Self-Study Report
Master of Public Health Program
University of Virginia

Submitted to:
Council on Education for Public Health
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List of Abbreviations

AAUP: American Association of University Professors

APTR: Association for Prevention Teaching and Research

CCSB: Charlottesville Community Service Board

CEPC: Committee on Educational Policy and the Curriculum

DPHPP: Division of Public Health Policy and Practice

DPHS: Department of Public Health Sciences

EOP: Equal Opportunity Programs

FMI: Faculty Mentoring Initiative

GSAS: Graduate School of Arts and Sciences

HBCU: Historical Black College and University

HRSA: Health Resources and Services Administration

ICAPP: Individual Competency and Professional Plan

IRB-HSR: Institutional Review Board for Health Sciences Research

IRB-SBS: Institutional Review Board for Social and Behavioral Sciences

LAM: Leadership in Academic Matters

MAPP: Mobilizing for Action through Planning and Partnerships

NACCHO: National Association of County and City Health Officials

OMHPHP: Office of Minority Health and Public Health Policy

PHTC: Public Health Training Center

SCHEV: State Council of Higher Education for Virginia

SOM: School of Medicine

SVHA: Southwest Virginia Health Authority

TJHD: Thomas Jefferson Health District

TRC: Teaching Resource Center

UREG: Office of the University Registrar

UVa: University of Virginia

VAPHA: Virginia Public Health Association

VDH: Virginia Department of Health

VPFD: Vice Provost for Faculty Development

1.0 The Public Health Program

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

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

The mission of the University of Virginia (UVa) Master of Public Health (MPH) Program is to provide an interdisciplinary academic environment where students develop comprehensive public health knowledge, skills, and professional values; where students identify and pursue individualized educational and professional goals in research and practice; and where faculty and students collaborate with community partners on public health research and serve the community through public health interventions.

The MPH Program mission is consistent with the missions of the institution (see Appendix 1A).

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

The MPH Program strives to fulfill its mission by achieving excellence in instruction, research, and service; by facilitating high quality, collaborative, active learning by students; and by expanding knowledge through scholarship and discovery. The specific goals supporting the mission are shown in Table 1.1.b. They are presented by functional category as opposed to alphabetical order and thus are not listed alphabetically.

Table 1.1.b. Goals Pertaining to Each Function of the MPH Program

Function	Goal
Instruction	**Goal A.** To create an interdisciplinary academic setting where students explore a wide range of perspectives on public health and work with faculty members with diverse interests, expertise, and professional backgrounds.
	Goal B. To provide students with a rigorous public health education and ensure that they attain knowledge and competencies in the core disciplines of public health.
	Goal C. To foster the identification and realization of individual public health competencies related to each student's unique personal and professional goals.
	Goal G. To establish and maintain thorough systematic program evaluation and development.
Research	**Goal F**. To provide an academic environment that encourages and enables faculty, students and collaborating public health organizations to conduct research at the forefront of the dynamic fields of public health science and practice.
Service	**Goal D**. To offer a variety of public health opportunities to students through coursework in their specialty tracks, field placements, and culminating experiences that will prepare them for roles in the public health workforce.
	Goal E. To work continually to improve the health of populations by providing service and consultation to public health agencies and organizations at the local, state, national, and international levels.

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

The Program's mission-guided goals and objectives are summarized below in Table 1.1.c.

Table 1.1.c. Mission-guided Goals and Objectives

Goal	Measurable Objective
A. To create an interdisciplinary, academic setting where students explore a wide range of perspectives on public health and work with faculty members with diverse interests, expertise, and professional backgrounds.	**A-1.** Each academic year, the MPH Program will recruit and enroll a diverse student body of at least 20% underrepresented minorities and no more than 50% of students from any one professional / educational background.
	A-2. The MPH Program will provide a diverse faculty of at least 20% underrepresented minorities (50% of new hires/appointees) and of no more than 50% from any one professional background.
	A-3. Each academic year, 100% of MPH students will take courses with faculty from at least 5 academic disciplines or professions.
	A-4. During the course of the Program, 100% of MPH students will attend and report on at least two interdisciplinary public talks or presentations throughout the university community.
	A-5. Each academic year, at least 3 required courses will include at least 1 guest speaker with a primary UVa faculty appointment outside of the Department of Public Health Sciences (DPHS).
	A-6. Each semester, at least 5 MPH courses will include 1 or more guest speakers from the community public health workforce.
	A-7. Each academic year, graduating students will value the interdisciplinary faculty as evidenced by 1) at least 50% of MPH graduating students identifying the interdisciplinary nature of the UVa MPH Program as a strength, 2) 80% of students indicating they are being provided with a broad range of public health perspectives, and 3) 100% of students rating the interdisciplinary MPH Program faculty as good or excellent.
	A-8. The Program will provide students with the opportunity to explore a broad range of public health perspectives through field placements and community service sites.
B. To provide students with a rigorous public health education and ensure that they attain knowledge and competencies in the core disciplines of public health.	**B-1.** 100% of MPH students will demonstrate satisfactory knowledge of Epidemiology, Biostatistics, Health Promotion and Health Behavior, Health Policy and Management, and Environmental Health by earning a grade of B or better in each core course.
	B-2. 90% of MPH students will perceive personal achievement of the relevant public health competencies in the 5 core areas of Epidemiology, Biostatistics, Health Promotion and Health Behavior, Health Policy and Management, and Environmental Health and in communication and cultural knowledge in public health.
	B-3. Each of the public health core competencies will be addressed in at least 3 MPH courses.
	B-4. 100% of MPH students in the Health Policy, Law, & Ethics track will demonstrate the capacity to evaluate and analyze health data by receiving a grade of B or better in the Public Health program evaluation course or another qualitative or quantitative research course.
	B-5. The MPH Program will maintain a 5:1 student FTE/Total Faculty FTE ratio each year.

Goal	Measurable Objective
	B-6. 80% of MPH students will believe that the student FTE/Total Faculty FTE ratio maintained by the MPH Program achieves the goals of maximizing learning and providing individual attention.
	B-7. The MPH Program will maintain a faculty current in public health knowledge and skills by having at least 50% of faculty members participate in a professional conference or professional development program per year.
C. To foster the identification and realization of individual public health competencies related to each student's unique personal and professional goals.	**C-1.** 100% of MPH students will develop an ICAPP (formerly IEP).
	C-2. 100% of MPH students will assess their progress in acquiring public health competencies at least one time each academic year and will achieve 75% of stated personal competencies by graduation.
	C-3. 100% of graduating MPH students will describe a good or excellent relationship with faculty advisors.
	C-4. 100% of MPH students will hold at least two meetings per year with faculty advisors to discuss progress in achieving individual goals and strategies to address any identified barriers.
	C-5. 50% of graduating students will list one of the major strengths of the Program to be an individualized course of study.
	C-6. 80% of dual degree students will believe that dual programs have integrated coursework.
D. To offer a variety of public health opportunities to students through coursework in their specialty tracks, field placements, and culminating experiences that will prepare them for roles in the public health workforce.	**D-1.** The MPH Program will demonstrate that it prepares students for roles in the public health workforce by having tracks with no fewer than 30% of students in any one track (Research in Practice or Health Policy, Law, & Ethics) and 100% of students rate the overall quality of their track to be good or excellent.
	D-2. The MPH Program will provide 100% of students during their matriculation with the opportunity to meet at least 5 different community health professionals, allowing students to explore a wide range of public health field placements and culminating experiences.
	D-3. 100% of MPH students will complete field placements and culminating experiences that meet their expectations for career preparation, as shown with student ratings of good or excellent.
	D-4. 100% of field placement supervisors will rate student performances in field placements as very good.
	D-5. New MPH alumni will find professional positions in a wide variety (3 or more) of public health related fields.
	D-6. 100% of MPH alumni will report that the knowledge and skills gained in the MPH Program prepared them well for their professional roles in the two years following graduation.
	D-7. The Program will identify and address recommendations from the alumni survey about opportunities for students to develop new skills and knowledge for the workforce.
E. To work continually to	**E-1.** The MPH Program will provide opportunities for service and service learning with at least two service projects with community health groups each academic year.

Goal	Measurable Objective
improve the health of populations by providing service and consultation to public health agencies and organizations at the local, state, national and/or international level.	**E-2.** The MPH Program will address the needs of the public health workforce by providing at least two continuing education programs each year for members of the community and public health workforce in response to identified needs.
	E-3. 80% of MPH students will be aware of opportunities for collaboration between the MPH Program and community organizations through the MPH Program.
	E-4. 80% of MPH students will be aware of opportunities for service through the MPH Program.
	E-5. At least 50% of MPH students will provide community service in health-related organizations during their matriculation.
	E-6. More than 50% of MPH faculty members will provide continuing education and/or service to the public health community or to public health professional associations each year.
	E-7. The MPH Program will work in consultation with 2 community health organizations each year to address a community need.
F. To provide an academic environment that encourages and enables faculty, students and collaborating public health organizations to conduct research at the forefront of the dynamic fields of public health sciences and practice.	**F-1.** Faculty will have an active program of research as evidenced by: 1) greater than 50% of faculty having at least 1 peer-reviewed publication each year and 2) greater than 50% of faculty having research funding.
	F-2. The MPH Program will encourage the development of public health research by providing 5 programs or forums each semester where faculty and invited guests will describe their research.
	F-3. The MPH Program will offer an independent research course option with at least 10% of students enrolled each semester, so that students can work with faculty on research projects and receive academic credit.
	F-4. During their matriculation, more than 50% of MPH students will work with a faculty member on a research project.
	F-5. 80% of MPH students who are interested in international research will be aware of opportunities to learn about or work with UVa faculty on international research projects.
G. To establish and maintain thorough systematic program evaluation and development.	**G-1.** At least one time each year, an evaluation committee will meet to review evaluation data and provide recommendations that inform programmatic planning and change.
	G-2. At the end of each year, the MPH Program will develop an Annual Evaluation Report to distribute to MPH Program committees and stakeholders. This Report will include benchmarking of requirements, syllabi, or courses with at least 3 other MPH Programs.
	G-3. 100% of MPH faculty will participate in program evaluation each year by 1) completing a survey about courses, tracks, and the Program's overall achievement of its mission and goals, 2) reviewing data regarding student progress and success (e.g., student competency assessments, exit interviews, and grades), and 3) attending at least one faculty curriculum committee meeting or education retreat.

Goal	Measurable Objective
	G-4. 100% of MPH students will believe that the MPH Program provides ample opportunities for course and program evaluation and will participate in program evaluation by 1) completing course evaluations at the end of each semester, 2) evaluating the Program at mid-year (at the end of the fall semester) using ICAPP Part III, and 3) completing the ICAPP Part IV end-of-program questionnaire immediately prior to graduation.
	G-5. At least 5 community members or stakeholders per year will participate in the evaluation of the MPH Program by reviewing the Annual Evaluation Report and making recommendations for further development of the Program.
	G-6. The MPH Program will have the following committees, 100% of which will have a governance structure, goals, and meeting and reporting schedules: MPH Executive Committee, Community Advisory Committee, Faculty Curriculum Committee, Admissions Committee, and Program Evaluation Committee.

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

The development of a mission and goals for a potential public health program began at UVa in the years 1999-2001, when faculty from numerous schools and departments met as a university-wide working group to discuss projects in public health policy and ethics, as well as the possibility of developing more courses and a structured curriculum and program in public health. Following a 2001 visit by Patricia Evans, Executive Director of CEPH, the faculty public health working group recommended the establishment of an MPH Program. The School of Medicine (SOM) Dean, Arthur Garson, Jr., created a formal Public Health Strategic Planning Committee to develop a proposal to create an MPH degree program, a preliminary mission statement, and a set of program goals, which were then vetted with faculty from across the University.   The SOM Dean then charged faculty, led by Ruth Gaare Bernheim, in the Department of Health Evaluation Sciences (now called Public Health Sciences) to establish the Program and refine the mission, goals, and objectives as part of the first self-study.

The mission, goals and objectives developed through this process have been monitored and revised over the years by engaging and seeking input from MPH faculty, students, community health professionals, prospective employers and alumni in an iterative, collaborative process that continues as part of the on-going evaluation of the Program, following a systematic five-year schedule described in section 1.2 Evaluation and Planning. In addition, each year Community Advisory Committee members are asked to review the annual report, which includes the mission and goals of the Program, to make suggestions for changes and adjustments. In addition, an annual alumni questionnaire specifically asks for feedback on the Program's strengths and weaknesses, and the Evaluation Committee assesses whether these responses necessitate a revision of the mission, goals, or objectives.

During the Program's Self-Study over the last 18 months, the mission, goals, and objectives were evaluated. Throughout the self-study process, the MPH Director also shepherded an examination of all facets of the Program through regular department and Program committee meetings, where the Program mission, goals, and objectives were vetted with faculty, students, alumni and professionals in the field.

Since the Program's inception, its mission and goals have been and continue to be available to the public through print media such as Program brochures, recruitment materials (discussed in section 4.4.c., see Appendix 4H) and the Program website: http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph/mphprogramdescription-page (see Appendix 1B).

The MPH Program identifies and upholds key values in its quest to achieve the goals and objectives described in 1.1.b. and 1.1.c., all of which are consistent with the University's code of ethics: http://www.virginia.edu/statementofpurpose/uethics.html (see Appendix 1C).

Prior to the current self-study process the Program values were drawn from the Principles of the Code of Ethics and distributed annually at student orientation and reviewed in the Practice of Public Health course. At the beginning of the current self-study process (2009-2010) values were developed by the MPH Executive Committee. They were informed by the goals of the Program and articulate the Program's aspirations. These values were vetted with the Faculty Curriculum Committee, the department, and the Community Advisory Committee.

The values are operationalized by intentionally integrating them into the Program's day-to-day activities in instruction, research, and service. For example, Value 5 (Teamwork, Collaboration, and Cooperation) is operationalized in the new module on leading and facilitating effective teams introduced in the Practice of Public Health course this spring. In research, Value 2 (Health Equity through Community, Collaboration, and Advocacy) is operationalized by encouraging student involvement with research topics related to health equity and is illustrated by a current culminating experience project at Crescent Hall Nursing Home on the health needs of a vulnerable population.

Value 1: Excellence in Instruction, Research, and Service

Develop and realize a public health education program that offers instruction of the highest quality, emphasizing learning, research, and practical application of knowledge. Offer a program that directly benefits students, the University, and the local community, and promotes national and international public health.

Value 2: Health Equity through Community Collaboration and Advocacy

Promote the highest level of health for all people and the belief in health as a public good and fundamental right. Focus on community-centered collaborations targeting avoidable inequalities and disparities, especially for those who have experienced injustices. Generate and disseminate information to increase awareness and empower communities.

Value 3: Cultural Humility

Promote and celebrate diversity as a strength and an enrichment of the learning environment, and as a central tenet which informs community and professional engagement by students, faculty, and staff of the Program. Empower students and faculty with the necessary skill sets designed to explore the existence of differences. Appreciate the influence of bias, assumptions, and expectations in public health research and service.

Value 4: Professional Integrity and Stewardship

Emphasize the importance of integrity and stewardship exemplified by responsible resource management. Aid professionals in making decisions based on ethical and respectful promotion of public health. Promote the highest standards of accountability, transparency and respectful practices in the tradition of the institutional setting of UVa to foster an environment of trust and integrity. Information regarding the UVa honor system may be found here (discussed in section 1.4.d., see Appendix 1R): http://www.virginia.edu/uvatours/shorthistory/code.html http://www.virginia.edu/honor/

Value 5: Teamwork, Collaboration, and Cooperation

Encourage the tenets of collaborative work ethics found within the public health fields. Stress the value of mutual support, networking, and consensus building, and the importance of active, meaningful and sustained participatory approaches to enhance instruction, research, and service.

Value 6: Continuous Quality Improvement

Ensure that Program objectives are meaningful to the practice of public health and capable of being evaluated by qualitative or quantitative measurement to facilitate continuous Program analyses and improvement.

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

This criterion is met.

The Program has a clearly formulated and publicly stated mission with supporting goals and objectives. The Program is guided by a set of public health values and fosters ethical practices. The various Program committees work closely in conjunction with the MPH Program Director and faculty to monitor the mission, goals, objectives, and value statements through the Program's ongoing evaluation process, which includes the assessment of data and an Annual Evaluation Report. The MPH Program also has a 5 –Year Evaluation Cycle that provides for a systematic appraisal of the Program's mission, goals, objectives, and values on a regular basis, with input from relevant constituencies about opportunities to enhance the relevance and quality of the educational program. Through this coherent and well-integrated approach to instruction, research, and service, the MPH Program fosters public health values and ethical practice.

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

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

The Program has a dynamic process for monitoring and evaluating its overall effort and outcomes in the context of its mission, goals and objectives; for assessing the Program's effectiveness in serving its various constituencies; and for planning to achieve its mission and goals in the future. Evaluation takes place in two ways: through a continuous review each year and through a 5-Year Evaluation Cycle.

The continuous review involves the on-going collection of data and monitoring of the day-to-day program throughout the year. Evaluation data are then compiled in an Annual Evaluation Report, which is reviewed first by the Program Evaluation Committee, and then by the Faculty Curriculum Committee, and the Community Advisory Committee. Recommendations based on the evaluation data can be made by any of these committees, and the MPH Executive Committee, in consultation with the MPH Director, then makes the decision to develop an action plan, if needed, to implement a recommendation made by the committees or to address an unmet target for one of the objectives.

In addition, the MPH Program established a 5-Year Evaluation Cycle at the start of the Program, when Program faculty were charged with initiating a permanent process for Program Evaluation and Planning. The Evaluation Cycle provides a systematic approach to major program-level changes to seek periodic fundamental input and review of mission, goals, objectives, and competencies and to ensure that the Program's many features are coherent and integrated with a common vision, given the periodic changes that have been made through the continuous review process each year. The cycle works as follows:

Year 1: MPH primary faculty and others who teach core courses are asked to make recommendations for revisions to MPH policies and curriculum, including Core Discipline, Cross-Cutting, and Track-Specific Competencies, as well as to the mission, goals, and objectives of the Program.

Year 2: The Faculty Curriculum Committee evaluates the faculty input, invites faculty to meet with the committee to provide more input, seeks information about other MPH programs, and provides advisory comments about the faculty recommendations to the MPH Executive Committee.

Year 3: The MPH Executive Committee seeks wide input about the recommendations for revisions from the Community Advisory Committee, students, faculty who teach elective courses, field placement preceptors and others. On the basis of this input, the MPH Executive Committee makes recommendations about changes to Program policies, curriculum, and evaluation to the Department Chair, Division Directors, and the MPH Director, who review and approve the recommendations, which then become official policy. Major curricular changes, such as new dual degree programs, also may require the approval of the Dean of the Graduate School of Arts & Sciences (GSAS) before becoming official.

Years 4 and 5: Revisions are implemented and evaluated as part of the regular on-going Program evaluation, with data reviewed by the Program Evaluation Committee and included in the Annual Evaluation Report.

The three years of active Program assessment and major Program revision begin every 5 years, which are followed then by two years of annual data collection and reports. To prepare this Self-Study Report, the MPH Executive Committee initiated a new 5-Year Evaluation Cycle to invite input from Program constituencies about all aspects of the MPH Program.

As noted in section 1.1, each of the evaluation objectives is measurable, targeted and has specific data collection mechanisms. Appendix 1D (Evaluation Work Plan) sets forth a crosswalk between the Program

goals and objectives and the survey instrument questions, data sources, and collection periods from which data are collected.

Data are systematically collected from the following constituent groups:

Students

The MPH Program's mission features the Program's commitment to student attainment of individualized educational and professional goals. The Individual Competency and Professional Plan (ICAPP, which was formerly known as the Individualized Education Plan or IEP) is an instrument used throughout the Program by students and faculty to identify and assess student progress in achieving goals and to elicit input on student evaluation of Program performance (see Appendix 1E).

Part I of the ICAPP captures information about students' professional goals and plans. Part II is a competency self-assessment. These two sections provide the baseline from which each student then provides feedback on the Program through Part III, Individualized Program Assessment, and Part IV, End of Program Assessment.

At least twice a semester each student meets with the Program Director and/or their faculty advisor to complete and/or review the different parts of the form. Table 1.2.a. depicts the timetable for completion. The rationale for a progressive evaluation form is that it provides multiple points for intervention if needed. The semesters noted in the Table are the typical times the ICAPP is examined if students are enrolled for a two year course of study. As students may enter as solely MPH or dual degree candidates, the timing may vary; however all portions of the ICAPP are completed by all students.

Students also participate in program evaluation by completing the University course evaluations at the end of each semester.

Table 1.2.a: Individual Competency and Professional Plan Schedule (ICAPP)

Part	Beginning 1st Fall Semester	End Fall Semester(s)	End of Program
PART I: PERSONAL STATEMENT			
A: Student Information	X		
B: Educational & Professional Goals & Plans	X		
PART II: CORE COMPETENCY SELF-ASSESSMENT	X	X	X
PART III: INDIVIDUALIZED PROGRAM ASSESSMENT		X	
PART IV: END OF PROGRAM ASSESSMENT			X

Faculty

MPH faculty inform program and course evaluation through committee participation (MPH Executive, Admissions, Faculty Curriculum, Program Evaluation, and Community Advisory) and annual self-assessments with the Program Director. Annually the Program Director also reviews with faculty the alignment of course syllabi with Core Discipline and Cross-Cutting competencies. Department of Public Health Sciences (DPHS) faculty meet monthly during the academic year, where the MPH Program provides periodic reports on evaluation data and solicits feedback as needed. In addition, one extended DPHS meeting is devoted annually to the department's educational mission, including a consideration of the MPH Programs' mission, goals, and curriculum.

Community Partners

Partners external to the University inform program evaluation through their participation on the Community Advisory Committee, as well as through field placement assessments (see Practical Skills Section 2.4) and the provision and supervision of service opportunities for faculty and students. The MPH Program has ongoing partnerships with the Virginia Department of Health (VDH), Thomas Jefferson Health District (TJHD), the Rappahanock/Rapidan Health District, the Region Ten Community Services Board, Planned Parenthood, the University of Virginia Teen Health Center, the Jefferson Area Board on Aging, and Crescent Halls, a public housing community in the City of Charlottesville, among others.

Alumni

Each year, the Program distributes a newsletter to the alumni and requests participation in a survey (see Appendix 1F). In 2010, 50% of alumni responded to the annual survey. Two committees, the Program Evaluation Committee and the Faculty Curriculum Committee, review the results of the survey and address the alumni suggestions through course development, programs and service opportunities. Alumni feedback enriches the curriculum and keeps the Program abreast of the new and evolving needs of the public health workforce. In addition, the Program invites alumni to return to the Program to visit, to acquire new skills, or to help develop new opportunities for students.

> **1.2.b. Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.**

Evaluation data are provided to the Program Evaluation Committee, which reviews the data and makes recommendations about program changes to the MPH Executive Committee. For example, there had been limited success for a number of years (as shown in the annual Evaluation Reports, see Appendix 1G) in attracting racial and ethnic minorities who are underrepresented in the field of public health. As a result, the Program Evaluation Committee recommended to the MPH Executive Committee that special recruitment initiatives be created, and the MPH Executive Committee and MPH Program Director established and implemented an action plan to address the challenge of minority recruitment. MPH faculty member Dr. Jeanita Richardson developed an initiative, called Pathways, to identify highly qualified potential candidates during their junior and senior undergraduate years. The Pathways initiative was awarded a grant from the Association for Prevention Teaching and Research (APTR). In the first year, the Program hosted a one-day invitational session, which was then followed by structured mentorship for the candidates from the cohort admitted to the Program. During the second year, grant-funded outreach expanded to include a semester-long seminar at Virginia State University (a Historically Black College and University, or HBCU) from which one applicant was accepted into the Program. The increase in the number of students of racial and ethnic minorities as incoming members of the Fall 2010 class (from 3 in Fall 2008 to 6 in Fall 2010) demonstrates the effectiveness of active and targeted recruitment. It is anticipated that the value of the comprehensive Pathways mentorship model described in section 4.5.b.(see Appendix 4M) will be measurable in the next 2-3 years.

Another example of how evaluation has informed planning is the addition of courses for students matriculating in the Program who come directly from their undergraduate experience and who have little or no previous exposure to the field of public health. Data from the Evaluation Report revealed that students without previous graduate or professional experience would be well served by a course that provided an Introduction to Research Methods in Public Health before enrolling in epidemiology and another course that provided some experience working in a community health organization in a faculty-mentored service role.

Input from constituent groups is regularly used to enhance the quality of the Program. In 2008, in response to alumni and graduating student suggestions to enhance instruction in quantitative analysis skills, the

Program developed a one-credit SPSS course that started in the spring of 2009. In addition, alumni suggested strengthening the environmental health course, so Professor Ralph Allen received a summer stipend to develop a module in toxicology. In 2010, several other additions were made to the curriculum in response to alumni suggestions, including Geographic Analysis in Public Health and Grant Writing and Presentation Skills. In addition, finance, budget, human resources, and leadership modules were added to the existing elective course, Quality Management in Health Care. For all MPH students, management, leadership, team-building, and systems thinking lectures were added to the Practice in Public Health course. Due to suggestions from alumni for more law courses in 2009, a law course was added in food and drug policy in the spring of 2010. Alumni recommendations in 2008 and 2009 to include more courses in global health and global health methodologies led to a new Global Health Policy and Practice course and a new module in global health in the qualitative methods course in the spring 2010 semester.

