1.5 Governance
- Advisory Committee minutes_2016-2-19
- Advisory Committee minutes_2016-9-23
- Faculty Committee minutes_2016-9-8
- Faculty Committee minutes_2017-2-1
- Faculty Committee minutes_2016-2-3
- Faculty Handbook
- Graduate School Handbook_2016
- GSA Description and Constitution
- MPH Student Handbook_2016-2017
- Staff Employee Handbook-FINAL_2009

1.6 Fiscal Resources
- Quasi Funds Memo Manager
- Tuition Profitability Models

1.7 Faculty and Other Resources
- Faculty FTE Worksheet
- Faculty FTEs Data for Tables 1.7, 4.1.1, 4.1.2

1.8 Diversity
- Diversity Matters Summary Report
- Staff Employee Handbook-FINAL_2009
- Diversity Matters Flyer
- Diversity Matters Partnership Booklet

2.1 Degree Offerings
- Graduate School Handbook_2016
- MPH Student Handbook_2016-2017

2.2 Program Length-N/A

2.3 Public Health Core Knowledge
- Syllabi

2.4 Practical Skills
- Administrative Forms
- Evaluation Forms
- Handbooks
- Student Deliverables
- Waiver Applications

2.5 Culminating Experience
- Evaluation Forms
- Sample Papers
- Sample PPT Presentations
- Sample Proposals
- Capstone Handbook_2016
- Early Request Form_2015
- Capstone Project Timeline 2016-2017

2.6 Required Competencies
- Competency Mapping_All Courses
- Graduate School Competency Matrix

2.7 Assess Procedures
- Alumni Survey
- Employer Survey
- Alumni and Employer Surveys Summary of Results
- CSA Results by Competency
- Graduate Student Annual Assessment
- Graduating Student Competency Self-Assessment
- Student Information Post Graduation
- Student Withdrawal Analysis

2.8 Bachelor's Degrees N/A

2.9 Academic Degrees–N/A

2.10 Doctoral Degrees N/A

2.11 Joint Degrees
- Dual Degree Program, Years 4 and 5

2.12 Distance Education
- Graduate School Handbook_2016
- MPH Student Handbook_2016-2017

3.1 Research-Publications-Presentations
- Faculty Presentations
- Faculty Publications
- Office of Research Resources

3.2 Service
- eMPHasis Newsletters
- Funded Service
- Service

3.3 Workforce

- Community Health Assess & Plan Certificate Needs Assessment
- Community Engagement Week 2015
- Community Engagement Week 2016
- Community Engagement Week 2017
- Community Health Assessment Certificate
- Global Health Week 2013
- Global Health Week 2014
- Global Health Week 2015
- Population Health Management Certificate Needs Assessment
- Population Health Management Certificate
- Public Health Certificate
- WiCPHET Steering Committee_2011-8-17
- Wisconsin Local Public Health Department & Tribal Health Center Training Needs Assessment-State Report

4.1 Faculty Qualifications

- Faculty CVs
- Faculty FTEs Data for Tables 1.7, 4.1.1, 4.1.2

4.2 Faculty Policies and Procedures

- Course Evaluation Policy-rev_2016-3-15
- Faculty Handbook
- Graduate School Handbook_2016
- Sample Email to Students on Course Evaluations
- Triennial Report Template-18230 Community Health Program Planning
- eMPHsis Newsletter

4.3 Student Recruitment and Admissions

- Academic Calendars
- Program Flyers
- Dean Kerschner's Recognition of National Public Health Week & MPH Program
- E-blast_WI Nurses Association
- Program Outreach to Recruit New Students

4.4 Advising and Career Counseling
- Graduate School Handbook_2016
- MPH Pilot Exit Survey_2016
- MPH Program Exit Survey Pilot 2016_results
- MPH Quality Enhancement Survey_2016
- MPH Student Handbook_2016-2017
- Plan of Study MPH 2017

MCW Fact Sheets
- MCW Facts_2015
- MCW Facts_2016

Public Comment Notices
- Accreditation Notice on Infoscope_2017-1-12
- Email to Advisory Committee
- Email to Alumni
- Email to Faculty
- Email to Students
- Infoscope Announcement
- MPH Website Notice_2017-1-16