Also, in 2010, in response to the alumni newsletter, an alumnus who is the director of the Office of Public Health Preparedness and Response in a large urban health department recommended the inclusion of more coursework on preparedness skills and offered to develop a new module on public health preparedness. She was invited to lead a class in Biopreparedness this spring.

Table 1.2.b below presents courses and other additions to the MPH Program over the last two academic years.

Table 1.2.b. Additions in Response to Needs Assessments

Intervention/Addition		Semester Initiated
Faculty/Staff		
Hiring of Field Placement and Culminating Experience Assistant Director		Fall 2009
Programs		
Pathways		Fall 2008
Courses		
PHS 7184	Global Public Health Policy and Practice	Spring 2010
PHS 5559	Introduction to Research Methods in Public Health	Fall 2010
PHS 7015	Qualitative Methods in Community and Global Health	Spring 2009
PHS 6620	Built Environment and Community Health	Spring 2010
PHS 7170	Introduction to SAS	Spring 2009
PHS 5630	Healthy Appalachia: a Community-Based Participatory Research Partnership	Spring 2010
PHS 7110	Health Survey Methods	Spring 2010
PHS 7175	Geographic Analysis in Public Health	Fall 2010
PHS 7210	Community Engagement for Research and Policy	Fall 2010
PHS 7251	Health of the Public: Policy, Management, and Leadership	Spring 2010
PHS 7420	Clinical Decision Support Systems	Spring 2009
PHS5182/3	Emerging Issues in Global Public Health	Fall 2009
PHS 5600	Quantitative Data Analysis in Public Health	Spring 2010
PHS 5621	Healthy Communities	Spring 2010
PHS 7410	Database Management: Analysis with Secondary Data	Fall 2009
PHSE 7650	Ethics and Law of Human Subjects Research	Fall 2010
PHS 7034	Food and Drug Law	Spring 2010
PHS 7830	Grant Writing and Presentation Skills	Spring 2011

The Program Evaluation Committee, in consultation with the MPH Executive Committee, developed and continuously revises the MPH Evaluation Plan to monitor the measurable objectives by which the Program can gauge its effectiveness in meeting its mission and goals for instruction, research and service. Table 1.2.c. summarizes measurable objectives developed throughout the process.

Table 1.2.c. Measurable Objectives

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
A-1. Each academic year, the MPH Program will recruit and enroll a diverse student body of 1) at least 20% underrepresented minorities, and	Consistently each year, 20% of students are underrepresented minorities.	1) Underrepresented minorities: 32.0%	1) Underrepresented minorities: 19.0%	1) Underrepresented minorities: 25.0%
2) no more than 50% of students from any one professional / educational background.	Consistently each year, no more than 50% of students are from any one professional or educational background.	2) Educational Background Science: 44.0% Humanities: 32.0% Social Science: 20.0% Professional Background (incl. in-training) MD: 28.0% Law: 8.0% MBA: 4.0% Nursing: 4.0% PhD: 0.0% Other: 0.0% N/A: 56.0%	2) Educational Background Science: 46.0% Humanities: 27.0% Social Science: 27.0% Professional Background (incl. in-training) MD: 46% Law: 4.0% MBA: 0.0% Nursing: 4.0% PhD: 0.0% Other: 0.0% N/A: 46.0%	2) Educational Background Science: 50.0% Humanities: 25.0% Social Science: 25.0% Professional Background (incl. in-training) MD: 33.3% Law: 8.3% MBA: 8.3% Nursing: PhD: 4.2% Other: 0.0% N/A: 45.8%
A-2. The MPH Program will provide a diverse faculty of 1) at least 20% underrepresented minorities (50% of new hires/appointees) and	By 2010, at least 20% of MPH faculty are underrepresented minorities; 50% of new hires/appointees.	1) Underrepresented minorities: 15.0% No MPH hires Visiting/secondary appts.: 50.0%	1) Underrepresented minorities: 11.0% 1 MPH hire Visiting/secondary appts.: 0.0%	1) Underrepresented minorities: 16.0% 1 MPH hire Visiting/secondary appts.: 0.0%
2) no more than 50% from any one professional background.	Consistently each year, no more than 50% of faculty are from any one professional background.	2) MD: 28.6% Law: 4.8% Epi & Biostats: 33.3% Public Health Other: 23.8% MBA: 4.8%	2) MD: 22.0% Law: 5.6% Epi & Biostats: 22.2% Public Health Other: 44.4% MBA: 5.6%	2) MD: 19.4% Law: 9.7% Epi & Biostats: 22.6% Public Health Other: 45.2% MBA: 3.2%

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
A-3. Each academic year, 100% of MPH students will take courses with faculty from at least 5 academic disciplines or professions.	Consistently each year, 100% of students will take courses with faculty from at least 5 academic disciplines or professions.	100.0%	100.0%	100%
A-4. During the course of the Program, 100% of MPH students will attend and report on at least two interdisciplinary public talks or presentations throughout the university community.	Consistently, 100% of MPH students attend and report on at least 2 interdisciplinary public talks or presentations.	36.0%	100.0%	100.0%
A-5. Each academic year, at least 3 required courses will include at least 1 guest speaker with a primary UVa faculty appointments outside of the Department of Public Health Sciences (DPHS).	Consistently each year, at least 3 required courses include at least 1 guest speaker from outside of DPHS.	4 courses	4 courses	4 courses
A-6. Each semester, at least 5 MPH courses will include 1 or more guest speakers from the community public health workforce.	Consistently each year, at least 5 MPH courses include 1 or more guest speakers from the community public health workforce.	4 courses	8 courses	6 courses
A-7. Each academic year, graduating students will value the interdisciplinary faculty as evidenced by 1) at least 50% of MPH graduating students identifying the interdisciplinary nature of the UVa MPH Program as a strength,	Consistently each year, 50% of students indicate in questionnaires that the interdisciplinary nature of the MPH Program is one of its strengths.	1) 28.6% indicate interdisciplinary nature a strength	1) 25.0% indicate interdisciplinary nature a strength	1) 90.0% indicate interdisciplinary nature a strength

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
2) 80% of students indicating they are being provided with a broad range of public health perspectives, and	Consistently each year, 80% of students indicate that the MPH Program provides them with a broad range of public health perspectives.	2) Broad range of PH perspectives: 88.9%	2) Broad range of PH perspectives: 88.2%	2) Broad range of PH perspectives: 95.2%
3) 100% of students rating the interdisciplinary MPH Program faculty as good or excellent.	Consistently each year, 100% of graduating MPH students rate interdisciplinary MPH faculty as good or excellent.	3) 100.0% rate interdisciplinary faculty as good or excellent	3) 93.8% rate interdisciplinary faculty as good or excellent	3) 100% rate interdisciplinary faculty as good or excellent
A-8. The Program will provide students with the opportunity to explore a broad range of public health perspectives through field placements and community service sites.	In any given academic year, MPH students will undertake field placements in more than 5 different field placement sites.	New for '09-'10	New for '09-'10	Students completed field placements and community service in more than 5 sites.
B-1 100% of MPH students will demonstrate satisfactory knowledge of Epidemiology, Biostatistics, Health Promotion and Health Behavior, Health Policy and Management, and Environmental Health by earning a grade of B or better in each core course.	Consistently each year, 100% of students earn grades of B or better in core courses in Epidemiology, Biostatistics, Social Behavioral Health / Health Promotion, Health Policy and Management, and Environmental Health.	Epidemiology: 87.5% Biostatistics: 85.7% Social Behavioral Health / Health Promotion: 91.7% Health Policy and Management: 100.0% Environmental Health: 90.0%	Epidemiology: 100.0% Biostatistics: 100.0 % Social Behavioral Health / Health Promotion: 100.0% Health Policy and Management: 100.0% Environmental Health: 100.0%	Epidemiology: 95.8% Biostatistics: 100.0 % Social Behavioral Health / Health Promotion: 100.0% Health Policy and Management: 100.0% Environmental Health: 100.0%
B-2. 90% of MPH students will perceive personal achievement of the relevant public health competencies in the 5 core areas of Epidemiology, Biostatistics, Health Promotion and Health Behavior,	Consistently each year, 90% of MPH students perceive personal achievement of the relevant public health competencies in the 5 core areas of Epidemiology, Biostatistics, Social Behavioral Health / Health Promotion,	Epidemiology Competencies: 83.3% Biostatistics Competencies: 83.3% Social Behavioral Health / Health Promotion Competencies: 66.7% Health Policy and Management Competencies: 83.3%	Epidemiology Competencies: 87.5% Biostatistics Competencies: 81.3% Social Behavioral Health / Health Promotion Competencies: 87.5% Health Policy and Management Competencies: 75.0%	Epidemiology Competencies: 90.0% Biostatistics Competencies: 70.0% Social Behavioral Health / Health Promotion Competencies: 100% Health Policy and Management Competencies: 70.0%

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
Health Policy and Management, and Environmental Health and in communication and cultural knowledge in public health. .	Health Policy and Management, and Environmental Health and in communication and cultural knowledge in public health.	Environmental Health Competencies: 83.3% Communication Competencies: 83.3% Diversity and Cultural Competencies: 100.0%	Environmental Health Competencies: 75.0% Communication Competencies: 62.5% Diversity and Cultural Competencies: 100.0%	Environmental Health Competencies: 90.0% Communication Competencies: 80.0% Diversity and Cultural Competencies: 90.0%
B-3. Each of the public health core competencies will be addressed in at least 3 MPH courses.	Consistently each year, each of the core public health competencies are addressed in at least 3 MPH courses.	100.0%	100.0%	100.0%
B-4. 100% of MPH students in the Health Policy, Law, & Ethics track will demonstrate the capacity to evaluate and analyze health data by receiving a grade of B or better in the Public Health Program evaluation course or another qualitative or quantitative research course.	Consistently each year, 100% of Health Policy, Law, & Ethics track students receive a grade of B or better in one of the approved research courses (PHS 7060, 7015, 7001, or 7020. See Appendix 2B)	100.0%	100.0%	100.0%
B-5. The MPH Program will maintain a 5:1 student FTE/total faculty FTE ratio each year.	Consistently each year, the MPH Program maintains a 5:1 student FTE/total faculty FTE ratio.	Student/Faculty Ratio: 1.6:1	Student/Faculty Ratio: 1.6:1	Student/Faculty Ratio: 1.5:1
B-6. 80% of MPH students believe that the student /faculty ratio maintained by the MPH Program achieves the goals of maximizing learning and providing individual attention.	Consistently each year, 80% of students believe that the student/faculty ratio achieves the goals of maximizing learning and providing individual attention.	90.0%	85.0%	85.7%

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
B-7. The MPH Program will maintain a faculty current in public health knowledge and skills by having at least 50% of faculty members participate in a professional conference or professional development program per year.	At least 50% of faculty members participate in a professional conference or professional development program each year.	42.9%	92.0%	89.3%
C-1. 100% of MPH students will develop an ICAPP (formerly IEP)	Consistently each year, 100% of students develop an ICAPP (formerly IEP).	84.0%	100.0%	100%
C-2. 100% of MPH students will assess their progress in acquiring public health competencies at least one time each academic year and will achieve 75% of stated personal competencies by graduation.	Consistently each year, 100% of MPH students assess their progress in acquiring public health competencies. 100% of MPH students achieve at least 75% of their stated personal competencies by graduation.	1) 72.0% assessed progress 2) 71.4% achieved 75% of stated personal competencies	1) 96.0% assessed progress 2) 94.0% achieved 75% of stated personal competencies	1) 100.0% assessed progress 2) 90.0% achieved 75% of stated personal competencies
C-3. 100% of graduating MPH students will describe a good or excellent relationship with faculty advisors.	Consistently each year, 100% of graduating MPH students rate their relationship with faculty advisors as good or excellent.	100.0%	93.8%	90%
C-4. 100% of MPH students will hold at least two meetings per year with faculty advisors to discuss progress in achieving individual goals and strategies to address any identified barriers.	Consistently each year, 100% of MPH students meet with faculty advisors at least twice a year to discuss progress in achieving individual goals.	100.0%	100.0%	100.0%
C-5. 50% of graduating students will list one of the major strengths of the Program to be an individualized course of study.	Consistently each year, 50% of graduating students list one of the major strengths of the Program to be an individualized course of study.	57.1%	68.8%	80.0%

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
C-6. 80% of dual degree students will believe that dual programs have integrated coursework.	Consistently each year, 80% of dual degree students believe that dual programs have integrated coursework.	100.0%	100.0%	88.9%
D-1. The MPH Program will demonstrate that it prepares students for roles in the public health workforce by having tracks with no fewer than 30% of students in any one track (Research in Practice or Health Policy, Law, & Ethics) and 100% of students rate the overall quality of their track to be good or excellent.	Consistently each year, no fewer than 30% of students are enrolled in either track, Research in Practice or Health Policy, Law, & Ethics. Consistently each year, 100% of students rate their chosen track's overall quality to be good or excellent.	1) 68.0% of students enrolled in Research in Practice 32.0% of students enrolled in Health Policy, Law, & Ethics 2) 100.0% Research in Practice rate as good or excellent 100.0% Health Policy, Law, & Ethics rate as good or excellent	1) 46.2% of students enrolled in Research in Practice 53.8% of students enrolled in Health Policy, Law, & Ethics 2) 100.0% Research in Practice rate as good or excellent 77.8% Health Policy, Law, & Ethics rate as good or excellent	1) 45.8% of students enrolled in Research in Practice 54.2% of students enrolled in Health Policy, Law, & Ethics 2) 100.0% Research in Practice rate as good or excellent 85.7% Health Policy, Law, & Ethics rate as good or excellent
D-2. The MPH Program will provide 100% of students during their matriculation with the opportunity to meet at least 5 different community health professionals, allowing students to explore a wide range of public health field placements and culminating experiences.	During each student's MPH Program, he or she has the opportunity to meet at least 5 different community health professionals.	New for '08-'09	Greater than 5	Greater than 5
D-3. 100% of MPH students will complete field placements and culminating experiences that meet their expectations for career preparation, as shown with student ratings of good or excellent.	Consistently each year, 100% of MPH students complete field placements and culminating experiences and rate them as good or excellent.	100.0%	93.8%	100.0%

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
D-4. 100% of field placement supervisors will rate student performances in field placements as very good.	Consistently each year, 100% of field placement supervisors rate student performances in field placements as excellent.	83.3%	100.0%	100.0%
D-5. New MPH alumni will find professional positions in a wide variety (3 or more) of public health related fields.	Consistently each year, recent MPH alumni find professional positions in at least 3 different public health fields per year.	3	4	4
D-6. 100% of MPH alumni will report that the knowledge and skills gained in the MPH Program prepared them well for their professional roles in the two years following graduation.	Consistently each year, 100% of MPH alumni report that the knowledge and skills gained in the MPH Program prepared them well for their professional roles in the two years following graduation.	New for '08-'09	87.5% (7/8)	100% (10/10)
D-7. The Program will identify and address recommendations from the alumni survey about opportunities for students to develop new skills and knowledge for the workforce (see Appendix 1F).	Consistently each year, the evaluation committee identifies and addresses recommendations from the alumni survey and implements changes deemed necessary given available resources.	New for '09-'10	New for '09-'10	The Program addressed 2 recommendations from alumni.
E-1. The MPH Program will provide opportunities for service and service learning with at least two service projects with community health groups each academic year.	Consistently each year, the MPH Program collaborates on two service projects with community health groups.	1. Trinity Mission Nursing Home 2. Thomas Jefferson Health District, Charlottesville, Virginia	1. Crescent Hall Nursing Clinic 2. Thomas Jefferson Health District, Charlottesville, Virginia	1. Crescent Hall Nursing Clinic 2. Region Ten CSB 3. Thomas Jefferson Health District, Charlottesville, Virginia

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
E-2. The MPH Program will address the needs of the public health workforce by providing two continuing education programs for members of the community and public health workforce in response to identified needs.	Consistently each year, the MPH Program offers at least two continuing education programs for members of the community and public health workforce in response to identified needs.	1. Thomas Jefferson Health District, Charlottesville, Virginia 2. Lord Fairfax Health District, Winchester, Virginia 3. Virginia Nurses Association	1. Thomas Jefferson Health District, Charlottesville, Virginia 2. Quality Community Council, Charlottesville, VA	1. Thomas Jefferson Health District, Charlottesville, Virginia 2. VDH Office of Minority Health and Public Health Policy 3. AIDS Services Group
E-3. 80% of MPH students will be aware of opportunities for collaboration between the MPH Program and community organizations through the MPH Program.	Consistently each year, 80% of MPH students are aware of opportunities for collaboration between the MPH Program and community organizations through the MPH Program.	48.0%	90.0%	81.0%
E-4. 80% of MPH students will be aware of opportunities for service through the MPH Program.	Consistently each year, 80% of MPH students are aware of opportunities for service through the MPH Program.	60.0%	100.0%	95.2%
E-5. At least 50% of MPH students will provide community service in health-related organizations during their matriculation.	At least 50% of MPH students provide community service in health-related organizations during their matriculation.	40.0%	64.0%	100%
E-6. More than 50% of MPH faculty members will provide continuing education and/or service to the public health community or to public health professional associations each year.	Consistently each year, more than 50% of faculty provides continuing education to the public health community and/or to public health professional associations. Consistently each year, more than 50% of faculty provides service to the public health community and/or to public health professional associations.	1) 42.9% provide continuing education 2) 80.9% provide service	1) 53.8% provide continuing education 2) 84.6% provide service	1) 60.7% provide continuing education 2) 92.9% provide service

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
E-7. The MPH Program will work in consultation with 2 community health organizations each year to address a community need.	Consistently each year, the MPH Program works in consultation with at least 2 community health organizations to address a community need.	1. AIDS Services Group 2. Thomas Jefferson Health District, Charlottesville, Virginia	1.Healthy Appalachia, Southwest Virginia 2. Westhaven Nursing Clinic, Charlottesville, VA	1. Region Ten CSB 2. UVA Teen Health Center/ STD Clinic 3.Thomas Jefferson Health District, Charlottesville, Virginia
F-1. Faculty will have an active program of research as evidenced by: 1) greater than 50% of faculty having at least 1 peer-reviewed publication each year and 2) greater than 50% of faculty having research funding.	Consistently each year, greater than 50% of faculty members have at least 1 peer-reviewed publication. Consistently each year, greater than 50% of faculty members have research funding.	1) 84.6% (calendar year 2008) 2) 92.3% (calendar year 2008)	1) 92.0% (calendar year 2009) 2) 85.0% (calendar year 2008)	1) 64.3% (calendar year 2010) 2) 67.9% (calendar year 2010)
F-2. The MPH Program will encourage the development of public health research by providing 5 programs or forums each semester where faculty and invited guests will describe their research.	Consistently each semester, the MPH Program provides 5 programs or forums where faculty and invited guests describe their research.	5	7	5
F-3. The MPH Program will offer an independent research course option with at least 10% of students enrolled each semester, so that students can work with faculty on research projects and receive academic credit.	Consistently each semester, 10% of students are enrolled in an independent research course option.	4.0%	Fall 15.4% Spring 21.7%	Fall 12.5% Spring 0.0%
F-4. During their matriculation, more than 50% of MPH students will work with a faculty member on a research project.	During their matriculation, more than 50% of MPH students work with a faculty member on a research project.	28.0%	52.6%	52.4%

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
F-5. 80% of MPH students who are interested in international research are aware of opportunities to learn about or work with UVa faculty on international research projects.	Consistently each year, 80% of MPH students who are interested in international research are aware of opportunities to learn about or work with UVa faculty on international research projects.	100.0%	86.7%	64.3%
G-1. At least one time each year, an evaluation committee will meet to review evaluation data and to determine evaluation activities for the five-year MPH evaluation cycle.	Consistently each year, an evaluation committee meets to review evaluation data and to determine evaluation activities for the five-year MPH evaluation cycle.	3 times	2 times	2 times
G-2. At the end of each year, the MPH Program will develop an Annual Evaluation Report to distribute to MPH Program committees and stakeholders. This Report will include benchmarking of requirements, syllabi, or courses with at least 3 other MPH programs.	Consistently each year, the Annual Evaluation Report is distributed to MPH Program committees and stakeholders. Consistently each year, the MPH program compares its requirements, core course syllabi, and offered courses with at least 3 other MPH programs.	Complete Benchmarked with 3 other programs	Complete Benchmarked with 3 other programs	Complete Benchmarked with 3 other programs
G-3. 100% of MPH faculty will participate in program evaluation each year by 1) completing a survey about courses, tracks, and the Program's overall achievement of its mission and goals,	Consistently each year, 100% of MPH faculty members complete surveys about courses, tracks, and the Program; review student data; and attend at least one faculty curriculum committee meeting	1) 71.0% 2) 100.0%	1) 100.0% 2) 100.0%	1) 100.0% 2) 100.0%

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
2) reviewing data regarding student progress and success (e.g., student competency assessments, exit interviews, and grades), and 3) attending at least one faculty curriculum committee meeting or education retreat.	or education retreat.	3) 95.0%	3) 100.0%	3) 100.0%
G-4. 100% of MPH students will believe that the MPH Program provides ample opportunities for course and program evaluation and will participate in program evaluation by 1) completing course evaluations at the end of each semester, 2) evaluating the Program at mid-year (at the end of the fall semester), and 3) completing ICAPP end-of-program questionnaire immediately prior to graduation.	Consistently each year, 100% of MPH students believe that the MPH Program provides ample opportunities for course and program evaluation. Consistently each year, 100% of MPH students evaluate Public Health Sciences courses; evaluate the MPH Program at mid-year; and complete exit interview forms immediately prior to graduation.	1)52.0% 2) Course Evaluations: Epidemiology: 85.7% Biostatistics: 100.0% Social and Behavioral Sciences: 100.0% Health Policy and Management: 100.0% Environmental Health: 70.0% 3) Mid-Year: 80.0% 4) Exit Interviews: 100.0%	1)89.5% 2) Course Evaluations: Epidemiology: 100.0% Biostatistics: 92.0% Social and Behavioral Sciences: 100.0% Health Policy and Management: 100.0% Environmental Health: 93.8% 3) Mid-Year: 96.0% 4) Exit Interviews: 100.0%	1)95.2% 2) Course Evaluations: Epidemiology: 95.8% Biostatistics: 100.0% Social and Behavioral Sciences: 100.0% Health Policy and Management: 62.9% Environmental Health: 85.7% 3) Mid-Year: 100.0% 4) Exit Interviews: 100.0%
G-5. At least 5 community members or stakeholders per year will participate in the evaluation of the MPH Program by reviewing the Annual Evaluation Report and making recommendations for further development of the Program.	Consistently each year, at least 5 community members or stakeholders participate in the evaluation of the MPH Program by reviewing annual evaluation data and making recommendations for further development of the Program.	11 community members	9 community members	14 community members

Measurable Objective	Target by 2010	2007-2008	2008-2009	2009-2010
G-6. The MPH Program will have the following committees, 100% of which will have a governance structure, goals, and meeting and reporting schedules: MPH Executive Committee, Community Advisory Committee, Faculty Curriculum Committee, Admissions Committee, and Program Evaluation Committee.	Consistently each year, 100% of MPH committees, (MPH Executive Committee, Community Advisory Committee, Faculty Curriculum Committee, Admissions Committee, and Program Evaluation Committee) have a governance structure, goals, and meeting and reporting schedules.	100.0%	100.0%	100.0%

Data for the last five years are presented in Appendix 1G.

This document is the self-study of the UVa MPH Program, which meets all of the requirements. Additional supporting evidence is provided in the Appendices and will be available on site.

The Program's first self-study and site visit reports in 2005 and 2006 identified a number of concerns and led to specific changes (documented in the Program's Interim Report to CEPH in 2008) that have improved the Program's performance in the following four domains:

1) Evaluation Plan with Measurable Objectives: The Program Evaluation Committee developed a revised evaluation plan with measurable objectives and timelines, including additional measurements of community member participation in the MPH Program (Objectives A-6 and G-5), of community service (Objectives E-1, E-5 and E-6), and of continuing education for the workforce (Objectives E-2 and E-6). In addition, the Program strengthened its capacity and process for evaluation data collection by hiring an Evaluation Data Manager (Aaron Pannone), developing new data collection tools (e.g., surveys of alumni and students), and creating an annual Evaluation Report that is reviewed by the Program Evaluation Committee, Faculty Curriculum Committee, and Community Advisory Committee.

2) Program Service and Continuing Education: The Program developed a service policy for students and faculty in 2006 that is posted on the MPH website and widely distributed to students and faculty. In addition, measurable objectives for faculty and student service provide data that are included in the annual Evaluation Report. Since students informally had reported that it was difficult for them to identify opportunities to provide community service, the Program provides support for a student-organized and led Student Service and Social Organization that meets monthly to plan additional service and social meetings in the community. The Program supports these activities by posting announcements of service opportunities, encouraging faculty to attend service activities, helping to identify times and group projects for community service, and asking

students to document their service activities for their student files. In addition, the Program provides some funding for students to use in their community service projects, such as the provision of funds for a laptop computer need to conduct a survey for a community service project and funding for food for a community service project on healthy lifestyles. To enhance its efforts on Workforce Development, the Program has undertaken regular surveys of various health professional organizations and worked with its Community Advisory Committee members to address the continuing education needs of the local workforce. (See Section 3.3 for further information.)

3) A Diverse Faculty: The Program has been able to hire only two new full-time MPH faculty members since 2008. Dr. Jeanita Richardson was recruited from Virginia State University, one of Virginia's Historically Black Colleges and Universities. Given the current economic climate that limits the hiring of new faculty members, the Program has undertaken creative efforts to include diverse faculty in the Program. In the 2007-2008 academic year, four of the eight new secondary and visiting scholar appointments were to underrepresented minorities (two of these faculty members have since accepted new positions in other universities).   In 2008-2009, the Program funded an Assistant Professor from the UVa School of Architecture to be a Scholar-in-Residence for two years in the MPH Program (so that she could both teach courses and matriculate as an MPH student herself, with the expectation that she would be a permanent member of the MPH faculty upon degree completion.) In addition, in the 2009-2010 academic year, the Program provided tuition funding for Holly Edwards, an African American nurse and Charlottesville Vice Mayor, who mentors MPH students.   When the School of Medicine (SOM) approves the hiring of new faculty, the Department will make special efforts to increase the diversity of faculty through special recruitment efforts.

4) Community Involvement: The Program has significantly increased the number of members from the community and public health workforce who participate in its governance through MPH committees. Through the 5-Year Evaluation Cycle, the Community Advisory Committee plays a significant role in making and reviewing recommendations about the MPH academic program, service opportunities, workforce education, and evaluation.

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

This CEPH self-study formally began in the summer of 2009, under the direction of the Program Director, Ruth Gaare Bernheim. In August of 2009, the Program Director met with each of the program faculty to discuss the impending self-study as part of the routine annual discourse regarding courses. At this time, the MPH Executive Committee decided to act as the Self-Study Workgroup and held its first meeting on September 9, 2009. The Self-Study Workgroup or sub-workgroups met weekly or biweekly to conduct self-study activities throughout the 2009-2010 academic year. The revised 2005 CEPH criteria provided the guiding framework for the workgroup. The Self-Study Workgroup undertook a complete evaluation of the MPH Program, including the mission, goals, and objectives, using its systematic 5-Year Evaluation Cycle process (see Section 1.2).

The Program Evaluation Committee met on September 17, 2009 to review the draft 2008 – 2009 Evaluation Report. On March 17, 2010, the group reviewed the May 2008 submission to CEPH that resulted in the Program accreditation extension to 2011.

The entire faculty of DPHS discussed the self-study process on March 24, 2010. The Self-Study Workgroup led the department through a review of the CEPH self-study section on the mission and values of the Program. The department faculty discussed the shared value of health equity, and capturing the community service that is conducted by the department, noting the importance of keeping records. The Self-Study Workgroup strongly encouraged faculty members to weigh in at any time on the components of the Program or the self-study by contacting the Program Director or a member of the Self-Study Workgroup. On April 9, 2010, members of the Self-Study Workgroup presented draft self-study sections to the Division of Public Health Policy and Practice (DPHPP).

In April 2010, members of the Self-Study Workgroup discussed the self-study process with the Community Advisory Committee at the Charlottesville Health Department. This group convened again on August 25, 2010, to continue the discussion. On July 27, 2010, the Program Director updated the Program Evaluation Committee on the last six months of work by the Self-Study Workgroup. The future evaluation data will reflect changes made in response to the self-study. On August 23, 2010, members of the Self-Study Workgroup discussed the self-study with the members of the Faculty Curriculum Committee. At a separate orientation meeting with students on August 23, 2010, the self-study data were presented, and students were invited to give input on Program mission, goals, and competencies. On November 6, 2010, the MPH Program e-mailed the annual newsletter and alumni questionnaire, sharing with the alumni the importance of the self-study and accreditation efforts. The Self-Study Workgroup completed the preliminary Self-Study Report on December 1, 2010.

> **1.2.g. Assessment of the extent to which this criterion is met.**

This criterion is met.

The Program actively utilizes a number of dynamic and responsive mechanisms for monitoring and assessing outcomes for evaluation, under the guidance of the Program Evaluation Committee that includes three faculty members with doctoral-level training in evaluation. Procedures for program evaluation include establishing and monitoring measurable objectives and targets and when necessary undertaking action plans to address unmet targets. For a number of targets for measurable objectives that are considered fundamental to the Program's effectiveness and for which the Program has already achieved high targets (>80%), the Program has set an aspirational 100% target to require constant monitoring to achieve the highest performance possible. MPH committees and the MPH leadership use the results of the evaluation and planning process to improve instruction, research, and service, as well as ensure alignment with the mission, goals and objectives of the Program. Major constituent groups actively participate in evaluation and planning, including this self-study undertaken for the accreditation review.

Strengths of the Program's evaluation process are that it explicitly provides mechanisms for assessing and addressing through action plans, if needed, the unmet targets each year. For example, a few of the targets presented in Table 1.2.c were unmet for 2009-10. For some (e.g. B-1), an assessment of the data for the annual report revealed that, because of small numbers, one student's response on a survey or performance in a course in any given year greatly influences the percentage outcome, and in fact the change seen in 2009-2010 does not represent a marked shift in Program performance necessitating an action plan at this time. For other targets, for example F-5, an assessment revealed a significant need for improvement and action to make students more aware of global health opportunities. Greater efforts are being undertaken to publicize opportunities to work with UVa faculty on international projects by postings in office areas, through emails to the MPH listserv, and by highlighting current global health projects in the Center for Global Health and through the Student Service and Social Organization. Another target identified as needing improvement (A-2 faculty diversity), however, illustrates the challenges of launching action plans to attain targets in a time of a statewide budget crisis and hiring freeze.

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The Program also continuously seeks to address other evaluation challenges, such as improving its measurements. For example, B-2 sets an objective based on student perceptions of their own personal achievement in public health competencies, which the Program Evaluation Committee has advised is one of a number of useful measures by which the Program can assess its effectiveness. (The measure draws on data from an instrument used primarily for student self-assessment). Such a measure, however, presents challenges because it is influenced by at least three factors. First, students' perceptions and definitions of their achievement in any of the core courses are idiosyncratic and can vary based on their backgrounds, interests, etc. Second, students vary in the number of biostatistics and epidemiology courses taken due to different track requirements. Students who have taken more than one course in a content area are more likely to perceive substantive achievement in those content area competencies. Third, some students actually demonstrate positive skill attainment in topics such as cultural competence if they identify themselves as needing to learn more. The Program continues to explore ways to assess student perceptions of their own competencies as a tool for meaningful program evaluation.

Another challenge is illustrated by G-4, part 2, which is based on course evaluations. This objective has become more difficult to implement since the University required online course evaluations beginning in spring 2010. Whereas in the past, faculty could distribute evaluations in class, now students must take the initiative to complete course evaluations online, which is voluntary. The Program is exploring ways to increase the on-line course evaluation response rate.

Together, the continuous review undertaken throughout each year and the 5-year Evaluation Cycle provide a comprehensive, systematic evaluation process, with participation by major stakeholders, to ensure continuous quality improvement and an MPH Program aligned with its mission, goals, and objectives.

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

The MPH Program is an interdisciplinary program at UVa enriched by the traditions, faculty, and educational resources of the larger University community. Founded by Thomas Jefferson in 1819, the University sustains the ideal of developing, through education, leaders who are well-prepared to help shape the future of the nation. The MPH Program expresses Jeffersonian values through its special attention to public policy, law, and ethics.

UVa is recognized as one of the premier institutions of higher education in the United States and internationally. UVa consistently ranks among the top five public universities in the country, with a strong tradition and commitment to academic excellence. Recently, the 2011 Princeton Review best-value list ranked UVa as the number one best value nationally among public colleges for the third year. All of UVa's undergraduate and graduate degree programs are accredited by the various accrediting bodies. Appendix 1H contains a more detailed account of UVa's history, goals, degree programs and accreditations. In addition, the Appendix lists all of the accrediting bodies to which the institution responds.

The MPH degree is a relatively new degree at UVa, approved by the State Council of Higher Education for Virginia (SCHEV) in 2003. While the MPH degree is awarded formally by the Graduate School of Arts and Sciences (GSAS), the Department of Public Health Sciences (DPHS) within the School of Medicine (SOM) has administrative, academic, and fiscal responsibility for the MPH degree program.

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.

Amplification of Organizational Charts (see Appendix 1I for charts)

The President of the University, as the chief executive and academic officer, has the responsibility for the operation of the University in conformity with the purposes and policies determined by the Board. Among his many responsibilities is to recommend to the Board long-range educational goals and programs and the new degrees that may be best suited to attain those goals and programs.

The Vice President and Provost is charged by the Board of Visitors and the President with overseeing education, research, and public service in the College and Graduate School of Arts & Sciences, in each of the other schools of the University, in the University's libraries and museums, and in numerous other academically related units of the University. The budgets of these units flow through the Office of the Provost. The Provost also has oversight responsibility for issues associated with the recruiting, hiring, retention and performance of faculty and for the University's promotion and tenure process.

The Vice President and Dean of the School of Medicine is the chief academic and administrative officer of the School, appointed by the Vice President and Provost with the approval of the president and the Rector and Visitors of the University. The Dean provides overall leadership and direction for SOM.

1.3.c. A brief description of the university practices regarding:
 – lines of accountability, including access to higher-level university officials
 – prerogatives extended to academic units regarding names, titles and internal organization
 – 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

The MPH Program is located within DPHS in SOM, and supports the SOM mission "to improve the health of the people of the Commonwealth of Virginia and the nation, and even beyond, through education, health care, and research."

The Chair of DPHS reports directly to the Vice-President and Dean of SOM. The Department Chair, in consultation with the SOM Dean and DPHS Division Directors and faculty, sets priorities for the department and for the distribution of faculty time on the basis of the objectives and interests of the department and the special interests and skills of individual faculty members.

The SOM Dean, DPHS Chair, and the MPH Program Director provided leadership and support during the development of the MPH Program. To reflect its commitment to instruction, research, and service in public health and the development of the new MPH degree, DPHS changed its name in 2005 from the Department of Health Evaluation Sciences. Established in November 1995, the Department of Health Evaluation Sciences was created to provide comprehensive and multi-disciplinary scientific and analytical services to the Health Sciences Center and the rest of the University. The department continues to be devoted to the discovery and development of new approaches and research strategies for health and disease description, prognosis, clinical and genetic risk assessment, information transfer, biostatistical and epidemiological research, medical decision-making, and medical practice delivery for individuals and populations. The department now offers two master's degrees: the MPH degree and the 31-credit MS degree in Clinical Research (MS-CR) that was launched in 1997, subsuming the Master of Science in Epidemiology degree that had been created in 1981. The MS-CR focuses on the development of quantitative and analytic skills through concentrations in clinical investigation and patient-oriented research, and informatics in medicine.

DPHS faculty members generally allocate their time between research, teaching, and service. The academic needs of the MPH Program are met by a combination of faculty from DPHS, faculty from other SOM departments, and faculty from other schools at UVa. These faculty members bring their disciplinary expertise and experience to meet the various core requirements of the MPH Program, and they play important roles in teaching and mentoring MPH students as well.

The MPH Program also provides a structure to integrate faculty with expertise and interest in public health from across the University. A university-wide faculty advisory committee contributed to the planning process for the establishment of the MPH Program, and many of the committee members now teach and mentor public health students and have secondary appointments in DPHS.

Initially, DPHS established the Division of Public Health Policy and Practice (DPHPP), which had primary responsibility for the MPH degree curriculum development, admission standards, and policies, as well as for recommendations regarding MPH faculty recruitment and retention, and strategic and fiscal planning for the MPH degree. (The other two divisions in the department were Biostatistics and Epidemiology, and Clinical Informatics). The divisions include: faculty with primary appointments in DPHS who do public health-related research and practice; faculty with joint appointments in DPHS who teach and work on public health-related topics but who have primary appointments in other University departments and schools, including the Schools of Law, Arts & Sciences, Nursing, and Architecture; and adjunct faculty who generally are public health practitioners working in the community.

This diverse faculty provides public health expertise on a wide range of public health research and practice issues. A great strength of the UVa academic community is the collegial spirit; faculty members welcome students from different schools and departments in their courses. This spirit is demonstrated by the fact that six track selectives in the MPH degree program are provided by faculty members whose primary appointments are outside of SOM. The SOM Dean, the Chair of DPHS and the MPH Director acknowledge the contributions of these faculty members and ensure the continuation of these arrangements with appropriate academic directors and deans. For example, the MPH Director has an understanding with the Director of the University Office of Environmental Health & Safety, who has agreed to teach the required MPH course on environmental health.

Faculty in DPHS in return provide instruction for courses in SOM and the College of Arts & Sciences. For example, Ruth Gaare Bernheim directs the required 4th year medical school course on health policy and public health, and also teaches in the law school. She and Carolyn Engelhard allow students in special undergraduate honors programs in the College of Arts & Sciences to enroll in their health policy courses.

Since the preparation of the preliminary self-study report, DPHS has undergone a reorganization that strengthens the positioning and visibility of the MPH Program within and outside the department. Ruth Gaare Bernheim, formerly director of DPHPP and the MPH Program, was appointed DPHS Chair. Gaare Bernheim continues to direct the MPH Program that is now housed directly under the Office of the Chair. As Chair, Dr. Bernheim has full responsibility for approving the hiring and retention of faculty and for recommendation for promotion and/or tenure. Dr. Bernheim also has responsibility for funding and resource allocation to the divisions.

DPHS now includes the following four divisions:
- Division of Biostatistics
- Division of Patient Outcomes, Policy, and Epidemiological Research
- Division of Biomedical Informatics
- Division of Translational Research and Applied Statistics

Budgeting and Resource Allocation

The operating budget for July 1, 2010 through June 30, 2011, for all of UVa will total $2.4 billion. Of the total budget, $1.3 billion relates to the Academic Division, $1.0 billion to the Medical Center, and $34.4 million to the University of Virginia's College at Wise.

The major sources of funds for the University are: patient revenues, 42.9%; tuition and fees, 17.6%; Sponsored Programs (grants and contracts) 13.6%; auxiliary enterprises, 8.1 %; state general fund appropriation, 6.3%; gifts and endowment, 5.5%.

The annual budget of the University is presented to the Board of Visitors for review and approval each year, following a year-long budget development process involving all units, departments and administrative offices. For each unit, the first step of budget development is the estimation of required cost increases related to salary and fringe benefits for the upcoming year. Then the University Budget Office calculates expenditure targets for state and local general budgets for each vice president. The targets are based on preliminary budget assumptions approved by the President and reported to the Board of Visitors in the fall. The target budget development process is designed to give maximum flexibility to vice presidents in the allocation of resources among their activities. The third step in the budget development process is the projection of funds available for expenditure. Actions by the Board of Visitors (approval of housing, dining, mandatory fee, and tuition rates) and the Virginia General Assembly (passage of a budget) are steps in that process.

In planning priorities, schools and departments are encouraged to fully utilize their available resources to meet the priorities that have been identified in the University's strategic planning efforts. Vice presidents, deans, and directors of major units of the University also have the flexibility to re-allocate available funds to their highest priority program requirements.

Faculty Recruitment and Promotion

The responsibilities and authority of SOM department chairs, established by the Dean in accordance with University policy, include the recruitment, management, compensation and retention of faculty in consideration of the Health System and SOM strategic plans and of the balancing of the multiple missions of the institution. SOM administrative and faculty policies are described in the SOM Faculty Handbook (Appendix 1J). Initial approval by the Dean is required prior to the initiation of any search process for new

faculty. Personnel recruitment is initiated at the departmental level, with the development of a job description and the establishment of a search committee. Faculty recruitment follows detailed University procedures that include guidelines on application solicitation and review, and monitoring by the Office of Equal Opportunity Programs (EOP) to ensure a broad pool of potential candidates and that all candidates receive equitable consideration, to strengthen the University's efforts in hiring members of underrepresented groups, and to maintain necessary documentation of good faith efforts taken towards attainment of equal opportunity/affirmative action goals. University EOP policies are available at http://www.virginia.edu/eop (see Appendix 1K).

The Vice President and Provost of the University provides faculty policies in the University's Faculty Handbook (available at http://www.virginia.edu/provost/policies.html (see Appendix 1L), and the policies governing promotion and tenure decisions and the renewal of term appointments are available at http://www.virginia.edu/provost/docs_policies/tenure.html (see Appendix 1M). In addition, each school publishes written policies for promotion and tenure decisions and for renewal of term appointments that apply uniquely to the school.

Academic Standards and Policies

Since the MPH degree is awarded through GSAS, the MPH academic standards and policies follow the rigorous guidelines of GSAS and are published in the official University GSAS Graduate Record (see Appendix 1N).

The MPH Program was established in accordance with the guidelines of GSAS for new programs. A proposal for the MPH Program was submitted to GSAS by a university-wide faculty advisory committee and the Chair of the Department of Health Evaluation Sciences in 2002, approved by GSAS Faculty Committee on Educational Policy and the Curriculum (CEPC) on October 2, 2002, approved by the Faculty of Arts & Sciences on November 20, 2002, and subsequently proposed by GSAS to the Board of Visitors, which approved the MPH degree program at its meeting on January 31, 2003.

Any changes or additions to the MPH degree program follow GSAS guidelines. The procedure for adding or changing courses begins with the Faculty Curriculum Committee in DPHS. The guidelines and policies are available at http://test.artsandsciences.virginia.edu/cepc/proposals/guidelines.html (see Appendix 1O). The Faculty Curriculum Committee accepts proposals from faculty and also generates proposals, which include detailed course descriptions with course goals and readings. After consideration and approval, the proposals are then submitted for departmental review. Following review by other department faculty and Department Chair approval, the proposals are sent to GSAS.

According to GSAS, all graduate level courses that appear in the official Graduate Record must be approved by the Assistant Dean of Graduate Programs. All new courses, course changes, and deletions of courses must first go through a departmental review process before submission to GSAS Assistant Dean of Graduate Programs or CEPC. Substantive changes to departmental listings in the Record are submitted to this committee for faculty approval. The Registrar is not permitted to allow new courses or changes on matters of curriculum or policy to appear in the Record if such changes have not been reviewed and approved by the whole Faculty. The Record is the definitive statement of Faculty policy and thus must accurately reflect decisions taken by the whole faculty in accordance with the by-laws. The CEPC meets each month, September through May, and then forwards its recommendations to the Faculty of Arts and Sciences. Given lead time to prepare agendas, it normally takes six to eight weeks for the process to be completed.

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

Does not apply.

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.

Does not apply.

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

This criterion is met. The UVa MPH Program is an integral part of an accredited institution of higher learning. The Program is housed and directed within a well-established multi-disciplinary department. DPHS, SOM and UVa have institutional policies and practices designed to facilitate and monitor the achievement of high academic standards in their degree programs. There are clear lines of accountability and the reporting structure is clearly delineated.

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

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

The following figure (1.4 a.1.) is an organizational chart of DPHS. The MPH Program is under the direction of the Chair of DPHS.
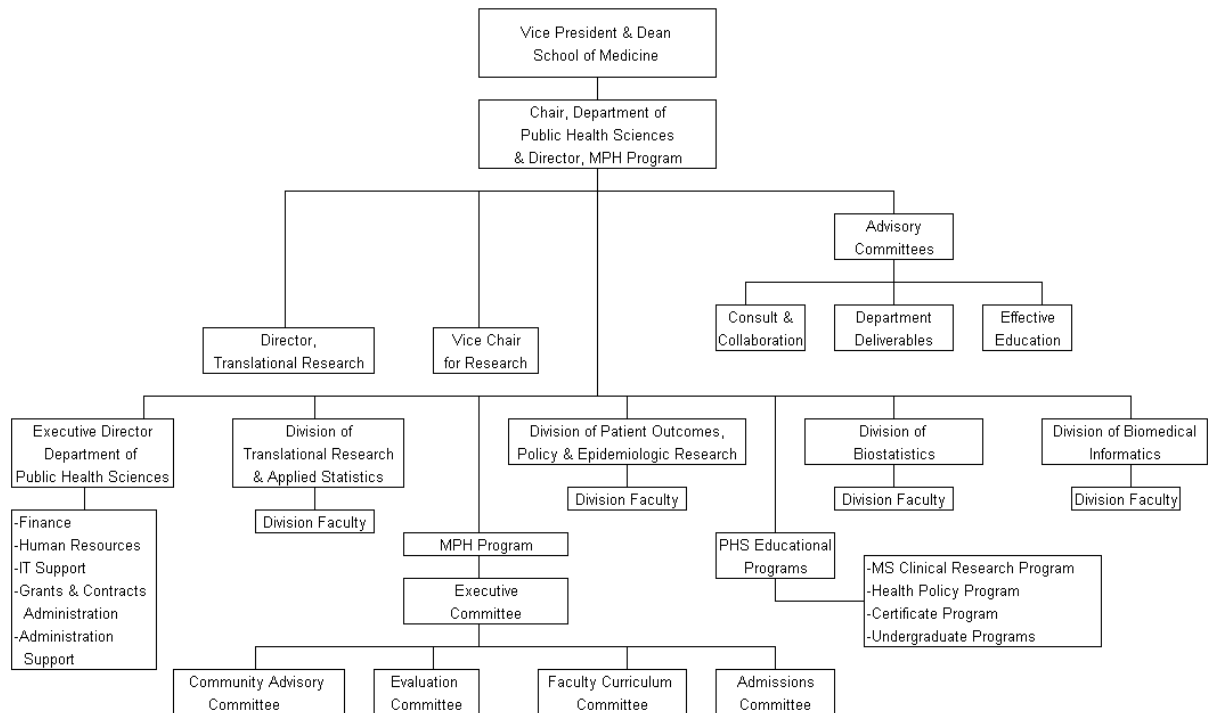

Figure 1.4.a.1: Department of Public Health Sciences Organizational Chart

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

The MPH Program is fully integrated within UVa's academic structure. A university-wide, multidisciplinary faculty working group spearheaded the creation of the MPH Program between 1999-2002, and MPH students from the beginning of the program in 2003 have been encouraged to draw on the academic resources from across the university (for a brief history of the program, see Appendix 1P). The Program's administration and all related functions, such as budgeting, marketing, student and faculty support and student enrollment, are located within DPHS in SOM. Students are enrolled through UVa's GSAS. The MPH Program multidisciplinary faculty comes from several University schools and departments, including SOM, School of Nursing, School of Law, College and Graduate School of Arts and Sciences, and School of Architecture.

The DPHS Chair/MPH Program Director has overall leadership and responsibility for all aspects of DPHS and the MPH Program; including:

- All financial decisions; including budgets, allocation of funds to division faculty and staff, approval of OTPS expenditures
- Evaluating annually the performance of Division Directors and reviewing and approving the evaluations of other DPHS faculty
- Establishing strategic goals for the department and approve division goals

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- Approving all faculty hires (tracks, discipline, funding expectations, duties described in offer letters)
- Academic and fiscal oversight of the MPH Program and other departmental educational initiatives
- Chairing the department's advisory committees (Consult and Collaboration, Department Deliverables and Effective Education)

Division Directors report to the DPHS Chair/MPH Program Director. The Division Directors have the following roles and responsibilities:

- Establishing division goals to contribute to the department's mission and overall strategic goals
- Mentoring and evaluating performance of division faculty
- Allocating division faculty to meet departmental educational and research needs
- Formulating and recommending to the Chair the funding priorities and requirements for the division
- Keeping track of Promotion and Tenure schedule and mentoring faculty, at least annually, on their individual requirements to be promoted and/or achieve tenure

The DPHS Chair/MPH Director has the full support of UVa's administration and of the Deans of the various UVa schools with direct or indirect links to the MPH Program. The Director is able to coordinate with faculty and administration of other schools within the University, as well as key representatives of various state and community health organizations, in order to enhance and enrich the Program.

> **1.4.c. Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.**

The MPH Program from its very beginning has emphasized interdisciplinary collaboration. The degree program grew out of 1) the overlapping educational and research programs related to public health and health policy in different schools at the University and 2) the collegial relationships and significant interdisciplinary education and research activities among the faculty from these schools, particularly Arts and Sciences, Medicine, Nursing, Business, Education, Commerce, and Law. Rather than a "top-down" program, the MPH Program grew organically out of collaborative efforts in education and research to address society's health challenges, which do not fall under any single academic rubric.

From the outset, the MPH degree had the enthusiastic support of the deans of Arts and Sciences, Medicine, Nursing, Law, and Architecture, the schools most heavily involved in the Program. The Faculty Advisory Committee that helped to plan the MPH Program included University faculty with diverse interests and disciplinary backgrounds, including medicine, law, business, psychology, architecture and land use planning, environmental health, and ethics. The department showcases the interdisciplinary nature of the program and includes faculty with secondary appointments from six University schools and others with professional roles in public health practice in the community.

MPH Program faculty members collaborate in both teaching and research. Examples of team teaching include the public health law and ethics courses, which are team-taught by Richard Bonnie (law), Ruth Gaare Bernheim (medicine), and James Childress (ethics). Another example is the Practice of Public Health course, which addresses the competencies of public health practice and includes sessions with numerous public health professionals from the community. Examples of collaborative research include an NIH grant on genetic information and decision making that includes DPHS faculty members Wendy Cohn, William Knaus, and Ruth Gaare Bernheim, as well as James Childress (GSAS) and Mimi Foster Riley (Law); and a Robert Wood Johnson-funded grant on advanced care planning in mental health law that includes DPHS faculty Jeanita Richardson, Tanya Wanchek, and Ruth Gaare Bernheim as well as Richard Bonnie (Law).

The MPH Program is committed to the public health core values stated in the Public Health Code of Ethics, "The Principles of the Ethical Practice of Public Health." (*Principles of the Ethical Practice of Public Health*, The Public Health Leadership Society (2002), at http://www.phls.org, (see Appendix 1Q) and the values described in section 1.1.e.

These include: achieving community health in a way that respects individuals' rights; working with community members to ensure that vulnerable populations have access to resources necessary for health; and addressing fundamental causes of disease. The Program faculty members are particularly committed to the public health value of social justice and are developing new courses and possibly a track in health disparities, in partnership with SOM's Center for Health Disparities.

Both the MPH core faculty, and DPHS faculty members with secondary appointments from across the University, are educated and experienced in public health-related disciplines, health policy, and public health practice. They provide the academic foundation for and the professional examples of the values and professional ethics of public health. In addition, all faculty must complete annually a Conflict of Interest Disclaimer mandated by Provost policy, as well as undertake sexual harassment and other training stressing the importance of ethical dealings among all levels of University faculty and staff.

The proposal to SCHEV to establish the MPH Program explicitly cited the new program's emphasis on ethics, given the strength of the University's programs, and the commitment of the faculty and department establishing the new degree. The Faculty Curriculum Committee encourages faculty to continue the focus on public health ethics within the MPH curriculum and within new courses. Discussions about the ethical analysis of health policies and cases in public health practice are central to various courses offered in the MPH Program. For instance, all students are required to enroll in the course Public Health Law and Ethics. In addition, another course on Public Health Ethics provides in-depth study of approaches to ethical analysis. Ethical conduct in epidemiological research and program assessment is a key concept emphasized in both epidemiology courses. Discussions about ethics also are included in the courses on environmental health and social and behavioral health.

Each student also is introduced to professional ethics at the first day of orientation to the MPH Program. The Code of Ethics for Public Health is distributed and discussed in the orientation program, and ethics is explicitly included in the Program Cross-Cutting Competencies. Also, questions about public health professional ethics are included in the public health competency self-assessment (ICAPP part II) that all MPH students complete three times during the MPH Program.

UVa's Honor Code (http://www.scps.virginia.edu/honor_code.htm, see Appendix 1R), established in 1842, is one of the institutions most cherished traditions. Based on the principle that University students want to be trusted, the Honor System helps create and strengthen a school-wide community of trust. Students at the University make a commitment not to lie, cheat or steal within Charlottesville, Albemarle County, or where they represent themselves as University students in order to gain the trust of others. Because they have made this commitment, students are trusted by peers, faculty members, administrators, and community residents alike. Students conduct themselves with integrity and are presumed honorable until proven otherwise.

MPH students are mailed a description of the Honor System by GSAS when admitted. In addition, MPH students discuss the Honor System and professional ethics at MPH orientation meetings, and they are encouraged to read carefully the University non-academic regulations on substance abuse, computer usage, confidentiality of student records, conflict of interest, copyright law, discriminatory harassment, and

related topics. The Statement of Students' Rights and Responsibilities is particularly noted at orientation and is a part of the Graduate Record (described in section 2.1.b., see Appendix 2B).

Relative to ethical practices in research, all MPH students are required to complete at least one of the University's versions of IRB training in the context of coursework and when applicable prior to conducting empirical research (http://www.virginia.edu/vpr/irb/, see Appendix 1S). As articulated in more detail on the website, two tracks of certification are available. The first, The Institutional Review Board for Health Sciences Research (IRB-HSR), is responsible for reviewing all health sciences research for UVa (http://www.virginia.edu/vpr/irb/hsr/index.html, see Appendix 1S). The second, The Institutional Review Board for Social and Behavioral Sciences (IRB-SBS), is the IRB responsible for reviewing all non-medical behavioral human research (http://www.virginia.edu/vpr/irb/sbs.html, see Appendix 1S).

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

The MPH Program is committed to ethical and fair dealings with faculty, students, and staff, and follows the University policies and regulations regarding equal opportunity and affirmative action, grading and academic policies, student and faculty grievance procedures, sexual harassment, and similar matters that are included in official documents posted on the University website and in the University Graduate Record.

No student grievances have been filed during the last three years.

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

This criterion is met.

The MPH Program provides an organizational setting that promotes interdisciplinary collaboration, fosters the development of professional public health values, and incorporates the University's traditions of honor, ethics and fair dealing, as set out in official University policies and regulations.

UVa's Honor Code and policies governing faculty and student conduct provide a foundation for the Program's commitment to fair and ethical dealings. Furthermore, students have a mechanism to register grievances and complaints through a safe and non-threatening process.

1.5.a. Description of the program's governance and committee structure and processes, particularly as they affect:
- general program policy development
- planning
- budget and resource allocation
- student recruitment, admission and award of degrees
- faculty recruitment, retention, promotion and tenure
- academic standards and policies
- research and service expectations and policies

The MPH Program is fully integrated within UVa's governance structure and as such has ultimate accountability to the Vice President and Provost, the President and the Board of Visitors. As described earlier in this report, the Program's administration and management are located within DPHS in SOM while students are enrolled through UVa's GSAS. The MPH Program's leadership ensures compliance with all GSAS academic standards and policies, including those governing student recruitment, enrollment, registration, grading, and awarding of degrees.

Figure 1.4.a.1 in the previous section shows the organizational chart for the MPH program. The MPH Executive Committee, under the direction of the DPHS Chair/ MPH Program Director, has general oversight responsibility for the Community Advisory, Program Evaluation, Faculty Curriculum and Admissions committees. This structure supports the information gathering and communication required for an effective planning process and ensures that all key stakeholders have a voice in planning and policy development. This structure also supports the continuous improvement philosophy that is a cornerstone of the MPH Program.

The DPHS Chair/MPH Program Director leads and provides oversight in all aspects of the Program, including student recruitment, admission and award of degrees, adherence to academic and other institutional standards and policies, and achievement of and compliance with research and service expectations and policies.

The SOM Dean, the DPHS Chair/MPH Program Director and the Executive Director of DPHS, in consultation with the Department's division directors, develop the budget each year for DPHS. The source of funds and budgeting process is described in more detail in section 1.6.a. The DPHS Chair/MPH Program Director has the final responsibility for the allocation of resources required for the Program.

As described earlier, the MPH Program multidisciplinary faculty comes from several University schools and departments, including SOM, School of Nursing, School of Law, College and Graduate School of Arts and Sciences, and School of Architecture. Faculty recruitment, retention and promotion and tenure policies are under the governance of the respective schools of each faculty primary appointment. The DPHS Chair/MPH Program Director ensures that faculty appointments are current. The MPH Program follows the research and service expectations and policies of DPHS.

The MPH committees are working committees that play a vital role in the Program functions. Each of the committees – MPH Executive, Community Advisory, Admissions, Faculty Curriculum and Program Evaluation - provide information and guidance to the Director regarding all of these areas, as they relate to the needs, quality, and future of the Program. MPH committees initiate recommendations, proposals, and strategies regarding the curriculum, policies, and assessment; they also receive and vote on proposals from others to recommend for approval to the Director and relevant committees and administrators in the

departments, school, and University. The coordinator of each committee reports to the MPH Executive Committee. Students participate in all committees except for the MPH Executive Committee.

The MPH Program follows all policies and procedures of DPHS, SOM and UVa regarding the rights, obligations and compliance of faculty, administrators and students in the governance of the Program. A guiding principle framing the rights and obligations in governance are the Program's core values, which are built from, and consistent with the University's code of ethics. The Program follows the constitution and by-laws of the University, and the representative bodies and administrative units charged with aspects of governance. For example, the link below shows the constitution and by-laws of the Faculty Senate: http://www.virginia.edu/facultysenate/c_blaws.html (see Appendix 1T).

The Faculty Senate site describes the purpose of this body as follows:

> The Faculty Senate represents all faculties of the University with respect to all academic functions such as the establishment and termination of degree programs, major modifications of requirements for existing degrees, and action affecting all faculties, or more than one faculty, of the University. Additionally, the Senate shall advise the President and the Rector and Board of Visitors concerning educational policy and related matters affecting the welfare of the University.

Examples of other policies and by-laws governing faculty rights and obligations are outlined in the Faculty Handbook that is part of the Office of the Vice President and Provost of the University. The link for the handbook is: http://www.virginia.edu/provost/facultyhandbook/faculty.html#rights (see Appendix 1L).

An excerpt from the section on faculty roles and responsibilities reads:

> Part of a typical faculty member's time is spent in scheduled classroom instruction, part directly on research and individual direction of undergraduate, graduate, and professional students, and part on departmental and other professional activities. Faculty members are expected to participate in the work of their departments and schools outside of the classroom, to provide academic advising to students, to serve in governance of the University, and to conduct research. The individual scheduled teaching load, therefore, varies in accord with the work being done by the faculty member, and departmental chairs and deans have the authority to set such loads.

Further, an excerpt from the section on academic freedom states:

> Thomas Jefferson helped establish the principles upon which academic freedom is based when he said of the University of Virginia, "This institution will be based on the illimitable freedom of the human mind. For here we are not afraid to follow truth wherever it may lead, nor to tolerate any error so long as reason is left free to combat it."

The University endorses fully the statement on Academic Freedom in the 1940 Statement of Principles of the American Association of University Professors (AAUP), and the following specifically:

(a) Teachers are entitled to full freedom in research and in the publication of the results, subject to the adequate performance of their other academic duties; but research for pecuniary return should be based upon an understanding with the authorities of the institution.

(b) Teachers are entitled to freedom in the classroom in discussing their subject, but they should be careful not to introduce into their teaching controversial matter which has no relation to their subject. Limitations of academic freedom because of religious or other aims of the institution should be clearly stated in writing at the time of the appointment.

(c) College or university teachers are citizens, members of a learned profession, and officers of an educational institution. When they speak or write as citizens, they should be free from institutional censorship or discipline, but their special position in the community imposes special obligations. As scholars and educational officers, they should remember that the public may judge their profession and

their institution by their utterances. Hence they should at all times be accurate, should exercise appropriate restraint, should show respect for the opinions of others, and should make every effort to indicate that they are not speaking for the institution.

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

MPH Executive Committee

This committee reviews long-range plans for student enrollment, faculty recruitment, and financial planning in accordance with (1) CEPH accreditation criteria, (2) UVa regulations and (c) the Program's values, mission and goals. The Executive Committee takes the place of the former Strategic Planning committee and the Faculty Advisory Committee. The committee meets weekly and has the following responsibilities:

- Bring together overall planning responsibilities while keeping abreast of developments in public health practice and public health education.
- Evaluate all general academic and program policies, including student public health competencies, class sizes, admission and enrollment policies, and field placement sites and culminating experience projects.
- Monitor student issues regarding admission and degree completion.
- Respond to special student circumstances such as performance issues.
- Function as the Self-Study Workgroup.
- Review creative opportunities to work with other schools and departments in the University to enrich public health research and teaching in the MPH Program.

Committee members are Ruth Gaare Bernheim (the committee coordinator), Armando Bolmey, Paige Hornsby, Jeanita Richardson, Aaron Pannone and Tracey Brookman.

Community Advisory Committee

 This committee, composed of representatives of several community health organizations, program faculty, and student representatives, provides significant guidance to the MPH Program to help strengthen the educational program in ways that benefit the community. This committee meets each semester and has the following responsibilities:

- Recommend policies and courses that will prepare students for the public health workforce and recommend ways for the MPH program to serve the local, state, and national public health agencies.
- Provide leadership in the educational mission of the MPH Program and review the Annual Report.
- Explore ways for students and faculty to impact community health, provide service to the community, and enable students to succeed in field placements.

The committee chair is Lilian Peake, Director of TJHD of VDH, and the committee coordinator is Paige Hornsby. Please see Table 1.5.c. for full committee membership.

Table 1.5.c.: MPH Program Community Advisory Committee

First Name	Last Name	Affiliation
Armando	Bolmey	Executive Director , Department of Public Health Sciences
Lisa	Christianson	Elson Student Health Center
Cheryl	Cooper	Chief Operating Officer, Jefferson Area Board for the Aging
Elizabeth	Davies	Epidemiologist, Thomas Jefferson Health District
Holly	Edwards	Vice Mayor, Charlottesville City Council

First Name	Last Name	Affiliation
Gretchen	Ellis	Director, Charlottesville/Albemarle Commission on Children and Families
Warren	Grupe	Board of Directors for the International Center for the Health Sciences, the Westhaven Clinic and Charlottesville Health Access
Paige	Hornsby	Assistant Director for Field Placements and Culminating Experiences, Department of Public Health Sciences
Marcus	Martin	Vice President for Diversity and Equity , University of Virginia
Nancy	McLaren	Co-Medical Director of UVa Teen Health, Department of Pediatrics
Lilian	Peake	District Director, TJHD, VDH
Karen	Rifkin	Research and Grants Coordinator, Region Ten Community Services Board
Katrina	Salmons	Planned Parenthood Health Systems
Edward	Strickler, Jr	Programs Coordinator Institute of Law, Psychiatry & Public Policy; Developments in Mental Health Law
Mary	Sullivan	Community Educator, UVa Teen Health Center
Erika	Viccellio	Executive Director, Charlottesville Free Clinic
Karen	Waters	Executive Director, Quality Community Council
Peggy	Whitehead	Managing Director, Blue Ridge Medical Center
Barbara	Yager	Nutrition Program Coordinator, TJHD

Faculty Curriculum Committee

This committee rigorously evaluates MPH courses and the MPH program of study, working with MPH course faculty to ensure the curriculum meets the changing needs of public health practice. This committee meets each semester, and as needed, and has the following responsibilities:

- Review all proposals for new courses, including syllabi and course readings.
- Provide creative intellectual ideas about new courses and potential field placements, based on their involvement in specialized areas of public health.

Committee Members are Ruth Gaare Bernheim (the committee coordinator), and all of the faculty who teach courses in the MPH program.   A special Faculty Curriculum Subcommittee meets with student representatives to elicit student feedback and ideas. Please see the faculty list, below, for the current committee membership.

Teaching Faculty List:

R. Bernheim, W. Cohn, C. Engelhard, E. McGarvey, J. Richardson, G. Stukenborg, N. Botchwey, T. Wanchek, A. Bolmey, R. Allen, T. Leonard, L. Shepherd, D. Cattell-Gordon, E. Merwyn, M. Riley, J. Childress , J. Eby, W. Knaus, J. Lyman, A. Pannone, K. Wells, P. Hornsby, J. Learmonth, D. Bonds, J. Harrison, T. Guterbock, J. Lee, R. Dillingham, A. Mills.

Admissions Committee

This committee reviews and makes recommendations regarding the policy and procedure of student recruitment and admissions. This committee meets each semester and has the following responsibilities:

- Review MPH applications to select a diverse and qualified study body.
- Conduct recruitment activities such as meeting with interested students, reaching out to students and undergraduate programs and placing program advertisements.

Committee members are Tracey Brookman (the committee coordinator), Carolyn Engelhard, Ruth Gaare Bernheim, Jeanita Richardson, and student representation.

Program Evaluation Committee

This committee plans continuous measurement of MPH process and outcomes. This committee meets each semester and has the following responsibilities:

- Develop evaluation questions and targets, review the draft evaluation report, make recommendations and release the report to the MPH Executive Committee.
- Respond to suggestions made by alumni and students.
- Make recommendations on the measurement of competencies and course evaluations.

Committee Members are Jeanita Richardson (the committee coordinator), Ruth Gaare Bernheim, Wendy Cohn, Aaron Pannone, Wendy Novicoff, Elizabeth McGarvey, Paige Hornsby and student representation.

The Continuing Education Committee (ad hoc)

This ad-hoc committee recommends outreach, reviews needs assessment data and is informed by the Community Advisory Committee. This committee coordinates the MPH Program's workforce development efforts, meets monthly on average, and has the following responsibilities:

- Plan, conduct and review the educational needs of the workforce.
- Utilize needs assessment data to inform the development of educational programs.
- Work with leaders and managers of public health practice.

Committee members are Aaron Pannone (the committee coordinator), Jeanita Richardson, Tammy Eberly, Cecilia Barbosa, Lilian Peake, Michael Royster, and student representation.

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

Program faculty hold and have held membership in various University committees. Current memberships include Mark Conaway in the SOM Promotion and Tenure Committee, Gina Petroni in the IRB and the University's Faculty Senate, and Jason Lyman in the Health System's Drug Interaction Patient Safety Committee. In addition, members of Program faculty frequently participate in search committees that are assembled for the purpose of recruiting a diverse faculty across the University. For example, the DPHS Chair/MPH Program Director was a member of the search committee that selected the current Dean of the SOM.

> **1.5.e. Description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.**

Students have a key role in all aspects of the MPH Program, including governance and evaluation. Every committee described in section 1.5.c, except the MPH Executive Committee, has at least one student member.

Students have their own organization, the Student Service and Social Organization, which coordinates student service efforts. This organization meets monthly and has the following responsibilities:

- Conduct student led MPH Program service opportunities.
- Serve as a clearinghouse for service opportunities conducted outside the MPH Program.
- Through services opportunities, provide events for students to interact socially outside of the classroom.

Organization coordinators are two students. Many students are active participants in the organization.

And finally, student evaluation of program functioning is also solicited in the ICAPP parts III and IV, as described in section 1.2.a.

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

This criterion is met.

The Program administration, faculty, and students have clearly defined rights and responsibilities concerning program governance and academic policies. Program faculty freely give their time to University-wide service by participating in committees and task forces as needed. The governance and organizational and committee structure have well-defined responsibilities for various functions and clear lines of accountability for planning, achieving objectives and compliance with policies. As part of its commitment to continuous improvement, the Program aims to increase and strengthen student participation in committees and governance. An on-going challenge is to increase and strengthen student involvement in committees and governance, given the intense workload and short-length of the Program for many students, and multiple time demands on professional students who often have competing obligations. While students do participate on MPH committees, an additional option under consideration is to establish a formal MPH Student Advisory Committee, with a governance structure similar to the MPH Community Advisory Committee.

2.0 Instructional Program

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

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

The UVa MPH Program provides graduate professional education leading to an MPH degree, with two options for specialization, Research in Practice, and Health Policy, Law, and Ethics. The Program focuses on the competencies professionals need in practice to improve the health of populations. From the beginning, the Program's education goals have clearly emphasized a rigorous education in the core areas of public health and a focus on achieving professional, rather than academic, goals. The Program also offers the following dual professional degrees: MD-MPH, JD-MPH, MBA-MPH and beginning in 2011, MPP-MPH. While the MPP and MPH Programs will potentially admit their first dual degree students beginning in fall 2011, students will likely begin as full-time MPP students and are not expected to matriculate as full-time MPH students until fall 2012. The MPH Program notified CEPH of a substantive change regarding the addition of the MPP-MPH dual degree in July 2010. (See Appendix 2A for a description of the MPH curriculum in the MPP-MPH dual program.) The new MPP-MPH dual degree program has the same structure as the other MPH dual programs and students are required to fulfill all of the requirements of both degrees. The only difference is that dual-degree students have a faculty advisor in each program and the opportunity to spread their fieldwork and research over a longer period of time.

The instructional matrix is shown in Table 2.1.a using Template C.

Table 2.1.a. (Template C): Instructional Matrix

	Academic	Professional
Bachelors Degrees None	None	None
Masters Degrees Research in Practice Health Policy, Law and Ethics	None None	MPH MPH
Doctoral Degrees None	None	None
Dual Degrees Public Health and Public Policy Public Health and Law Public Health and Medicine Public Health and Business Administration	None None None None	MPP-MPH JD-MPH MD-MPH MBA-MPH

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

The UVa *Graduate Record* is published annually online by UREG (Office of the University Registrar) and is available at http://records.ureg.virginia.edu/index.php (see Appendix 2B). *The Graduate Record* provides information about the MPH Program, course descriptions, and course requirements for each track at

http://records.ureg.virginia.edu/preview_program.php?catoid=26&poid=2049&returnto=657

(see Appendix 2B).

Dual degrees (MD-MPH, JD-MPPH, MBA-MPH and MPP-MPH) are described respectively at
http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph/dualmdmph-page
http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph/dualjdmph-page
http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph/dual-mba-mph.html
http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph/dual-mpp-mph.html

(see Appendix 2C).

A description of the MPH Program is also available on the MPH Program website at
http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph and in the MPH Brochure (discussed in section 4.4.c., see Appendix 4H) and in the Student Handbook (see Appendix 2D).

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

This criterion is met. Official publications are widely available and clearly describe the MPH Program, including courses and course requirements and electives for each track.

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

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

Most courses are three teaching hours per week (50 minute hours) with a total of 15 weeks during the fall and spring semesters. This translates to a classroom time of 2 hours and 30 minutes per week for 15 weeks or 37.5 teaching contact hours/credit or 112.5 hours/course.

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

All MPH degrees offered by the Program require completion of at least 42 credits. These include a 3-credit field placement and a 3-credit culminating experience.

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

This is not applicable.

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

This criterion is met. All MPH degrees offered by the Program require a minimum of 42 credits.

All MPH students in the Program are required to successfully complete courses with a grade of B or better in the five public health core areas as well as other required courses listed in Table 2.3.a.

Table 2.3.a. Courses Covering Basic Public Health Knowledge

Public Health Core Area	Course Title	Credits	Semester offered
Epidemiology	PHS 7010 Fundamentals of Epidemiology	3	Fall & Spring
Biostatistics	PHS 7000 Introduction to Biostatistics	3	Fall
Environmental Health Sciences	PHS 7380 Environmental Health: Principles and Practice	3	Fall
Social-Behavioral Sciences	PHS 7610 Health Promotion and Health Behavior	3	Fall
Health Care Policy and Management	PHS 7100 Health Care Policy and Management	3	Fall
Additional Requirements	PHS 7180 The Practice of Public Health	1	Fall & Spring
	PHS 7050 Public Health Law, Ethics & Policy	3	Fall & Spring
	PHS 6600, 7150, 7170 Data Analysis Software Course (SAS, SPSS, or GIS)	1	Fall
TOTAL		20	

Course Descriptions:

PHS 7010 - Fundamentals of Epidemiology

Introduces the field of epidemiology and the methods of epidemiologic research. Students learn how to interpret, critique, and conduct epidemiologic research, including formulating a research question, choosing a study design, collecting and analyzing data, controlling bias and confounding, and interpreting study results.

PHS 7000 - Introduction to Biostatistics

Covers the fundamentals of biostatistics including descriptive statistics, estimation, hypothesis testing, precision, sample size, correlation, problems with categorization of continuous variables, multiple comparison problems, and interpreting of statistical results.

PHS 7380 - Environmental Health: Principles and Practices

Examines interdisciplinary approaches to understanding, assessing, and controlling environmental factors that impact public health. Practical examples are used to help public health professionals understand how epidemiology, health surveillance, and exposure surveillance can be used to determine the potential for health problems that result from various environmental factors, and how monitoring and control techniques can reduce the impact of the environment on human health.

PHS 7610 - Health Promotion and Health Behavior

Explores multi-disciplinary fields that attempt to help individuals and communities prevent illness and maintain and improve health through health promotion activities. Although we recognize that there are

many factors that impact individuals and population health outcomes, this course will explore the social and behavioral aspects of health, prevailing public health theory, as well as the relationship between health behavior and community, society and the environment.

PHS 7100 - Health Care Policy and Management

Focuses on the evolution of the United States health care system from a health policy and values perspective, emphasizing the current health care system. Reviews the new Affordable Care Act and other legislative attempts to implement a health reforms and discusses current issues surrounding the financing and organization of the delivery of health care under various economic and political frameworks. Additional information about the way management is addressed throughout this course: While PHS 7100 focuses primarily on health policy, the course also addresses the management of specific programs and organizations. For example, in the module on Government Health Programs, the topics covered include: Should Medicare be converted to a defined contribution system? Should Medicare Advantage payments be cut? How can Medicare lead the way in performance measurement? In the module on Improving Health Through Population Health Records, a national leader in the field addresses specific ways for "Using information technology to improve health and health care."

PHS 7180 – The Practice of Public Health

Introduces students to the MPH cross-cutting competencies that are needed to engage the community in public health practice and research. It includes topics related to professionalism and leadership, and to the development of cultural competency that prepares leaders to be responsive to the diverse values and cultural traditions of the communities being served. Throughout the course, leaders from different community agencies also address topics related to the management of community agencies. In addition, one module specifically addresses systems thinking and the use of teams in organizational management, and includes student Myers-Briggs assessments and discussion about using the assessment as a management tool in organizations. In fall 2010, guest lecturers included leaders from the Thomas Jefferson Health District, Virginia Department of Health, Charlottesville Community Obesity Task Force, the Jefferson Area Board on Aging, and the Region X Community Service Board.

PHS 7050 - Public Health Law, Ethics, and Policy

Explores the legitimacy, design, and implementation of a variety of policies aiming to promote public health and reduce the social burden of disease and injury. Highlights the challenge posed by public health's population-based perspective to traditional individual-centered, autonomy-driven approaches to bioethics and constitutional law. Other themes center on conflicts between public health and public morality and the relationship between public health and social justice. Illustrative topics include mandatory immunization, screening and reporting of infectious diseases, prevention of lead poisoning, food safety, prevention of firearm injuries, airbags and seat belts, mandatory drug testing, syringe exchange programs, tobacco regulation, and restrictions on alcohol and tobacco advertising.

PHS 6600 – Quantitative Data Analysis in Public Health

Introduces Public Health students to tools needed to utilize SPSS for quantitative data analysis. Instruction includes lectures, case study discussions, and individual projects.

PHS 7175 – Geographic Analysis in Public Health

Geographic information systems (GIS) is a technology with unique & valuable applications for policy makers, planners, practitioners, & managers in many fields, including public health & health care. GIS software & applications enable visualizing and analyzing health data in ways never before possible. This course provides hands-on experience using GIS software in the context of health applications.

PHS 7170 – Introduction to SAS

Covers the basics of SAS programming so that students can create, run, and debug SAS programs on a PC or Unix environment to manipulate data sets into analyzable data. To achieve this, students will need to practice some SAS programming and learn how to detect, diagnose, and correct mistakes.

> **2.3.b. Assessment of the extent to which this criterion is met.**

This criterion is met. All MPH students in the Program gain a broad understanding of the five core areas of public health knowledge through the completion of an eight-course core curriculum that incorporates courses in each of these five areas.

Practice placements are required of students in both tracks of the MPH Program. Each student completes a field placement, which represents one of three components of the required Practicum course (PHS 8900). The field placement is a planned, supervised and evaluated 200 hour work experience with an organization that contributes to the health of a community.

In 2009, the Program hired an Assistant Director for Field Placements and Culminating Experiences to oversee and coordinate this component of the MPH Program.

The field placement is designed to:

1. Be competency-based: The field placement provides a unique opportunity for each student to gain the experience necessary to attain competencies identified in their Individual Competency and Professional Plan (ICAPP), competencies specific to their chosen track, and other self-selected practice competencies (see "Competencies," below).
2. Be individually tailored: Students work with the Assistant Director to identify an appropriate site, project and preceptor that fit their specific educational and professional goals and plans as described in their ICAPP (see "Site Selection," below).
3. Prepare students for future careers: The field placement is an opportunity to apply the knowledge and skills learned in the Program to a real world setting. It is a required and essential component of each student's professional portfolio (see "Professional Portfolio," section 2.5.a).

Students are expected to work a minimum of 200 hours at their field placement, in one semester, over the course of the academic year, or during the summer.

In addition to the field placement, the Practicum course includes two other components:

1. Exploration of placement options through service projects, meetings with other PHS and University faculty, and/or attendance at presentations and meetings of community and professional organizations.
2. Preparatory meetings with the Assistant Director to explore service and placement options with community partners and other organizations.

This exploratory preparation, along with the student's academic preparation (which encompasses individual course work and specific preparatory tasks undertaken in The Practice of Public Health course, a pre- or co-requisite with PHS 8900), enables students to hone their interests and expertise toward a public health focus and choice of field placement site.

The Practicum course is 3 credit hours. The syllabus for PHS 8900 is presented in Appendix 2E.

Competencies

Upon entry into the Program, all students complete the first two parts of the Individual Competency and Professional Plan (ICAPP) form (see Appendix 1E). In Part I, they describe their educational and professional goals and plans; in Part II, they complete a competency self-assessment. They then identify those competencies of most importance to them in their individual goals and professional development.

The Assistant Director and student use the information from the ICAPP in the preparatory meetings to help identify an appropriate field placement. In addition, students review their Track-Specific competencies and select from a list of other practice competencies in planning and preparation for their

placements (see Appendix 2F). They perform a competency self-assessment on these competencies at the midpoint and end of the placement.

Site Selection

The student works with the Assistant Director to identify a placement site that fits, to the extent possible, the student's ICAPP competency needs and professional goals. Some sites are organizations with which the Program has an ongoing collaboration, for example: the Virginia Department of Health, Region Ten Community Services Board, the UVa Teen Health Center, and the Charlottesville Free Clinic.

Once the student chooses the site, the Assistant Director and student then work with the organization to define the scope of the work and schedule the placement. The student writes a work plan describing the proposed placement, which is approved by the preceptor and Assistant Director. All of this information is recorded on the Field Placement Form (see Appendix 2G).

For newly identified sites, the Assistant Director assesses the level of interest in the agency for working with a student, the availability of an appropriate preceptor, the existence of a defined project or set of tasks, and the availability of adequate space and resources for the student. When possible, the Assistant Director visits sites in person; for distant sites, she assesses appropriateness by a telephone call to the preceptor. The Program Director and/or the MPH Executive Committee then review these sites for final approval. Once approved, the Assistant Director sends a letter confirming the placement to each site.

Organizations with ongoing collaborative relationships with the Program have met these criteria and are monitored to be sure they continue to do so. Letters acknowledging ongoing collaborations are on file and available in Appendix 1V.

The Program strives whenever possible to work with community partners in identifying useful placements that fill identified needs, both locally and in a larger geographic context. The collaboration with Region Ten Community Services Board is one example: Mental Health was one of four priority needs areas identified by TJHD's Mobilizing for Action through Planning and Partnerships (MAPP) project in Charlottesville in 2008.

Sites are also considered for student service projects, when a project or task will not require 200 hours or if a student wants to try a smaller project or shorter time period before committing to a field placement. In 2010-11, students conducted individual service projects with The Jefferson Area Board on Aging, the International Rescue Committee, and UVa Teen Health Center, among others. Hours devoted to service with an organization do not count toward a student's field placement.

Methods for Approving Preceptors and Preceptor Qualifications

Preceptors are required to be professionals with the appropriate education, experience and expertise to oversee a student. Preceptors for sites of ongoing collaboration all have advanced degrees and many years of relevant experience, as well as a proven track record of overseeing students.

The Assistant Director meets with newly identified preceptors (in person or by phone) to assess their level of responsibility and work experience, as well as their desire and availability to work with a student.   If necessary, the Assistant Director consults with the Program Director and/or the MPH Executive Committee to determine the eligibility of a potential preceptor.

Supervision of Students

To better equip students for field placements and the potential expectations and demands of the workplace, the Assistant Director and student review a Professional Preparation Checklist before the student begins the field placement (see Appendix 2H).

The Assistant Director provides general supervision of the field placement, while the site preceptor supervises the day-to-day performance of the student at the site.

The specific responsibilities of each are as follows:

Assistant Director:

- Guidance for initial placement planning and site selection
- Site approval and visits, as needed
- Oversight and monitoring of student's work
- Review of midpoint and final evaluations
- Recordkeeping
- Troubleshooting
- Grading

Site Preceptor:

- Selection of student hours and duties with student
- Provision of resources needed by student at site
- Oversight and monitoring of student's work
- Participation in midpoint evaluation, if necessary
- Completion of final evaluation form

The Assistant Director makes every effort to maintain communication with the student and site preceptor and to address any issues or problems to the satisfaction of those involved, consulting with the Program Director and/or the MPH Executive Committee if necessary.

Means of Evaluation

The Assistant Director works with the student and site preceptor to monitor and evaluate the field placement experience to assure that it meets, to the extent possible, the needs and expectations of those involved. At a minimum, the Assistant Director contacts both the student and preceptor within the first 2 weeks and at the midpoint of the placement, by phone or e-mail, to assess satisfaction with the placement. For placements extending over longer periods, she contacts them every 6-8 weeks.

Student evaluation is ongoing, in the form of a weekly Field Placement Journal, kept by the student and submitted to the Assistant Director at the midpoint and end of the placement (see Appendices 2I). This journal includes the competency self-assessment. Evaluation and/or troubleshooting occur at any point during the duration of the placement, if either the student, site preceptor, or Assistant Director requests it, by means of a meeting under the direction of the Assistant Director and, if necessary, in consultation with the Program Director and/or the MPH Executive Committee.

All placements are evaluated upon completion. The student's evaluation is recorded as part of the journal; the site preceptor completes a Site Preceptor Evaluation form (see Appendix 2J).

The Assistant Director grades each student's completion of the field placement as "Satisfactory" or "Unsatisfactory," based on the student's fulfillment of the hours and duties described on the Field Placement Form and the final evaluation by the site preceptor. Per UVa policy, S/U grades are not included in the calculation of the grade point average on a student's transcript.

Data from 2007-2009 indicate that 100% of preceptors and 94-100% of students rated their field placement experience as either "excellent" or "good." On the revised Preceptor Evaluation Form (implemented in 2009) a ranking of "very good" is equivalent to this previous ranking.

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

The field placement sites, projects and preceptors for the academic years 2008-09 and 2009-10 are presented in the table, below.

Table 2.4.b.: Field Placements 2008-09 and 2009-10

Field Placement Site	Project	Preceptor
AIDS Services Group, Charlottesville, VA	HIV education and resource management	Kathy Baker, Executive Director
American Academy of Pediatrics, Department of Federal Affairs, Washington, DC	Research and reporting on legislative activities concerning child health issues	Katy Matthews, Washington Office Administrator
Augusta Regional Free Clinic, Fishersville, VA	Instituting a Chronic Care Model	Margaret Hersh, Executive Director
Arusha Lutheran Medical Center, Arusha, Tanzania	Genotypic distribution of HPV among women in Tanzania	Peyton Taylor, MD, Medical Director of the UVa Cancer Center
Cancer Center, UVa, Charlottesville, VA	Colon cancer work site initiative	Christi Sheffield, Program Manager
Center for Global Health, UVa, Saipan, Northern Mariana Islands	Establishing clinic guidelines for village health projects, including Wise Women and Walk on Wednesday	Rebecca Dillingham, MD, Associate Director of the Center for Global Health
Charlottesville Community Smoking Cessation Group, Charlottesville, VA	Development of outpatient tobacco cessation trial	Thomas Daniel, MD
Charlottesville Free Clinic, Charlottesville, VA	Clinic accreditation report	Erika Viccellio, Executive Director
Children's Fitness Clinic, Kluge Children's Rehabilitation Center, Charlottesville, VA	Validation of instrument used to assess children's knowledge of nutrition and exercise	Susan Cluett, NP, Program Director
Crescent Halls Nursing Clinic, Charlottesville, VA	Health status assessment survey of residents	Holly Edwards, RN, Parish Nurse, Vice Mayor of Charlottesville
Dept of Family Medicine, UVa, Charlottesville, VA	Weight gain in pregnant refugees	Fern Hauck, MD, MS, Director of the UVa International Family Medicine Clinic
Department of Obstetrics and Gynecology, UVa, Charlottesville, VA	Survey development, data collection and analysis in oncology patients	Susan Modesitt, MD, Director of the UVa Gynecologic Oncology Division
Department of Pediatrics, Eastern Virginia Medical School, Norfolk, VA	Asthma in children	Erin McGuire, MS, Statistician
Emergency Management, UVa, Charlottesville, VA	Evaluation of emergency preparedness exercises	Tom Berry, UVa Health System Emergency Management Director
Epidemic Intelligence Service, Centers for Disease Control, Atlanta, GA	Poxvirus and rabies epidemiologic investigation	Amira Roess, PhD, MPH, Epidemiologist
Infectious Disease Division, UVa, Charlottesville, VA	Treatment of HIV in Tanzania and Uganda	Michael Scheld, MD, Bayer-Gerald L. Mandell Professor of Internal Medicine
Joint Commission on Health Care, Richmond, VA	Evaluation plan for best practices	Michele Chesser, MD, Senior Health Policy Analyst
Lactation Services, UNC Women's Hospital, Chapel Hill, NC	Program Evaluation and creation of website	Mary Rose Tully, MPH
Navajo Area Indian Health Service, Kayenta AZ	Diabetes health education and outreach	Molly-Jayne Bangert, RN, BSN, CDE
Oregon Public Health Division, Health Promotion and Chronic Disease Prevention Section, Portland, OR	Indoor clean air act monitoring & Tobacco facts and laws publication	Kirsten Aird, MPH, Community Programs Manager

Field Placement Site	Project	Preceptor
Pan American Health Organization Communicable Disease Division, Washington, DC	Human-animal interface in emerging communicable diseases in the Americas	Cristina Schneider, D.V.M., M.Sc, Sc.D., Advisor in Animal/Human Health Interface
Partners in Health, Boston, MA	Russian Project database development and background research	Alexander Golubkov, MD PIH Medical Director for Russia and Kazakhstan
Public Health Law Program, Centers for Disease Control & Prevention, Atlanta, GA	Development of teaching module for public health law	Montrece Ransom, JD MPH, Senior Public Health Analyst
School of Nursing, UVa	Mobile clinic and community outreach	Bess Tarkington, RN, Clinical Research Coordinator
Public Health Law Program, Centers for Disease Control & Prevention, Atlanta, GA	Legal research on regulation of genetic testing	Montrece Ransom, Senior Public Health Analyst
Teen Health Center, UVa, Charlottesville, VA	Long-acting contraceptive use	Nancy McLaren, MD, Co-Medical Director and Pediatrician at the UVa Teen Health Center
University of Venda, Thohoyandou, South Africa	Water and Health in Limpopo project	Vhonani Netshandama, Ph.D
Virginia Department of Health, Division of Environmental Epidemiology, Richmond, VA	Waterborne disease surveillance	Rebecca LePrell, MPH, Division Director
Virginia Department of Health, Thomas Jefferson Health District, Charlottesville, VA	Chart review of sexually transmitted diseases in teens	Cirle Warren, MD, Medical Director of STD Clinic
Virginia Department of Health, Thomas Jefferson Health District, Charlottesville, VA	Data analysis; GIS mapping	Peggy Brown Paviour, Health Promotion Consultant
Virginia Department of Health, Thomas Jefferson Health District, Charlottesville, VA	H1N1 influenza health education; Improved pregnancy outcome initiative	Peggy Brown Paviour, Health Promotion Consultant
Virginia Department of Health, Thomas Jefferson Health District, Charlottesville, VA	H1N1 influenza vaccination program	Lillian Peake, MD, Health Director
Westhaven Clinic, Charlottesville, VA	Patient encounter data input	Holly Edwards, RN, Parish Nurse, Vice Mayor of Charlottesville
WHO, Addis Ababa, Ethiopia	Assessment of trauma care needs in 3 teaching hospitals using WHO-IATSIC criteria	Jaime McCord, MD, General Surgeon at University of Wisconsin Hospital

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

Waivers are not granted.

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

No relevant residency programs exist at the University of Virginia.

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

This criterion is met.

A well-defined field placement, which emphasizes the practical application of skills and knowledge, is required of all MPH students. This planned, supervised, and evaluated work experience, appropriate to each student's individual interests and goals, provides important real-world experience for each student in preparation for working as a public health professional.

The Program has implemented improvements to the field placement (beginning 2009-2010) in response to feedback from students, site preceptors and members of the Community Advisory Board. Specifically, the Program has added the following: an Assistant Director to oversee the placements, more placement advising (including professional preparation), competencies (and self-assessments) specific to the placement, the field placement journal, more frequent communication with preceptors, and greater support to and clarification of expectations from preceptors.

With a larger group of students currently enrolled in the Program, placing students with local organizations without burdening these community partners may become a challenge. Opportunities to placing students at distant sites are limited by lack of funding for student travel and living stipends. Several MPH students apply and receive funding for overseas placements each year through the Center for Global Health, but those resources are limited. In addition, ongoing Program evaluation has revealed the need to ensure that students, especially those accepted upon completion of their undergraduate studies, have sufficient professional preparation for a field placement. This spring an action plan to address this last challenge was implemented in which students in need of more experience were given service placements prior to their field placements. The effectiveness of this plan will be assessed through ongoing monitoring and evaluation.

Students in both tracks of the MPH Program are required to complete the Culminating Experience course (PHS 8930), consisting of three components:

1. A master's project
2. An oral presentation
3. A professional portfolio (this component was added in 2010-2011)

Each of these components is described below.

The Culminating Experience course is 3 credit hours; as a guideline, students are expected to spend approximately 150 hours on the Master's Project component. The syllabus for PHS 8930 is presented in Appendix 2K. The Assistant Director hired in 2009 oversees this requirement of the Program, as well as the Practicum course (described in section 2.4).

The Master's Project

Students work with their faculty advisor and the Assistant Director to choose a topic and a project that reflects their individual interests, fits their ICAPP-identified professional competencies and goals, and focuses on the Track-Specific competencies for the student's chosen track. The topic and project may or may not be directly related to the student's field placement.

The topic must be a real world public health problem or issue; the format of the project is flexible. The project must demonstrate that the student has applied the knowledge and competencies acquired overall in the Program and, further, must demonstrate acquisition of competencies for the student's chosen track. For example, students in the Research in Practice track usually design or conduct a quantitative or qualitative investigation of a public health issue, while those in the Health Policy, Law and Ethics track analyze health policies or laws using legal research tools. Both the faculty advisor and the Assistant Director sign the Culminating Experience form to indicate approval of the topic and format for the project (see Appendix 2L).

Standard papers are expected to be in the range of 25-40 typed, double-spaced pages.   Specific components of the paper and a suggested timeline are presented in the PHS 8930 syllabus (see Appendix 2K). When a non-standard project format is proposed, appropriate components are discussed with and approved by the Assistant Director in the initial meeting with the student.

The faculty advisor, Assistant Director, and other faculty and/or the site preceptor (when appropriate) provide ongoing feedback on the project, as needed and requested by the student. Once completed, a minimum of 2 PHS faculty readers assess the project, using a Project Grading Rubric (see Appendix 2M).

Oral Presentation

Students present their master's project topics at a Master's Presentation Day, held at the end of each semester for graduating students. These presentations are announced and open to all faculty and students.

Each student has 10 minutes for the presentation, followed by a 5-10 minute question and answer session with faculty and other students.

These presentations are assessed by a minimum of 2 PHS faculty reviewers, using an Oral Presentation Rubric (see Appendix 2N).

Professional Portfolio

Each student must prepare a professional portfolio as part of the culminating experience. This portfolio may be hard copy or web-based, and must include the following:

- A current curriculum vitae, which includes specific skills and references
- A copy of the master's project
- A copy of the oral presentation slides
- Other relevant papers and presentations completed during the Program
- A description of the field placement and any service projects
- A description of competencies, substantive areas of expertise, professional skills and career goals (not described in the C.V.)

Sample student portfolios are available for review on site.

Competencies and Assessment

As described earlier, students must focus on the Track-Specific Competencies for their chosen track in completing their culminating experience. Students complete a competency self-assessment and final evaluation of their culminating experience upon completion (see Appendix 2O).

Class Meetings

In 2010-11, class meetings were added to the Culminating Experience Course. Under the direction of the Assistant Director, students meet approximately every other week for instruction on writing, data presentation, editing and oral presentation skills, to receive feedback on completed sections of their projects, to workshop samples of one another's writing and data presentation, and to practice their oral presentations.

The culminating experience is satisfactorily completed when the student has received passing grades from two (or more) readers of the project and two (or more) reviewers of the presentation, and completed the portfolio. The Assistant Director grades each student as "Satisfactory" or "Unsatisfactory," as determined by the above criteria. Per UVa policy, S/U grades are not included in the calculation of the grade point average on a student's transcript.

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

This criterion is met.

All students complete a culminating experience with documented procedures and expectations. A final project, oral presentation and professional portfolio are required of all students before being awarded the MPH degree. This culminating experience must address an important topic in public health and apply methods learned in courses. In addition, students assess their progress in attaining Track-Specific and self-selected competencies important for their preparation for a public health profession.

The Program strengthened the culminating experience in 2009-10 by hiring the Assistant Director to oversee this component of the Program and offer additional advising (beyond that provided by the student's academic advisor), and formalizing evaluation of the written project and oral presentation. Beginning in 2010-11, the culminating experience was further strengthened by requiring students to complete a professional portfolio and adding class meetings.

Discussions with faculty have revealed that some less experienced students have the need for stronger writing skills. In response, Program faculty members are referring more students to the UVa Writing Center as they work on their culminating experience projects. To address this challenge earlier in the

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Program, faculty are working together to coordinate feedback given to students on written assignments and notifying one another and the Program Director of which students need additional support. In addition, a subcommittee of the Faculty Curriculum Committee will work during the summer of 2011 to create a writing resource handbook for incoming students, and the Assistant Director is considering adding a writing assessment component to the culminating experience course in 2011-12.

The UVa MPH Program has adopted the following core competencies:

- Core Discipline competencies in Biostatistics, Epidemiology, Environmental Health, Health Policy and Management, and Social and Behavioral Science from the Association of Schools of Public Health Core Competency Development Project Version 2.3. For a complete list of these Program competencies, see Appendix 2P.

- Cross-Cutting competencies in the areas of Diversity and Culture, and Professionalism.

    1) Translate research data into community programs and/or policy options that support individual and population health improvement.
    2) Demonstrate effective written and oral skills for communicating with different stakeholders in the context of professional health activities.
    3) Describe the roles of history, power, privilege, and structural inequality in producing health disparities.
    4) Explain how professional ethics and practices relate to equity and accountability in diverse community settings.
    5) Develop public health strategies responsive to the diverse cultural values and traditions of the communities being served.
    6) Apply social justice and human rights principles when addressing community needs.
    7) Apply basic principles of ethical analysis (e.g., the Public Health Code of Ethics, other moral frameworks) to issues of public health practice and policy.

A matrix of the learning experiences in the Program is contained in Tables 2.6a and 2.6b in Appendix 2P, which provides a crosswalk between core competencies and Program courses. Mastery of the Program's competency set is accomplished through the core and elective course requirements, experiential learning (community service and field placements) and the culminating experience. Appendix 2Q likewise provides a crosswalk between competencies and track specific courses and program electives.

There are two specialty tracks offered in the Program: Research in Practice; and Health Policy, Law and Ethics. The competencies for each track are listed below:

Research in Practice Track-Specific competencies

1) Conduct a comprehensive review of the scientific evidence related to a public health problem or intervention.
2) Assess the health status of populations and their related determinants of health and illness.
3) Generate hypotheses and variables to measure health problems.
4) Use research and/or evaluation science methodologies and instruments to collect, analyze and interpret quantitative and qualitative data.
5) Employ ethical principles in the collection, maintenance, use and dissemination of data and information.
6) Demonstrate team-building and collaborative methods to engage community members in research/and or action to identify and solve health problems.

Health Policy, Law, and Ethics Track-Specific competencies

1) Conduct a comprehensive review and analysis of the economic, political, ethical and legal dimensions of a public health policy.
2) Analyze and evaluate health information and data relevant to specific public health policy issues.
3) Generate and analyze policy options for public health and health services.
4) Apply "systems thinking" to organizational and public health practice and policies.
5) Apply principles and methods of strategic planning, budgeting, and management of public health and health service organizations and delivery systems.
6) Assess the organizational structures, responsibilities, and values of key stakeholders, including governmental and nongovernmental organizations, in designing and evaluating health policy options.

Appendix 2Q links the Track-Specific competencies to the relevant courses in which they are taught.

In addition, each field placement and culminating experience focuses on Track-Specific and individually chosen competencies for each student, to the extent possible.

> **2.6.d. A description of the manner in which competencies are developed, used and made available to students.**

Competency development and implementation take place within the Program's ongoing evaluation cycle that includes input from faculty, alumni, committee advisors, employers, and field placement mentors. Details on the evaluation and implementation of competencies are found in Evaluation and Planning (Section 1.2).

Annually, faculty are engaged in a review of the competencies relevant to the courses they teach and those most appropriate for the Program (in general and the specific tracks). All faculty members have had multiple opportunities as part of the ongoing programmatic evaluation process to review competencies. The MPH Executive Committee reviews the faculty input and proposes new and changed competencies to the Program Faculty Curriculum Committee for final approval.

Students are informed about program competencies at numerous times during their matriculation. During the new student orientation a complete set of competencies (Core Discipline, Cross-Cutting, and Track-Specific) are provided and as part of the first semester Practice of Public Health course, students complete their first self assessment (see ICAPP part II, Appendix 1E). The self assessment is repeated at least twice while in the Program (see Table 1.2.a). These self-assessments familiarize students with the competencies and allow each student to prioritize competencies to support their goals and plans. Advisors use these competency self-assessments to guide course and other recommendations in their meetings with the students.

Competencies are either articulated in syllabi or provided in class. In addition, faculty are encouraged to review them with students at the beginning of each course. In addition, students focus on Track-Specific competencies in selecting their field placements and completing their culminating experiences. Self assessments for these competencies are completed as described in sections 2.4 and 2.5.

> **2.6.e. A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.**

The Program regularly assesses the changing needs of public health practice through the advice and recommendations offered by several key groups.

Community Advisory Committee

The Community Advisory Committee consists of leaders of a number of community organizations in the region. Committee members offer advice and recommendations at meetings each semester with the Program's leadership. Individual members offer advice on an on-going basis through collaboration with faculty members and administrators and through faculty and student services projects, as well as student field placements and culminating experiences. When suggested, courses have been added to the curriculum to meet a skill set need articulated by multiple Advisory Committee members, for example Quantitative Data Analysis in Public Health (PHS 6600) and Grant Writing and Presentation Skills (PHS 7830).

Faculty Curriculum Committee

Teaching faculty update course-specific competencies independently and as part of their annual review with the Program Director. The updating of course-related information also has led to the development of new courses or recommendations to the Curriculum Committee. For example, as a result of suggestions a toxicology module was added to the environmental health course.

Students have indicated an interest and need for a greater variety of research methodology courses. For example some desire more in-depth qualitative skills while other seek more practical experience with SAS and SPSS. As a result courses are added into the curriculum as soon as adequately piloted and provided.

Continuing Education Committee (ad-hoc)

The Continuing Education Committee works with the Virginia Public Health Association and Virginia Department of Health to identify and meet continuing education needs of the Commonwealth's public health workforce. For example, a workforce survey yielding over 600 responses identified a need for training on health impact assessments. This new workforce need was communicated to the MPH Faculty Curriculum Committee and MPH Executive Committee to inform decisions about competencies and skills needed in the workforce.

Annual Alumni and Employer Surveys

Each year alumni are surveyed to ascertain the competencies they found most useful in their work, what skills they wish they had acquired, and what recommendations they have for currently matriculating students. A select number of existing and potential employers are contacted annually to seek feedback through email or structured phone interviews on the preparation of Program graduates. As this number tends to be small in terms of numerical responses a proxy for specific alumni employer surveys are comments and recommendations articulated by all of the committees noted above.

> **2.6.f. Assessment of the extent to which this criterion is met.**

This criterion is met. The Program has developed and clearly promulgated a set of Core Discipline, Cross-Cutting, and Track-Specific competencies that are widely communicated to students throughout their course of study. Mechanisms are in place and are utilized to assess achievement of the competencies and to update them based on changing public health needs.

In addition to the competency self-assessment (ICAPP part II) that students complete, as described earlier, student progress in achieving competencies is also evaluated in through course work, faculty advising, grades, field placement, and the culminating experience project and presentation:

Course Work

All MPH students complete a program of study that includes specified core public health and track-specific courses. The extent to which each student attains specific MPH Program learning competencies is monitored on an ongoing basis through MPH course work (examinations, research papers, class presentations, participation, group activities, and projects such as research-oriented and community assessment/analysis reports), their field placement and culminating experience (see sections 2.4 and 2.5). Grades are assigned to enrolled students at the conclusion of each course in the Program and are interpreted as a reflection of the degree to which they have satisfactorily achieved stated course outcomes, which are directly related to MPH Program competencies. Appendices 2P and 2Q link Program competencies with courses. Each course has specific expectations of student performance and means of evaluation that are included in the syllabus.

Faculty Advising

Student progress is also monitored through faculty advisors. Students are assigned an advisor at the time of admission. (see Advising, section 4.6.a) The faculty advisor assists students with course selection to ensure that Core and Track-Specific competencies are satisfied while meeting individual student expectations regarding educational goals (See ICAPP Parts I and II, Appendix 1E).

Grade Point

As stated in the Graduate Record, students pursuing graduate degrees are expected to maintain a 3.0 graduate grade point average at all times. Students who fall below the 3.0 GPA and/or earn a grade lower than a B- in any course are placed on academic probation. The Program Director meets with the MPH Executive Committee to review the student's record, make recommendations and assess the student's improvement plan. The Program supports the student's efforts to return to good academic standing. If the student fails to bring the GPA to 3.0 by the end of the next semester, the student is in jeopardy of being expelled from the Program.

Field Placement

The field placement (a minimum of 200 hours) is a major component of the MPH Program and required of all students. It provides the opportunity to evaluate the degree to which students are able to integrate the knowledge and skills from their academic program into public health practice. Students complete Track-Specific and individually-selected competency self-assessments as part of the field placement. In addition, each site preceptor completes an evaluation of student performance.

Culminating Experience Project and Presentation

All MPH students are required to complete a final project and oral presentation, which draws on skills and knowledge to demonstrate preparation for the professional workforce. The project is read by a minimum of two DPHS faculty, who complete a project grading rubric (see Appendix 2M).

The oral presentation is reviewed by a minimum of two DPHS faculty, who complete an oral presentation rubric (see Appendix 2N).

> **2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program's performance against those measures for each of the last three years.**

Student achievement is monitored on an ongoing basis in several ways. The MPH Program, through the faculty, advisors and Program Director, monitors student grades in individual courses and on a cumulative basis. The Program tracks degree completion rates and the progress that students are making toward completion and student self-assessment of skills noted in the ICAPP (see Appendix 1E) in Core Discipline and Cross-Cutting as well as Track-Specific competencies. These completion rates and the results of student self-assessments are presented in Table 2.7.b.

Table 2.7.b.: Student Achievement Outcomes

Outcome	2007 - 2008	2008 - 2009	2009 - 2010
Greater than 90% of students will place in a job or educational program upon graduation	100%	100%	100%
100% of students will successfully complete a field placement	100%	100%	100%
100% of graduating students will rate the quality of the Program as good or excellent	92%	88%	90%
100% of students will assess themselves as achieving the following competencies: **Research in Practice Track**			
• Can apply commonly used descriptive statistics to summarize public health data.	100%	100%	100%
• Understand how to choose the appropriate study design to answer a particular research question.	71%	100%	100%
• Capable of defining dependent and independent variables in public health research.	86%	100%	67%
100% of students will assess themselves as achieving the following competencies: **Health Policy, Law & Ethics Track**			
• I can identify and interpret public health regulations and policies.	100%	100%	100%
• I can write clear and concise policy statements.	100%	88%	100%
• I can articulate the social, political, and economic consequences of public health policy alternatives.	100%	100%	100%

> **2.7.c. If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.**

The MPH Program allows for 5 years to complete the Program. In the table below, the cohort of students reflected in each cell began the Program 5 years earlier. For example, the 2009 – 2010 cohort of students

began the Program in the fall of 2005. The following rates were reported to CEPH in the CEPH Annual Report.

Table 2.7.c.: Degree Completion Rate

Degree Completion Rate	2007 - 2008	2008 - 2009	2009 - 2010
Research in Practice	1	0.8	0.9
Health Policy, Law & Ethics	1	0.8	0.9

> 2.7.d. A table showing the destination of graduates for each of the last three years. The table must include at least the number and percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed. See CEPH Data Template D.

Table 2.7.d. (Template D): Destination of Graduates by Department or Specialty Area for Each of the Last 3 years

Destination of Graduates by Program Area in 2008

	Government		Non-profit		Health Care		Private Practice		University/ Research		Proprie-tary		Further Educa-tion		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Health Policy, Law, and Ethics	1	33%	1	33%	0	0%	0	0%	0	0%	1	33%	0	0%	0	0%	0	0%
Research in Practice	0	0%	3	33%	2	22%	0	0%	1	11%	1	11%	2	22%	0	0%	0	0%

Destination of Graduates by Program Area in 2009

	Government		Non-profit		Health Care		Private Practice		University/ Research		Proprie-tary		Further Educa-tion		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Health Policy, Law, and Ethics	2	22%	1	11%	1	11%	0	0%	0	0%	1	11%	4	44%	0	0%	0	0%
Research in Practice	1	14%	0	0%	1	14%	0	0%	1	14%	1	14%	3	43%	0	0%	0	0%

Destination of Graduates by Program Area in 2010

	Government		Non-profit		Health Care		Private Practice		University/ Research		Proprie-tary		Further Educa-tion		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Health Policy, Law, and Ethics	1	14%	0	0%	1	14%	0	0%	0	0%	1	14%	4	57%	0	0%	0	0%
Research in Practice	0	0%	0	0%	1	33%	0	0%	0	0%	0	0%	2	67%	0	0%	0	0%

Professional certification is not required for either the research in practice sciences or in health policy; therefore, no graduates have taken national examinations in public health or public health-related fields.

The MPH Program conducts an annual assessment of alumni regarding the Program graduates' use of skills in the practice setting. All students who have graduated from the Program are contacted and asked to respond to a questionnaire every year. Alumni respond to questions regarding their preparation and use of public health skills, and their suggestions for additions to the curriculum. Alumni are also asked to update their contact information, their employer and position, and their grant funding and publications. In the fall of 2010, approximately 50% of alumni responded to the annual survey.

The Program also surveys select employers for their perceptions of the Program's effectiveness in preparing graduates for public health professions. Each year, some employers who have worked with multiple Program alumni are contacted through a phone call and e-mail. In the summer of 2010, three employers responded to the employer survey.

Table 2.7.f.: Alumni and Employer Data

Alumni and Employer Survey Data	2007-2008	2008-2009	2009-2010
No. of different public health fields in which alumni have found employment	3	4	4
Percent of MPH alumni responding to the alumni survey who report that the knowledge and skills gained in the MPH Program prepared them well for their professional roles in the two years following graduation.	New for '08-'09	87.5%	100%
Percent of employers surveyed who believed the Program provides the appropriate skills to graduates	New for '08-'09	100%	100%
Percent of employers who believed the alumni are prepared as employees in their field	New for '08-'09	100%	100%

This criterion is met.

The Program has procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance. Several challenges have emerged from the ongoing Program assessment fueled by the steady growth of the Program and the increased numbers of students who matriculate immediately after completing their baccalaureate degrees. As one example, the Program added courses specifically targeting the academic needs more commonly evident in students matriculating directly from their undergraduate experience. Two current challenges identified at the January 2011 meeting of the Faculty Advisory Committee are the need for strengthening student writing skills (see the action plan in Section 2.5.b.) and identifying enough diverse service placement opportunities to provide the professional experience needed prior to field placements (see the action plan in Section 2.4.e). An ongoing challenge is attaining the aspirational Program goals (specific to section 2.7.b) of 100% satisfaction with the Program. The Program Evaluation Committee decided to maintain this goal with a decision to assess the need for programmatic adjustments when the numbers of respondents and percentage changes merit intervention (a target of 80%).

> **2.8 Academic Degrees. If the program also offers curricula for academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.**

The Program does not offer academic degrees.

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

The Program does not offer a doctoral degree.

The Program currently offers three dual degree programs: the MD-MPH, the JD-MPH and the MBA-MPH. A fourth dual degree, the MPP-MPH, will admit its first students in the 2011-2012 academic year.

The dual degree programs have the following features:

- MPH dual degree students are required to take all of the same required courses and fulfill all of the credit requirements for the MPH degree (42 credits) as the other non-dual degree students;

- MPH dual degree students must register as full-time MPH students in the Graduate School of Arts & Sciences for a minimum of one academic year;

- MPH dual degree students can then complete their MPH course work by registering for MPH courses while they are registered as full-time students in the other degree program;

- MPH dual degree students select one of the two MPH tracks and work toward the attainment of competencies for that track as other non-dual degree MPH students;

- In the dual MPP-MPH and MBA-MPH Programs, up to two courses (6 credits) can be taken that count toward both degrees.

- In the MD-MPH dual program, students are awarded medical school elective credits for three MPH courses (9 credits).

- In the JD-MPH dual program, up to 4 courses (12 credits) can be counted toward both degrees for students in the MPH Health Policy, Law, and Ethics track. The law school allows students to count two MPH courses toward their law degrees as elective courses; and the MPH Program allows students to take two health-related law courses as track selectives or electives.

It is important to note that MPH students in dual programs have the same opportunity to do what every MPH student can do, i.e., take elective courses in other departments or schools in the university, with the approval of the MPH faculty committee and/or their advisors.

This criterion is met. The Program offers or plans to offer four dual degrees, the requirements of which have been clearly delineated. Dual programs are a strength of the MPH Program in that they facilitate the integration of many disciplinary perspectives from students and their faculty in other schools from across the University. A challenge is to ensure that dual students become immediately part of an MPH cohort of students during their full-time matriculation as MPH students, so that they are well-integrated into the Program and become steeped in public health professional values.

Does not apply.

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

DPHS and Program faculty conduct primary and collaborative research in areas that correspond to their individual disciplines and research interests. The research activities are funded by federal, state, and private foundations. Research ranges from methodological to community, population, and translational, and spans topics from cancer to genomics to health informatics.

The MPH Program, as part of the Department of Public Health Science (DPHS) in the School of Medicine (SOM), follows the research policies and administrative research procedures of the School. SOM policies are aligned and in compliance with University, state and federal regulations governing research. In keeping with its mission, the MPH Program faculty performs both independent and collaborative research. Program faculty members are either principal investigators or key personnel in grants with principal investigators from outside DPHS. Research activities, peer-reviewed publications and invited talks in professional conferences are metrics that measure the individual and collective scholarly success of the Program faculty.

The Department and institutional administrative infrastructure support the research needs of Program faculty. The institutional support is described in the following duties and responsibilities of the SOM research administration:

Research at the School of Medicine

The Office for Research supports and promotes basic, clinical, and translational investigation in SOM and facilitates research synergies across UVa by strategic planning, maintenance of research infrastructure and core facilities, administration of internal funding programs, management of research space, policy development, and coordination with other UVa research-intensive schools and the Vice President for Research.

The Office of Grants and Contracts provides superior customer service to SOM faculty in order to facilitate the research enterprise. The office supports the research community with:

- Review and approval of proposals and contracts
- Assistance with achieving compliance
- Identification of potential sources of research funding
- Interpretation of sponsor policies and guidelines
- Facilitation of training and development of support tools for research administration
- Assistance with budget development and application submission
- Provision of non-financial, post-award assistance
- Assistance with account close-out
- With the Office of Sponsored Programs, negotiation of terms and conditions for contracts such as clinical trials, research, material transfer, confidentiality, and consulting agreements.

The DPHS' Operations and Grants Manager provides support to the Program faculty in preparing budgets and in post-award accounting. The Operations and Grants Manager also provides support by coordinating with the other institutional offices described above.

The Program's faculty and students are committed to community-based and community-participatory research and engagement, which are grounded in the Program's core value of Teamwork, Collaboration, and Cooperation that emphasizes "active, meaningful and sustained participatory approaches" to public health.

For example, faculty and students are providing research and service to the CDC-funded Statewide Community Cancer Prevention and Control Program, administered by the Virginia Department of Health. Students are analyzing data on the effect of UV photo interventions on sun protection use intention, and collecting data on vending machine use by high school students. In addition, a faculty member is conducting the five-year evaluation of the entire Statewide Community Cancer Prevention and Control Program.

From 2007 to 2009, faculty and students worked with the Thomas Jefferson Health District (TJHD) on the Mobilizing for Action through Planning and Partnerships (MAPP) community needs assessment and strategic planning process, a community participatory approach to addressing the health needs of the Charlottesville/Albemarle County community. MPH faculty comprised four of the 19 members of the MAPP Steering Committee that directed the process, and five MPH students worked on data collection and analysis with the community. Faculty and students are now working with community leaders and community action workgroups to address two of the major community health needs: infant mortality and mental health. For example, UVa faculty, in conjunction with the Charlottesville Region Ten Community Services Board, submitted a grant proposal on the integration of primary and mental healthcare in the community, and MPH students are working with this agency on community mental health outcomes reports.

Another example of community-based research is the work of MPH faculty and students in Southwest Virginia. The Southwest Virginia Health Authority (SVHA) is a state organization created to address the health disparities in the region, and over the last several years a number of MPH and other UVa faculty have collaborated with the SVHA in the creation, adoption, and publication of the first comprehensive strategic health plan for the region. MPH faculty members David Cattell-Gordon, Elizabeth McGarvey, Tanya Wanchek, and Ruth Gaare Bernheim have been active participants in the creation of the strategic plan and community engagement.

These same faculty members also work through the Healthy Appalachia Institute at UVa, which is a collaborative partnership between the government-empowered health authority and the University that features a bi-directional partnership between community groups and leaders in the region to address the health concerns of this underserved population. For example, Elizabeth McGarvey, who has over 15 years experience in community-based research on federally funded grants (e.g. CDC, USDA, HRSA), worked with a local health clinic, the Health Wagon, in far Southwest Virginia to secure a grant to address diabetes with over 250 patients in the community and to undertake a data collection and management system that will result in publications jointly prepared with community partners. Numerous MPH students have worked on community-based research projects in Southwest Virginia. For instance, in 2009, three MPH students partnered with the local department of health to review cases and establish a telemedicine service for cervical cancer.

Other recent (2010-11) and ongoing examples of faculty and student collaboration on public health projects with community-based agencies include:

- Data compilation and analysis for the annual "Stepping Stones" report of the

Charlottesville/Albemarle Commission on Children and Families that has been expanded in 2010 to include significantly more health data from the local health department

- Development of a survey to assess barriers to colon cancer screening for use by UVa's Cancer Center outreach team and the Farm Bureau of Amherst County, VA

- Research on sources of funding in preparation for a grant proposal to support the annual Danville, VA Community Health Fair

> **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.**

Measures by which the Program evaluates the success of its research activities are presented in Table 3.1.d. The Department of Public Health Sciences started tracking the publication record of its primary faculty in Fiscal Year 2008-2009. Department faculty published 94 articles in peer-reviewed publications with an average impact factor* of 5.7 in FY 08-09 and 130 articles with an average impact factor of 7.4 in FY 09-10.

Table 3.1.d.: Measures of Research Success

Outcome	2007 - 2008	2008 - 2009	2009 - 2010
50% of faculty will have research funding each calendar year	92% (Cal Yr 2008)	85% (Cal Yr 2009)	68% (Cal Yr 2010)
50% of faculty will have at least 1 peer-reviewed publication each year	85%	92%	64%
The average Impact factor* of faculty publications will be at least 3	New in '08 – '09	5.7	7.4
50% of full-time faculty teaching in the MPH Program will offer students opportunities for research activities through their research projects	39%	53%	54%
75% of faculty teaching in the MPH Program will present scholarly work at local, regional, national or international professional or academic meetings at least once each calendar year	62% (Cal Yr 2008)	54% (Cal Yr 2009)	65% (Cal Yr 2010)

*Average impact factor is the frequency with which the average article in a journal has been cited in a particular year or period.

> **3.1.e. A description of student involvement in research.**

The MPH Program encourages student participation in research activities with faculty in a number of ways, including field placements projects, funded research assistantships, internships on research projects, research projects incorporated in course requirements, independent research courses under the direction of a faculty member, and culminating experiences. Research assistant opportunities range from short-term projects to full-year involvement in faculty research. Student research assistants perform tasks such as literature reviews, data collection and analysis, manuscript preparations, and conference presentations. The following are examples of recent student publications and research undertaken with faculty (the student's name is underlined):

Mattos, JL, Woodard, CR, Payne, SC. (2011) Trends in common rhinologic illnesses: Analysis of U.S. healthcare surveys. 1995–2007. Int Forum Allergy Rhinol,; 1:X–XX

Peterson, K. (2009). Childhood Undernutrition: A Failing Global Priority. Journal of Public Health Policy. 30(4); 455-464.

Davies, E. (2009). Laboratory-Acquired Vaccinia Virus Infection – Virginia, 2008. Morbidity and Mortality Weekly Report. 58(29); 797-800.

Bryan, R.T., Schaefer, R.M., DeBruyn, L., Stier, D.D. (2009). Public Health Legal Preparedness in Indian Country. American Journal of Public Health. 99(4); 607-614.

Young, J.L, Bernheim, R.G., Stoler, M.H., Rice L.W., (2008). Human Papillomavirus Vaccination of Women Aged 16-26 Years by Virginia Family Practitioners and Gynecologists. Obstetrics & Gynecology. 111(4); 1S-113S

Kozower, B.D., Stukenborg, G.J., Lau, C.L., Jones, D.R., (2008). Measuring the Quality of Surgical Outcomes in General Thoracic Surgery: Should Surgical Volume Be Used to Direct Patient Referrals? Annals of Thoracic Surgery. 86; 1405-08.

The following are examples of student work that has been submitted for publication:

Megan Dunay: Geriatric patient activation: A pilot study using focus groups.

Jose Mattos: Clinical and genetic epidemiology of chronic and recurrent otitis media.

Chris Winstead-Derlega: Implementing health in rural populations living with HIV and AIDS in the United States.

The following projects are examples of research currently underway:

Al Strickler: Pediatric obesity and practitioner referral patterns to the children's fitness clinic.

Nadia Huq: Systematic review of in the importance of environmental cleaning in infection control and methods of evaluation.

Laura McLaughlin: Examining and facilitating the implementation of the recently revised healthcare decisions act.

David Chen: Reviewing evidence for cancer risk assessment for the NIH-funded GenE-EMR Research Project

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

This criterion is met.

MPH faculty members are engaged in an active and well-funded research program that includes community research and research involving MPH students. Research topics include substance abuse, prostate cancer, diabetes, state health law implementation, global diarrhea eradication, and water use and health in rural South Africa. The MPH Program has identified five outcome measures outlined in Table 3.1.d by which to assess the effectiveness of its research program, and the data demonstrate success in attaining four of the five targets. The target that 75% of teaching faculty present scholarly research at a professional or academic meeting has not been met in the last three years, in part because teaching faculty have varying requirements for active research agendas and limited grant funding for travel. While some of these faculty members do undertake research, there is little or no Program funding for them to travel to conferences, given that the University in the last three years has imposed budget cuts that limit department funding available to support faculty travel. The MPH Program has provided some travel funds this year to encourage faculty to travel to and present at conferences in the region, for example, the Virginia Public Health Association conference in Richmond, Virginia, and the Association for Prevention Teaching and Research Conference (APTR) in Washington, D.C.

A commitment to service is a cornerstone of the MPH Program, inspired by the University's Jeffersonian tradition that emphasizes public leadership and service.   As highlighted in the Program mission and goals, the spirit and call to service is core to the education of a public health professional. The Program's understanding of service is in accord with CEPH's interpretation that service is an "explicit activity undertaken for the benefit of the greater society…."

Service permeates every facet of the Program. The MPH Program Goal E explicitly addresses service: "To work continually to improve the health of populations by providing service and consultation to public health agencies and organizations at the local, state, national and international level." The MPH Program is particularly committed to addressing health equity, as stated in Value 2 (see Section 1.1e), and thus has created effective linkages for service with local organizations that focus on eliminating health disparities (see Sect 3.2.b). While there are no formal contracts with most organizations, the Program has written letters that outline the understanding of Program responsibilities (see letters at the end of Appendix 1V). The Program's service policy is provided on the Program website and described explicitly to students during orientation.

The Program's approach to student service is to strongly encourage students – by supporting a student-run service organization – to take the initiative and leadership role in service projects. The Program often identifies service opportunities for the student organization, called the Service and Social Organization, and promotes faculty participation by publicizing service events. Students coordinate service opportunities, announce projects and present accomplishments at the regular organization meetings. Two students serve as leaders, coordinate meetings and keep the e-mail distribution list.

Public health faculty members are mentors and role models for students in demonstrating public health service. Faculty members are required annually to provide annual reports to their division chiefs and the department chair that list their accomplishments including service to the community and profession. In addition, the DPHS chair nominates faculty for tenure and/or promotion and takes into account faculty service, based in part on each faculty member's appointment letter that usually explicitly states a percentage of time to be allocated to service (often in the range of 5-10%).

The local community is an important partner in the service mission of the UVa MPH Program. The Community Advisory Committee members inform the Program about what service needs exist in the community and how students can make contributions that are a value to community organizations.   For example, Community Advisory Board member Cheryl Cooper has provided an extensive list of service projects needed by the local Jefferson Area Board on Aging (JABA) and has spoken to MPH students about service in the Practice of Public Health course.

Program Activities

Crescent Halls, Charlottesville, VA (2008 – Current)

Program students, working closely with Program faculty, conducted a needs assessment of the Crescent Halls senior citizen public housing community. The students found that several of the residents had difficulty doing daily activities such as walking, getting up and down stairs, and getting out of chairs. Students presented the work to the Charlottesville Housing Authority, where the suggestions for how to address these needs were praised as low-cost and high impact.

Region Ten Community Services Board, Charlottesville VA (2009 – Current)

Students and faculty are at Region Ten each week working on projects to improve mental health and wellness in the community. The Program provides sustained support on such projects as: state mandated needs assessment, literature review, preparation of policy documents and customer satisfaction surveys.

Planned Parenthood, Charlottesville, VA (2009 – Current)

Students are working with faculty on a sustained effort with Planned Parenthood creating activity outlines and objectives for formalizing the curriculum for peer educators. Students developed a directory of locally available services, and also provide education for teens, teaching in after-school activities.

Thomas Jefferson Health District, Charlottesville, VA. (2008 – Current)

The UVa MPH Program has been a close partner with TJHD since the Program's inception. Students implement outbreak investigation, coordinate vaccination programs, conduct community outreach and strategic planning, create and maintain databases, and develop training plans. Students also present their work to VDH.

VDH Office of Minority Health and Public Health Policy, Richmond, VA. (2009 – Current)

The MPH Program works with Dr. Michael O. Royster, Director of VDH Office of Minority Health and Public Health Policy (OMHPHP). The mission of OMHPHP is to promote health equity by accessing health inequities and disparities and identifying their causes, and to address them by promoting social justice and further educating the public. Currently MPH faculty and students are creating a series of Webinars with OMHPHP addressing health inequities in the region. MPH students previously have worked on educational modules and research.

Westhaven Nursing Clinic, Charlottesville, VA (2007 – 2009)

The MPH Program partnered with the Westhaven Nursing Clinic in the City of Charlottesville on an encounter data entry and analysis project. The clinic is located in the Westhaven Public Housing Community. Residents of this community have limited access to traditional healthcare.

This project has had a positive impact on the health of the community by increasing the clinic's access to the encounter data, which allows the clinic to tailor services and apply for funding for programs. These data may be presented by the clinic to the community groups seeking a federally qualified community health center that would serve the Westhaven Community.

Faculty Activities

Faculty provide service to a range of community agencies and professional organizations. For example, the Office of Minority Health and Health Equity at the Virginia Department of Health contacted the Program in fall, 2010, for assistance in developing and implementing an evaluation plan to determine the effectiveness of a Community Health Ambassador Program (CHAP) in two counties in Virginia. The purpose of the program is to train community members and build community capacity to promote health and health equity (in keeping with the Program Value 2). Program faculty Wendy Novicoff, Ph.D., agreed to undertake this service activity. After meeting with stakeholders, she developed a comprehensive evaluation plan to measure outcomes related to goals and objectives of the program. She will continue to work in an advisory role with the program staff as needed.

 Examples of contributions from three faculty members are provided below to demonstrate the types of professional service provided by Program faculty members. Please see Appendix 3A for a more in-depth list of service in which the Program faculty are involved.

Ruth Gaare Bernheim

2009-present: CDC Ethics Subcommittee Member (Chair, 2010 - present)
2009-present: President, Virginia Public Health Association
2010-present: Member, Virginia State Rural Health Plan Workforce Council
2009-present: Member, Association of Schools of Public Health, Leadership Council on Undergraduate Education
2008-present: Member, Association for Prevention Teaching and Research Board of Directors
2008-present: Member, American Journal of Preventative Medicine Governing Board
2008: Institute of Medicine, External Reviewer, Report on "Implementation of Antiviral Medication Strategies for an Influenza Pandemic"
2007 - 2008: Member, Steering Committee, Thomas Jefferson Health District MAPP Community Health Status Project
2005 - present: Member, VDH State Pandemic Flu Advisory Committee

Mark Conaway

NIH Review Study Sections
1994: NIH Special Emphasis Panel: P01 Programs in Prostate Cancer
1999: NIH Special Emphasis Panel: Trans-Disciplinary Tobacco Research Centers
2000: NIH Special Emphasis Panel: P01 Programs in Angiogenesis
2001: NIH Special Emphasis Panel: SPOREs in GI and Prostate Cancer
2002: NIH Special Emphasis Panel: SPOREs in Lung Cancer
2004: NIH Special Emphasis Panel: Evaluating cancer signatures
2009: NIH Special Emphasis Panel: ARRA RC1 reviews, study section ZRG1 OTC-K
2010: NIH Special Emphasis Panel: NCI P01 Clinical Studies Special Emphasis Panel
2010: NIH Study Section: Member: Clinical Oncology Study Section (CONC)

George Stukenborg

2008-present: American Public Health Association Statistics Section web site editor
2010: U.S. Department of Health and Human Services Agency for Healthcare Research and Quality ARRA Limited Competition: National Research Service Award (NSRA) Institutional Research Training Grant (T32) Special Emphasis Panel (SEP)

2010: U.S. Department of Health and Human Services Agency for Healthcare Research and Quality ARRA Limited Competition: AHRQ Institutional Training Grants for CE (K12)

2008 - 2010: U.S. Department of Health and Human Services Agency for Healthcare Research and Quality Health Care Research Training (HCRT) Grants Program Study section member, appointed December 2007 HCRT Study Section. Member list available at: http://www.ahrq.gov/fund/peerrev/hcrtrst.htm

Table 3.2.c. provides data used by the Program to evaluate the success of service efforts.

Table 3.2.c.: Measures of Service Success

Outcome	2007 - 2008	2008 - 2009	2009 - 2010
The MPH Program will collaborate on two service projects with community health groups each academic year.	1. Trinity Mission Nursing Home 2. Thomas Jefferson Health District, Charlottesville, Virginia	1. Crescent Hall Nursing Clinic 2. Thomas Jefferson Health District, Charlottesville, Virginia	1. Crescent Hall Nursing Clinic 2. Region Ten CSB 3. Thomas Jefferson Health District, Charlottesville, Virginia
100% of MPH students will be aware of opportunities for service through the MPH Program.	60%	100%	95%
At least 50% of MPH students will provide community service in health related organizations.	40%	64%	100%
At least 50% of MPH faculty members will provide service to the public health community and / or to public health professional associations each year.	81%	85%	93%
At least 50% of MPH students will conduct a field placement that provides service in a community based agency	New in '08 – '09	56%	70%

3.2 d. A description of student involvement in service.

Below is a snapshot of interesting ways that MPH Program students have recently been involved in service.

PHS 7210 - Community Engagement for Research and Policy

Students enrolled in the community engagement course provide three to six hours a week to a community group that has an established relationship with the Program. In the fall of 2010, three students were involved in survey research at the Region Ten Community Services Board. These students each conducted a survey from start to finish, drafting questions, revising survey instruments, updating respondent contacts, putting the questionnaire into the field, analyzing the data, and generating reports with recommendations for action.

Students were also involved at Planned Parenthood working on several teen education projects, including creating a report called, "Words for Sex" – a compilation of all the slang that teens are using.

Outbreak Investigations for the Local Health Department

In 2009-2010, TJHD staff enlisted the MPH Program's dual degree MD-MPH students to investigate the H1N1 outbreaks in Central Virginia schools. The students played an integral role in investigating school absences, doctor visits, and conducting parent interviews. Additionally, the team went out in the field to collect specimens for testing and coordinated with the state health department in preparing formal H1N1 outbreak investigation reports for the local schools. Their work not only provided a solid base of information for H1N1 officials throughout the state, but also provided a great experience to put their knowledge of public health into practice.

Student Service and Social Organization

Sponsored by the MPH Student Service and Social Organization in 2009-2010, the students decided to focus on hunger and, along with PHS faculty, raised over $400 for the Madison House Holiday Family Sponsorship Program. Students led the fund drive and delivered a car full of groceries. In 2010-11, students have regularly visited Crescent Halls Nursing Home, serving food, creating educational games (Diabetes Bingo), and leading exercise dance-in-place classes.

> **3.2 e. Assessment of the extent to which this criterion is met.**

The criterion is met.

The Program provides an environment where students and faculty are provided with policies, procedures, and concrete opportunities to pursue service to the public health profession and to the community as an intentional and routine part of the Program. The Program has established a goal and measurable objectives for service and meets the targets set by the program evaluation. Students individually provide service in response to requests from numerous organizations for help on projects, and faculty members serve a wide-range of community and professional organizations as leaders, committee and board members, and through continuing workforce education. Because Charlottesville is a small community with unmet student need for community service projects from numerous schools and programs, one challenge is to identify community service projects that can be sustained over time to build a sense of commitment and measurable impact specific to the MPH Program.

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

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

The UVa MPH Program is committed to working with public health professionals in practice to identify and address the continuing educational needs of the public health workforce and of community health organization employees. Consistent with its mission for individualized education, the Program has focused on providing professional development for the workforce that is tailored to small groups of health professionals.

The collaboration with local community health agencies on workforce development is an integral part of the close relationship the MPH Program has with community partners, through which it identifies not only the specific training sessions that are needed but also opportunities for on-going long-term training consultation that often takes place on-site in health organizations. The emphasis is on small, individualized educational programs that address the needs of individual employees and particular community agencies.

The MPH Program, since 2006, has undertaken regular needs assessments of the public health workforce in the region through a combination of workforce surveys, on-going inquiries of local health leaders, and consultation with the Community Advisory Committee. Workforce education has been provided by individual MPH faculty members in two ways: through special training sessions developed in response to specific requests from community health professionals on particular topics, such as Data Management in Public Health or Time Management in Public Health Organizations, and through the participation of health professionals in MPH academic courses, such as courses on SPSS or GIS (see section 3.3.e).

Beginning in 2008, the MPH Program has expanded its workforce development efforts by establishing the MPH Workforce Education Initiative and creating a new MPH Continuing Education Committee.

The MPH Continuing Education Committee meets regularly, often by teleconference, to plan, conduct and review the educational needs of the workforce. The committee is comprised of the DPHS Chair/MPH Program Director, faculty, students, a staff member of the UVa SOM Continuing Medical Education Office, and the director of the Office of Minority Health and Health Equity in VDH.   Its goal is to provide workforce development animated by the MPH Program's mission, which emphasizes interdisciplinary approaches to public health interventions and collaboration with community partners.

The MPH Continuing Education Committee had three accomplishments in 2010. In partnership with VDH, it conducted a survey of VDH employees about the workforce educational needs for addressing health inequities in the state. It launched a successful Webinar Series on Health Equity, based on the survey, which was co-sponsored by VDH and the Virginia Public Health Association (VAPHA). In addition, the committee played a major role in helping to develop the Commonwealth Public Health Training Center, which brings together MPH programs from across Virginia and other health organizations, in a major new workforce development initiative (the Commonwealth Public Health Training Center, PHTC) in Virginia that is funded for five years by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA).

The PHTC grant will provide significant new funding to the UVa MPH Program to conduct training for the public health workforce in the local region, increase exposure of youth to public health as a viable career, as well as to collaborate as part of a new state-wide network of public health professionals in creating Certificate Programs and state-wide training conferences for the workforce. UVa faculty members lead the

pipeline initiative which focuses on undergraduate and high school student exposure to public health as a career (see Appendix 3B).

UVa's MPH Continuing Education Committee will oversee the new PHTC funding and workforce development projects, including spearheading PHTC's Pipeline Initiative that will draw new workers into the public health workforce by reaching out to undergraduate and graduate students not currently enrolled in public health educational programs.

The following workforce education assessments were conducted in 2009-2011:

- A web survey of VDH employees received over 600 responses. The results were used in designing "Advancing Health Equity, From Theory to Practice," the webinar series currently underway. The survey identified the following topics of most interest to the workforce: best practices in addressing local inequities in obesity; how to use community participatory approaches, including the district MAPP process, to promote health equity; and ways to measure health impact and intervene in the built environment. Other topics of interest included health equity and infant mortality, food security, and designing culturally and linguistically appropriate community interventions.

- A web survey conducted of health professionals in the Rappahannock/Rapidan Health District received 22 responses, which led to an on-site series of instruction begun in March, 2011, focused on data management and presentation and community program evaluation.

- Another questionnaire circulated to program leaders in TJHD provided data on the need for training in budgeting, management, and leadership. A series of continuing education sessions began in January 2011 with sessions on Effective Leadership and Meeting Facilitation.

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

Not applicable.

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

Below are the continuing education programs offered by the UVa MPH Program:

Webinars: Advancing Health Equity, From Theory to Practice

The UVa MPH Program is partnering with VDH, in conjunction with VAPHA, to offer a series of free, interactive webinars addressing health equity to sustain the energy generated by the 2009 Virginia Health Equity Conference sponsored by VAPHA. The Program funds continuing education credits for participants who apply. In 2010 - 2011, the series entitled, Advancing Health Equity, From Theory to Practice, included four webinars with national and state speakers:

Using Community-based Participatory Approaches (CBPA) to Reduce Infant Mortality

Date: March 31, 2011

A Community-based participatory approach (CBPA) to promoting health is recognized as a critical strategy in addressing health inequities among socially disadvantaged and marginalized communities. Applying CBPA, grassroots advocates, community leaders and entire communities are empowered to steer interventions in ways that reduce persistent inequities such as infant mortality. This free webinar is intended for a variety of public health professionals, health care practitioners including physicians and nurses, and community planners and local leaders involved in health, social and economic decision making. The goals of this webinar are to:

- Describe the principles inherent in a community-based participatory approach (CBPA) and their relevance for promoting health equity.
- Discuss scope, severity and impact of inequities associated with infant mortality.
- Identify best practices that use CBPA to reduce infant mortality inequities.

Featured Speakers:

- Thomas L. Schlenker, MD, MPH, Director of Public Health, Madison and Dane County, Madison, Wisconsin
- Lillian Peake, MD, MPH, District Health Director, Thomas Jefferson Health District, Virginia Department of Health, Charlottesville, Virginia

A Road MAPP to Health Equity

Date: December 13, 2010

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

The goals of this webinar were to:

- Provide an overview of the MAPP process and its potential value in promoting health equity.
- Identify tools for using MAPP to create awareness of social determinants of health equity and their impact on health outcomes.
- Assist participants to successfully integrate the principles of health equity into the proven MAPP framework, regardless of where they are in the process.

Featured Speakers:

- Gloria Addo-Ayensu, MD, MPH; District Director, Fairfax Health District, Fairfax, Virginia
- Julia Joh Elligers, MPH; National Association of County and City Health Officials (NACCHO), Program Manager, Washington, DC

The ISMS and Health Equity: Understanding and Addressing Racism, Sexism, Classism and more...,

Date: September 14, 2010

The goals of this webinar were to:

- Define discrimination—sexism, racism, classism, etc.,
- Describe how discriminatory practices affect health, and
- Describe approaches that organizations and communities are implementing to address these issues.

Featured Speakers:

- Ngozi Oleru, PhD, MS; Division Director, Environmental Health Services, King County, Washington
- Mia Luluquisen, DrPH, MPH, RN; Deputy Director, Community Assessment, Planning and Education/Evaluation, Alameda County Public Health Department, Alameda County, California
- Sandra Witt, PhD, MPH; Deputy Director of Planning, Policy and Health Equity, Alameda County Public Health Department, Alameda County, California

Health Impact Assessment – Health Equity

Date: April 23, 2010

This webinar was intended for a variety of public health professionals, health care practitioners including physicians and nurses, and community planners and local leaders involved in health, social and economic decision making. Course faculty defined Health Impact Assessment (HIA) and provided an overview of the tool's benefit in recognizing the health consequences of decisions about built environments. Case studies further demonstrated how the tool can be used to promote health equity.

Featured Speakers:

- Nisha Botchwey, PhD, MCRP; Associate Professor, University of Virginia Urban and Environmental Planning Department, Charlottesville, VA
- Lili Farhang, MPHl; Associate Director, Human Impact Partners, Oakland, CA
- Michael Royster, MD, MPH, Director of the Office of Minority Health and Public Health Policy, VDH, Richmond, VA

MPH Workforce Education Initiative

The MPH Public Health Workforce Initiative was created in 2008 to provide training for the public health workforce on topics identified by local health agencies. Initial training focused on the collection, management and use of public health data in their jobs in order to improve the health of those they serve. Trainings are comprised of a series of 5 to 7 sessions, each lasting for 3 hours. The initiative has included training in Microsoft Excel, Microsoft Access, and Structured Query Language (SQL). Also offered are training in other Microsoft Office software, particularly Word and PowerPoint. These trainings are conducted in state-of-the-art lab facilities, which allow each person in attendance to work at a computer and bring an actual challenge from their work to class for discussion. The instructors for these trainings have several years of experience in both teaching the use of the software and in public health.

Agencies that have recently participated in the initiative include The Quality Community Council, the UVa Department of Medicine's Section of Geriatrics, and UVa Center for Global Health, the Rappahannock/Rapidan Health District, and TJHD. A recent outcome of the initiative is the increase in availability of state data to a local health department. With the knowledge of SQL, health department workers are now able to write their own queries of the state database to tailor the data to their immediate needs, instead of relying on the preformatted reports that were previously available.

In addition, MPH faculty who teach these sessions provide follow-up consultation to health professionals at the community health agency sites, so that employees have support as they use their training in their day-to-day jobs.

MPH Program Courses for Workforce Education Initiative

The MPH Program opens its courses to members of the public health workforce, who can attend the courses for credit or as informal participants. In 2009 and 2010 health professionals from local agencies such as the AIDS/HIV Services Group, Region Ten Community Services Board, and the Charlottesville Health Department have participated in courses, such as Quantitative Data Analysis in Public Health, GIS in Public Health, and Health Promotion & Health Behavior.

Please see Table 3.3c for information regarding the numbers served at workforce educational events over the last three years. Letters expressing appreciation from agency directors are presented in Appendix 3C.

Table 3.3.c: Workforce Participation in MPH Program Educational Opportunities

2008 – 2009			
Format	**Event**	**Topic**	**Number Served**
MPH Workforce Initiative	Public Health Data Management with Microsoft Access	Utilize databases with MS Access	13
MPH Workforce Initiative	Taking the Next Step: Using SPSS to Analyze Your Data	Analyze public health data with SPSS	10

2009 – 2010			
Format	**Event**	**Topic**	**Number Served**
Webinar	Health Impact Assessment	Benefits in recognizing the health consequences of decisions about built environments	54*
MPH Workforce Initiative	Public Health Data Management with Microsoft Access and SQL	Utilize databases with MS Access and SQL	12
MPH Class	Quantitative Data Analysis in Public Health	Analyze public health data with SPSS	9
2010 – 2011			
Format	**Event**	**Topic**	**Number Served**
Webinar	A Road MAPP to Health Equity	Community-driven strategic planning process for improving community health	48*
Webinar	The ISMS and Health Equity: Understanding and Addressing Racism, Sexism, Classism and more…,	Define discrimination, and describe approaches to address the issues	38*
MPH Workforce Initiative	Leadership and Team Building in Public Health	A lecture covering the Myers-Briggs Type Indicator (MBTI) assessment and the personality profiles and the proper use of the tool. The attendees were also taught to self score their assessments	30
MPH Workforce Initiative	Foundations of Excel	Public Health Data Management	7

* Actual numbers are minimum attendees; the actual number of participants is not known because local health departments log in to the webinar as a site. The number reported reflects the number of sites that logged in to the webinar.

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

The UVa MPH Program has developed a close collaboration on workforce development with the VAPHA and VDH since 2009, when UVa's MPH Program Director, Ruth Gaare Bernheim, assumed a 2-year term as President of the Virginia Public Health Association. Her focus was to bring together the MPH programs across the state to provide continuing education conferences for public health professionals, particularly to address health equity.

For example, in recognition of the importance of addressing the social, physical, economic and environmental contributors to health inequalities, UVa's MPH Program collaborated with VDH's Office of Minority Health and Health Equity, and the VAPHA in sponsoring a conference titled, "Advancing Health Equity: from Theory to Practice," in Richmond, VA, for two days in September of 2009. The purpose of the conference was to increase participants' knowledge and ability to advance health equity through healthy community design. The goal was a call to action by stakeholders throughout Virginia to reverse the inequitable distribution of social determinants of health by designing healthy communities.

> **3.3.e. Assessment of the extent to which this criterion is met.**

This criterion is met.

The MPH Program has a strong commitment to working with the state and local public health workforce to provide educational opportunities to support the professional development of the public health workforce. The Program has undertaken surveys and needs assessment of the public health workforce, and in

response, has provided a wide array of continuing education programs and experiences, many in partnership with local and state health departments. In addition, Program faculty members are taking a leadership role in the new state-wide Public Health Training Center. A challenge for the future will be to continue to meet the needs of the local workforce for highly individualized training and educational consultation, while at the same time making significant contributions to the state-wide efforts.

4.0 Faculty, Staff, and Students

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

> **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*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution. See CEPH Data Template F.

Note: Please see Appendix 4A for information on current and past public health practice activities of primary faculty.

Table 4.1.a. (Template F): Faculty who Support Degree Offerings of the School or Program

Name	Title/ Academic Rank	Tenure Status *	FTE or % Time	Gender	Race or Ethnicity	Graduate Degree Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Specialty Area: Health, Policy, Law, and Ethics										
Ruth Gaare Bernheim	Associate Professor	TI	100%	F	Caucasian	M.P.H. J.D.	B.A.: College of Notre Dame M.P.H.: Johns Hopkins School of Hygiene and Public Health J.D.: UVa School of Law	B.A.: English	Public Health/Law/ Ethics/Policy	Public Health Policy, Ethics
Armando Bolmey	Lecturer	TI	40%	M	Hisp/ Latino	M.B.A.	B.S.: University of Michigan M.B.A.: Wayne State University, Detroit Michigan	B.S.: Industrial and Operations Engineering	Management/ Leadership/ Quality	Leadership and Quality
Wendy Cohn	Associate Professor	TI	100%	F	Caucasian	M.Ed. Ph.D.	B.A.: Hobart and William Smith College Ph.D.: UVa	B.A.: psychology Ph.D.: Evaluation Research	Informatics/ Evaluation	Evaluation Methods; Consumer Health Informatics; Public Health Genomics
Donna Chen	Assistant Professor	TE	7%	F	Asian/PI	M.P.H. M.D.	B.A.: University of California, Berkeley M.P.H.: University of California, Berkeley M.D.: University of California, San Francisco	B.A.: Independent Major, Focus: Ethical, Political, and Social Aspects of Medicine	Ethics/Mental Health	Systems-informed professionalism, bioethics, research ethics, general psychiatry, consultation-liaison psychiatry/psychosomatic medicine
Carolyn Engelhard	Assistant Professor	TI	100%	F	Caucasian	M.A.	B.A.: University of San Francisco, University of St. Thomas, Houston, TX M.A.: UVa	B.A.: Sociology M.A.: Public Administration	Health Policy	Studying and monitoring changes in health policy at the federal and state governmental levels, current issues in governmentally financed health programs
Elizabeth McGarvey	Associate Professor	TI	100%	F	Caucasian	M.Ed. Ph.D.	B.A.: Virginia Commonwealth University	B.A.: English M.Ed.: Sociology Ed.D.: Educational	Health promotion/ Rural health	Evaluation of public health programs that may be used to inform

Name	Title/ Academic Rank	Tenure Status *	FTE or % Time	Gender	Race or Ethnicity	Graduate Degree Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
							M.Ed.: UVa Ed.D.: UVa	Psychology		treatment and prevention programs and public health policy. Individual and minority group differences in health perceptions, decision-making and behavior
Wendy Novicoff	Assistant Professor	TI	20%	F	Caucasian	M.Ed. Ph.D.	B.A.: Duke University M.Ed.: UVa Ph.D.: UVa	B.A.: History Ph.D.: Program evaluation and statistics	Quality/Six Sigma	Outcomes research, quality and performance improvement, quality management theory and techniques, report cards and pay for performance programs
Jeanita Richardson	Associate Professor	TI	100%	F	African-American	M.Ed. Ph.D.	B.S.: Temple University, Philadelphia PA M.Ed.: UVa Ph.D.: UVa	B.S.: Biology Ed. M.Ed.: Curriculum & Instruction Ph.D.: Education Policy	Health Behavior, Education, Cultural Competence, Qualitative Methods	Health and educational policies that support the long-term health and learning readiness of children.
Mary Ropka	Professor	TI	7%	F	Caucasian	M.S. Ph.D.	B.S.: Syracuse University M.S.: University of Connecticut, Storrs Ph.D.: UVa	B.S.: Nursing Ph.D. Nursing	Cancer Prevention and Control	Cancer Risk Assessment, communication, perception, Patient Decisions and Decision Making
Lois Shepherd	Associate Professor	T	13%	F	Caucasian	J.D.	B.A.: University of North Carolina, Chapel Hill J.D.: Yale Law School	B.A.: History	Ethics	End of life issues, health law
George Stukenborg	Associate Professor	T	100%	M	Caucasian	M.A. Ph.D.	B.A.: University of Louisville M.A.: University of Louisville Ph.D.: Medical College of Virginia/ Virginia Common-wealth University	Ph.D.: Health Services Research	Health Services Res./Outcomes	Mortality risk adjustment methods, administrative data base studies, comorbid disease measurement, Health services and outcomes research, Predictive medicine, Clinical epidemiology, Multivariable logistic regression models, Survival analysis using proportional hazards regression, Health status assessment methods
Specialty Area: Research in Practice										
Mark Conaway	Professor	T	7%	M	Caucasian	Ph.D.	B.A.: Grinnell College, Grinell, IA, Ph.D.: University of Minnesota, MinneapolisMN	B.A.: Mathe-matics Ph.D.: Statistics	Biostatistics	Missing data, design of phase I and phase II clinical trials, and developing reference norms.
Jean Eby	Assistant Professor	TE	100%	F	Caucasian	Dr.S. M.S.	A.B.: Princeton University M.S.: Stanford University Dr.S.: Harvard	A.B.: Economics M.S.: Epidemiology Dr.S.: Epidemiology	Epidemiology	Epidemiological and translational research, research regulation and management, health services research and

Name	Title/ Academic Rank	Tenure Status *	FTE or % Time	Gender	Race or Ethnicity	Graduate Degree Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
							School of Public Health			management
James Harrison	Associate Professor	TE	20%	M	Caucasian	M.D. Ph.D.	B.S.: Furman University, Greenville, SC M.D.: Medical University of South Carolina, Charleston, SC Ph.D.: Medical University of South Carolina	B.S.: Chemistry Ph.D.: Pharmacology	Informatics	Clinical decision support; Clinical process monitoring; Time sequence analysis in medicine; Clinical user interface design; Modeling health-related data and documents; Healthcare data mining; Collaboration support.
Paige Hornsby	Assistant Professor	TI	80%	F	Caucasian	M.S.P.H. Ph.D.	B.A.: Stanford University, Stanford, CA MSPH: University of North Carolina, Chapel Hill PhD: University of North Carolina, Chapel Hill	B.A.: Human Biology MSPH: Epidemiology PhD: Epidemiology	Field placements and Culminating Experiences	Reproductive, maternal, and child health; health promotion
William Knaus	Professor	T	100%	M	Caucasian	M.D.	B.S.: Widener University M.D.: West Virginia University	B.S.: Biology	Comparative Effectiveness	Novel decision support and medical software development
Jae Lee	Associate Professor	T	13%	M	Asian/ Pacific Islander	M.S. Ph.D.	B.S.: Seoul National University, Seoul, S. Korea M.S.: Seoul National University Ph.D.: University of Wisconsin	B.S.: Mathematics M.S.: Statistics Ph.D.: Statistics	Biostat./Bio-informatics	Molecular genetics and bioinformatics, statistical approaches to genetic population inference, DNA structure analysis, high-throughput gene chip technologies, linkage association study for human genetic diseases, and the analysis of microarray gene expression data.
Lei Liu	Professor	TE	13%	M	Asian/PI	M.S. (2) Ph.D.	B.S.: Zhejiang University, Hangzhou, China M.S.: Zhejiang University M.S.: Virginia Tech Ph.D.: University of Michigan	B.S.: Engineering M.S.: Engineering M.S.: Statistics Ph.D.: Biostatistics	Biostatistics	Modeling the interplay of medical costs, hospitalizations, and survival, and longitudinal medical cost.
Jason Lyman	Assistant Professor	TI	100%	M	Caucasian	M.D. M.S.	B.A.S.: University of Vermont M.D.: University of Vermont College of Medicine M.S.: Oregon Health & Science University	B.A.S.: Mathematics M.S.: Medical Informatics	Informatics/Data -bases	Clinical data warehousing; Database design; Standards; Use of administrative data for quality assessment; Decision support, the use of information technology to improve patient safety, clinical research informatics, consumer informatics

Name	Title/ Academic Rank	Tenure Status *	FTE or % Time	Gender	Race or Ethnicity	Graduate Degree Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Aaron Mackey	Assistant Professor	TE	7%	M	Caucasian	M.S. Ph.D.	B.A.: Reed College, Portland Oregon M.S.: Washington University, St. Louis MO Ph.D.: UVa	B.A.: Biochemistry and Molecular Biology M.S.: Immunology/ microbiology Ph.D.: Computational Biology	Bioinformatics	Discovery of genetic polymorphisms associated with multigenic human diseases (type 1 diabetes and cancer); genomic studies of human immune system development and response to infectious disease
Josyf Mychaleckyj	Associate Professor	TI	7%	M	Caucasian	M.A. Ph.D.	B.A.: St. Catherine's College, Oxford University, UK M.A.: St. Anne's College, Oxford University Ph.D.: St. Anne's College, Oxford University	B.A.: Chemistry M.A.: Chemistry Ph.D.: Theoretical Chemistry	Bioinformatics	Bioinformatics, computational statistics, and genomics applied to complex disease gene mapping, with emphasis on diabetes and complications. Informatics and statistical analysis of microarray data.
Aaron Pannone	Research Assistant	TI	100%	M	Caucasian	M.S. Ph.D.: in progress	B.A.: The Johns Hopkins University M.S.: UVa Ph.D.: UVa Curry School of Education	B.A.: Physics M.S.: Health Evaluation Sciences Ph.D.: Evaluation	SAS/SPSS	Health Evaluation and Public Health Education, population health analysis through secondary datasets.
Gina Petroni	Professor	TI	7%	F	Caucasian	M.A. Ph.D.	B.A.: Hunter College of the City University of New York M.A.: Hunter College of the City University of New York Ph.D.: University of Michigan	B.A.: Statistics M.A.: Mathematics Ph.D.: Biostatistics	Biostatistics	Clinical trial design, cancer clinical trials and survival analysis, oncology clinical trials and oncology vaccine trials .
Stephen Rich	Professor	T	7%	M	Caucasian	Ph.D.	Ph.D.: Purdue University	Ph.D.: Quantitative Genetics	Genetic Epidemiology	Genetic basis of common human disease, including type 1 diabetes, diabetic complications, ischemic stroke, atherosclerosis
Kenneth Scully	Lecturer	TI	10%	M	Caucasian	M.S.	B.S.: Wharton College M.S.: University of Colorado, Boulder	B.S.: Physics M.S. Computer Science	Clinical Data Repository	Health data integrity and integration, Health data presentation, Algorithms for identifying and extracting patient populations from a health data warehouse, Database Applications, Software Systems Design and Development, Linux System Administration, Data Warehousing

*TI= Tenure ineligible   T= Tenured   TE=Tenure eligible

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

Note: Please see Appendix 4B for information on current and past public health practice activities of secondary and adjunct faculty.

Table 4.1.b. (Template G) Secondary and Adjunct Faculty Data*

Name	Title/ Academic Rank	Tenure Status*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Specialty Area: Health Policy, Law, and Ethics										
Ralph Allen	Professor	T	20%	M	Caucasian	Ph.D.	B.A.: Cornell College, Iowa Ph.D.: University of Wisconsin	B.A.: Chemistry Ph.D.: Analytical Chemistry	Environmental Science	Neutron activation and x-ray fluorescence, application of nuclear analytical techniques to archaeology, trace elements in cancer, radiation effects, analytical chemistry and forensic science
Richard Bonnie	Professor	T	10%	M	Caucasian	LL.B.	B.A.: Johns Hopkins University LL.B.: Uva		Law	Criminal law, bioethics and public policies relating to mental health, substance abuse, aging and public health
Nisha Botchwey	Associate Professor	TE	100%	F	African-American	M.C.P Ph.D. M.P.H (in progress)	A.B.: Harvard University M.C.P.: University of Pennsylvania Ph.D.: University of Pennsylvania M.P.H.: UVa	A.B.: Environmental Science and Public Policy M.C.P.: City and Regional Planning Ph.D.: City and Regional Planning	Architecture	Community development and neighborhood planning emphasizing local religious and secular institutions and public health promotion
David Cattell-Gordon	Instructor	TI	13%	M	Caucasian	M.Div. M.S.W.	B.A.: Davidson College, Davidson, NC M.Div: Union Theological Seminary M.S.W.: Hunter College of Social Work, City University	B.A.: Psychology M.Div: Psychiatry and Religion M.S.W.: Casework and Community Organizing	Rural health	Rural health and telemedicine, improvement of healthcare access
James Childress	Professor	T	8%	M	Caucasian	M.A. Ph.D.	B.A.: Guilford College M.A.: Yale University Ph.D.: Yale University	Religious Studies	Ethics	Biomedical, ethics, political ethics, and religious ethics
Tom Leonard	Faculty	TI	20%	M	Caucasian	M.S. Ph.D.	B.S.: West Chester University, West Chester, PA M.S.: Temple University Ph.D.: Temple University	B.S.: Public Health M.S.: Environmental Health: Industrial Hygiene Ph.D: Health Studies (Environmental Health)	Environmental Sci./Biosafety	Occupational safety, laboratory safety and training
Elizabeth Merwin	Professor	T	13%	F	Caucasian	M.S. Ph.D.	B.S.: Radford College M.S.: Virginia	B.S.: Nursing M.S.: Nursing Ph.D.: Health	Rural health	Rural health and mental health service delivery, particularly shortages of

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Name	Title/Academic Rank	Tenure Status*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
							Commonwealth University School of Nursing Ph.D.: Virginia Commonwealth University	Services Organization and Research		providers and improving access to care
M. Norman Oliver	Associate Professor	T	7%	M	African-American	M.A. M.D.	B.S.: Excelsior College, Albany, NY M.A.: Case Western Reserve University M.D.: Case Western Reserve University	B.S.: Biology M.A.: Anthropology	Health Disparities	Investigating social determinants of health, particularly their effect on racial and ethnic health inequities, including the use of geographic information systems technology and spatial epidemiological analyses to evaluate the role of such factors as poverty and education on cancer health disparities.
Margaret Riley	Professor	T	13%	F	Caucasian	J.D.	A.B.: Duke University J.D.: Columbia University (NY)	A.B.: History and Political Science	Health Law	Food & Drug Law, Biotechnology, Bioethics, Health Law, Animal Law
Tanya Wanchek	Lecturer	TI	50%	F	Caucasian	J.D. Ph.D.	B.A.: University of California, Davis Ph.D.: University of Washington J.D.: UVa	B.A.: Economics Ph.D.: Economics	Health Economics	Mental health law, Occupational regulation of dental hygienists, Southwest Virginia workforce development
Specialty Area: Research in Practice										
Denise Bonds	Associate Professor (visiting)	TI	20%	F	Caucasian	M.D.	B.S.: UC Davis M.P.H. Boston University School of Public Health M.D.: Creighton University	B.S.: Animal Physiology	Clinical Trials	Women's Health, Cardiovascular Disease
Rebecca Dillingham	Assistant Professor	TE	13%	F	Caucasian	M.P.H. M.D.	B.A.: Harvard/Radcliffe College M.D.: University of Missouri, Columbia M.P.H.: UVa	B.A.: History and Science	International health, Infectious disease	HIV medicine in resource-limited settings, including Haiti, and global health education
Thomas Guterbock	Professor	T	20%	M	Caucasian	M.A. Ph.D.	B.A.: Yale University M.A.: University of Chicago Ph.D.: University of Chicago	B.A.: History M.A.: Sociology Ph.D.: Sociology	Survey Research	All aspects of survey research
Gerard Learmonth	Associate Professor	TI	30%	M	Caucasian	M.B.A. M.S. Ph.D.	B.S. New York University M.B.A. New York University M.S. Naval Postgraduate School Ph.D. University of Michigan	B.S.: Management, Minor in Statistics M.B.A. Quantitative Analysis M.S. Operations Research Ph.D.: Statistics and Management Science	Biostatistics	Generation and testing of pseudorandom number generators, Abstract database design, Strategic applications of information systems and technology

Name	Title/ Academic Rank	Tenure Status*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
James Martindale	Assistant Professor	TI	13%	M	Caucasian	M.Ed. Ph.D.	B.I.S.: Virginia Common-wealth University, Richmond, VA M.Ed.: UVa Ph.D.: UVa	B.I.S.: Biological Sciences/Business M.Ed.: Exercise Physiology Ph.D.: Educational Research	Biostatistics	Education
Aaron Mills	Professor	T	13%	M	Caucasian	M.S. Ph.D.	B.A.: Ithaca College M.S.: Cornell University Ph.D.: Cornell University	B.A.: Biology M.S.: Soil Science Ph.D.: Soil Science	Environment-al Science	Microbial transformations of contaminants and trophic transfer of energy through microorganisms, laboratory investigations of hydrological factors controlling the transient removal of agricultural nitrate in sediments of low-relief coastal streams, and the role of autotrophic microbes in the dissolution of carbonates in submerged caves
Kristen Wells	Assistant Professor	TI	100%	F	Caucasian	M.P.H . Ph.D.	B.S.: University of Delaware MPH: Emory University Ph.D.: Virginia Commonwealth University	B.S.: Agriculture MPH: Environmental and Occupational Health Ph.D.: Epidemiology	Epidemiology	Residential and occupational exposures, geographic information systems applications to epidemiologic data, pesticide exposure, treatment outcomes

*Note: We used the format and additional categories of Template F to provide more complete information on secondary faculty.

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.

Primary and secondary faculty bring diverse educational backgrounds and a wide range of professional expertise to the MPH Program, which emphasizes in its Mission Statement an interdisciplinary approach to public health and a focus on working collaboratively with community partners.

While most of the primary faculty members are university-based researchers and educators, all MPH faculty, regardless of their discipline, are encouraged to integrate real-world practice in their professional research and service projects. For example, epidemiologist Jean Eby works under a contract with the Virginia Department of Health (VDH) to analyze the state cancer registry data and prepared the state cancer reports for 2009 and 2010. Ruth Gaare Bernheim chairs the Center for Disease Control and Prevention's Ethics Subcommittee and is a member of the Virginia Pandemic Flu Committee. Ralph Allen, who teaches environmental health, provides consultations to state and national health agencies.

In addition, MPH faculty work collaboratively with community public health partners on local and state health projects, and attend state and national public health conferences with practitioners, such as the American Public Health Association and the Virginia Public Health Association. These experiences enable faculty to enrich their courses with cases and projects from practice. For example, in the course Program Planning and Evaluation (PHS 7060), Wendy Cohn draws on her long-standing relationships with community health professionals to provide students with actual community health projects for evaluation. In addition, perspectives from the field of public health practice are integrated in the Program through the

secondary faculty appointments provided to public health professionals in health agencies, who teach in courses and serve as field placement mentors.

> **4.1.d. Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three year.**

The CEPH Accreditation Guidelines for Schools of Public Health, dated February 2005, was the basis for determining faculty complement by specialty area. Among the hiring criteria were a doctoral or terminal degree in the relevant field, teaching experience, research qualifications, commitment to service, and appropriate scholarly productivity as measured by publications, presentations, professional experience and professional reputation. Another element of faculty complement management is the individual faculty member evaluation process, which is described in Criterion 4.2.

The MPH Program measures the qualifications of the faculty complement through the 6 outcome measures shown in Table 4.1.d.

Table 4.1.d Qualifications of Faculty Complement.

Outcome	2007 – 2008	2008 - 2009	2009 - 2010
The MPH Program provides a diverse faculty with no more than 50% of faculty from any one professional background	MD: 28.6% Law: 4.8% Epi & Biostats: 33.3% Public Health Other: 23.8% MBA: 4.8%	MD: 22.0% Law: 5.6% Epi & Biostats: 22.2% Public Health Other: 44.4% MBA: 5.6%	MD: 19.4% Law: 9.7% Epi & Biostats: 22.6% Public Health Other: 45.2% MBA: 3.2%
At least 90% of primary and secondary faculty will have doctoral level degrees	93%	94%	90%
Public health faculty research funding will exceed $2 million each year	2,131,179 (FY 2008)	2,800,026 (FY 2009)	2,967,031 (FY 2010)
100% of faculty are actively involved in community public health practice	90% (Cal Yr 2008)	95% (Cal Yr 2009)	95% (Cal Yr 2010)
75% of faculty have active research interests	92% (Cal Yr 2008)	92% (Cal Yr 2009)	92% (Cal Yr 2010)
100% of graduating students will rate the quality of the faculty as good or excellent	100%	93.8%	100%

> **4.1.e. Assessment of the extent to which this criterion is met.**

This criterion is met.

The public health faculty is well qualified in terms of their academic preparation and their past and/or ongoing professional experience. Faculty members provide disciplinary breadth and significant depth in educational background (doctoral level training) and research. There are many opportunities for faculty to share their expertise and partner with organizations in community health practice, and, given the school's expectation of faculty for securing research funding, a 95% participation rate for community involvement is considered acceptable. The faculty qualifications and commitment to providing an excellent public health experience for students is reflected in the high faculty ratings given by students at graduation.

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 UVa Faculty Handbook Online provides information about UVa, its conditions of employment, benefits, and administrative policies that are essential to the faculty experience. These policies are intended to support the University's faculty--an innovative, collaborative and productive group of scholars and educators. UVa aims to create a dynamic environment in which its faculty can contribute to and feel part of our diverse University community. The handbook is available online at http://www.virginia.edu/provost/facultyhandbook/ (see Appendix 1L).

In addition, faculty recruitment is governed by well-defined policies and procedures described at http://www.virginia.edu/vpfrr/resources.html (see Appendix 4C). It is a formal process that involves the careful preparation of position requirements and a search conducted by a diverse committee that ensures reaching a diverse pool of candidates and screens for the required academic achievement and for evidence of professional competence in the respective disciplines. Once a successful candidate is identified, an offer letter delineating the specific expectations for teaching, research and service is prepared. The letter identifies a senior faculty mentor and forms the basis for subsequent competence and performance evaluations. Most academic faculty appointments are for three-year renewable terms, unless the faculty has reached tenure, in which case the appointment is "without terms." Research faculty members are appointed in one, two or three year increments, depending on the availability of research funds.

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

MPH Program faculty have innumerable on-going opportunities and sources of support for faculty development, in particular through the University Office of Faculty Development, the School of Medicine (SOM)'s Office of Faculty Development, and innovative special programs offered each year by different University departments and offices, such as the Vice Provost for International Programs or the Institute for Practical Ethics and Public Life. Unless otherwise noted, all provisions for faculty development are available to full-time and part-time faculty members.

The University's Vice Provost for Faculty Development (VPFD) sustains and advances the faculty through innovative best-in-class academic career development programs to ensure that faculty members are supported in their work at every stage in their career. Examples include: 1) The Teaching Resource Center (TRC), founded in 1990, is a pan-University center that promotes collegial community, fosters innovation, and enhances learning through conversation about teaching at all levels and in all academic disciplines. TRC staff offer regular and special workshops, confidential consultations, and publications on teaching, as well as longer-term programs for faculty development. 2) The Faculty Mentoring Initiative (FMI) is a new initiative for junior faculty seeking to connect with a mentor outside of their own department. The goal of the FMI is to support the professional development of junior faculty by expanding mentoring opportunities. 3) The Institute for Faculty Advancement is a set of faculty development programs focused on supporting, inspiring, and rewarding excellence at all stages of a faculty member's career. One example of a typical seminar was entitled "Book-worthy: How Smart Academics Write for Publication."

The School of Medicine's Office of Faculty Development is committed to facilitating the success and academic advancement of the medical school faculty through numerous leadership and mentoring programs. An example is the Faculty Leadership Program: Initiated in 1994, the School of Medicine's Faculty Development Program is designed to support and provide new faculty with the skills

necessary to facilitate a successful career in academic medicine and as members of the community of the University of Virginia Health System. Its goal is to enhance faculty competencies and to instill a sense of community and shared values through this program. The programs and offerings for Faculty Development are innovated annually, with each successive program building upon the identified strengths, successes, and the encouraged feedback of participants, department chairs, and center directors. Additionally, all UVa faculty who have been employed full-time for at least one year have access to $2,000 annually, which may be used for Faculty Development.

Special university-wide faculty development programs include: 1) Faculty Fellowships in Ethics, sponsored by The Institute for Practical Ethics and Public Life, which enable UVa faculty to develop new courses or enhance existing courses devoted to ethics, or integrate ethical analysis and reasoning into existing or new courses that address other topics; 2) Deepening Global Education Grants that fund any type of project that supports the goal to advance excellence in global education, with emphasis on interdisciplinary/interdepartmental/cross-school collaboration; and 3) Grants for Faculty Travel Abroad in International Studies for research-related travel abroad in international studies to conferences and workshops for presentation of research, fieldwork and other extended research abroad.

In addition, the MPH Program provides some funding on occasion for faculty to develop particular professional expertise. For example, in 2008 the Program provided support to one faculty member to attend a summer institute and enroll in graduate coursework on social and behavioral health and health disparities at Johns Hopkins Bloomberg School of Public Health.

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

The Department of Public Health Science (DPHS) follows the SOM procedure for faculty evaluations. The Department Chair has ultimate responsibility for the ongoing evaluation of faculty competence and performance. The Chair may delegate the formal evaluation responsibility to a Division Director, who would act as the Chair designee in the evaluation process. The Faculty Performance Review Form (shown in Appendix 4D) is completed by the Chair and faculty member during an annual performance review meeting (signed by chair or designee and faculty member). The form is retained in department files, but not immediately forwarded to the Dean's Office. The Deans' Office requests copies of the evaluations at key points; such as a faculty going up for promotion and/or tenure and when reappointments are being considered.

The annual evaluation process for full-time faculty, required by SOM asks the faculty members to self-assess their teaching performance; professional development; scholarly and research accomplishments; contributions to the University; and community and professional service. Faculty discuss their self-evaluations with the division/and or department chair and set goals and expectations for the coming year.

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

As noted in Criterion 1.2.a, students complete evaluations at the end of each course. From the beginning of the Program through fall 2009, faculty distributed course evaluations. In spring 2010, UVa decided to use on-line course evaluations. Now, the UVa Information Technology and Communication (ITC) Office notifies all students, by e-mail, that they should complete an on-line evaluation form (see Appendix 4E) Students are given two weeks at the end of the semester to complete the online form.

Along with the closed-ended evaluation form, the student has the opportunity to provide comments. This comment section allows him/her to indicate whether the course was intellectually stimulating, what aspects contributed most to learning, what aspects detracted from learning, and suggestions for improving the class. In addition, each faculty member has the ability to ask specific questions related to his/her course in the on-line evaluations.

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The completed evaluation forms for each course are tallied and the results placed in an evaluation summary of results. A copy is given to the appropriate faculty member and the MPH Program Director. The original evaluations are retained for 1 year in compliance with the Library of Virginia Records Retention and Disposition Schedule, General Schedule Number 111.

The MPH Executive Committee reviews course evaluations at the end of each semester and discusses problematic evaluations with faculty members involved. Faculty members who need to strengthen their teaching are referred to the Teaching Resource Center.

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

Service is one of the three criteria used to evaluate faculty for re-appointment and/or promotion. The relative weight given to the service criterion depends upon a faculty member's professional goals and activities, and the specified duties and responsibilities outlined in the initial offer letter, any subsequent revisions of the letter and in the annual performance evaluation of the faculty (please refer to section 4.2.c. for a description of the evaluation process). Certain faculty members direct their energies towards service to their profession (serving on regional, national, and international committees, editing professional newsletters, holding elected office in professional organizations), the community (consulting with local and regional health departments, serving on non-governmental organizations), and/or the University. The value of these activities for MPH Program faculty is outlined in the Service Policy page of the DPHS web site:
http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph/service-page (see Appendix 4F).

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

This criterion is met.

There are well-defined policies and procedures for recruiting and appointing faculty members, for evaluating their competence and performance and for supporting their professional development and advancement.

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

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

The summary demographic data on the Program's faculty are provided in Table 4.3.a.

Table 4.3.a. (Template H): Faculty Demographic Data

	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
Male	12	46	10	59	22	51
African American	0	0	1	6	1	2
Caucasian	10	38	8	47	18	41
Hispanic/Latino	1	4	0	0	1	2
Asian/Pacific Islander	1	4	1	6	2	5
Native American/Alaska Native	0	0	0	0	0	0
Unknown/Other	0	0	0	0	0	0
International	0	0	0	0	0	0
Female	14	54	7	41	21	49
African American	1	4	1	6	2	5
Caucasian	11	42	6	35	17	40
Hispanic/Latino	0	0	0	0	0	0
Asian/Pacific Islander	2	8	0	0	2	5
Native American/Alaska Native	0	0	0	0	0	0
Unknown/Other	0	0	0	0	0	0
International	0	0	0	0	0	0
Total	26	100	17	100	43	100

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

The summary demographic data on the Program's staff are provided in Table 4.3.b.

Table 4.3.b. (Template I): Program Staff Demographics

	Full-Time Staff	%
Male	2	33
African American	0	0
Caucasian	2	33
Hispanic/Latino	0	0
Asian/Pacific Islander	0	0
Native American/Alaska Native	0	0
Unknown/Other	0	0
International	0	0
Female	4	67
African American	1	17
Caucasian	3	50
Hispanic/Latino	0	0
Asian/Pacific Islander	0	0
Native American/Alaska Native	0	0
Unknown/Other	0	0
International	0	0
Total	6	100

The University is an equal opportunity and affirmative action institution. It has clear, unwavering, and unambiguous policies for providing equitable opportunities without regard to age, sex, race, disability, religion and national origin, as delineated in the following statement.

Equal Employment Opportunity and Affirmative Action Statement (April 8, 2008)

> The University of Virginia is committed to equal employment opportunity and affirmative action. To fulfill this commitment, the University administers its programs, procedures and practices without regard to age, color, disability, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation or veteran status, and operates both affirmative action and equal opportunity programs, consistent with resolutions of the Board of Visitors and with federal and state requirements, including the Governor's Executive Order on Equal Opportunity.

> The University's policies on "Preventing and Addressing Discrimination and Harassment" and "Preventing and Addressing Retaliation" implement this statement. The Office of Equal Opportunity Programs has complaint procedures available to address alleged violations of these policies.

The statement above is the UVa's official Equal Employment Opportunity and Affirmative Action Statement. The Office of Equal Opportunity Programs, which is the administrative unit responsible for oversight and support, requests that it be printed in University catalogs, all recruiting materials (student and personnel), program brochures, and other "official" publications from the University, such as annual reports on diversity efforts.

Beginning in 1988, at the request of the Office for Civil Rights, all University catalogs and major publications must now carry the name and contact information of the Americans with Disabilities Act Coordinator, Section 504 Coordinator, and the Title IX Coordinator, as shown below.

> The ADA Coordinator and the Section 504 Coordinator is Brad Holland, Office of Equal Opportunity Programs, Washington Hall, East Range, P.O. Box 400219, University of Virginia, Charlottesville, VA 22904-4219, (434) 924-7819. The Title IX Coordinator is Darlene Scott-Scurry, Director, Office of Equal Opportunity Programs, Washington Hall, East Range, P.O. Box 400219, University of Virginia, Charlottesville, VA 22904-4219, (434) 924-3200. Revised and approved February, 2009.

All faculty in recruitment search committees must undergo an internal certification process that includes two training modules on the imperative for equal opportunity and affirmative action practices. The DPHS and the MPH Program adhere to the institutional policies. The following link shows the Overview, Mission and Vision of the Office of Equal Opportunity Programs:

http://www.virginia.edu/eop/mission.html (see Appendix 4G).

At UVa, faculty recruitment is undertaken using a formal process that involves the careful preparation of position requirements and a search conducted by a diverse committee that ensures reaching a diverse pool of candidates and screens for the required academic achievement and for evidence of professional competence in the respective disciplines.

MPH Program faculty searches and staff recruitment make a concerted effort to attract a diverse pool of candidates. Advertisements for openings are posted in publications and job sites that are more likely to have a wide distribution among underrepresented candidates. During candidate visits, special effort is taken to emphasize the nurturing and collaborative professional environment that is a foundation of the Program's culture and values.

A challenge faced in recruiting minority candidates from outside the area is the negative perception that the area is not welcoming to minorities. The University is located in central Virginia, in the largest population center of an otherwise rural multi-county area. If appropriate, during prospective faculty visits, this perception is addressed and effort is taken to introduce candidates to the multi-cultural make-up of the University and the area, and to the welcoming social opportunities available to all.

The Evaluation plan explicitly monitors how well the Program attracts and retains a diverse faculty and staff. A measurable objective is that the Program will provide a diverse faculty of at least 20% underrepresented minorities with a goal that 50% of new hires will be from these groups.

The Program makes every effort to retain minority faculty and staff by providing for development and other educational opportunities. For example, in 2008 an African-American faculty member attended a Summer Institute. In 2009-10, another African-American faculty member was provided support to enroll in the UVa MPH Program, and to attend a leadership faculty development program.

> **4.3.e. Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.**

The most effective way to maintain an environment that supports diversity is through effective leadership that is rooted in respect for all individuals (students, support staff, and faculty) regardless of their gender, race and ethnicity, age or sexual orientation. Faculty development programs in SOM specifically focus on ways to identify and address explicit and implicit bias and cognitive errors in leadership training programs, called "Leadership in Academic Matters (LAM)." Five Program faculty have completed the LAM training.

In addition, the Vice President for Faculty Recruitment and Retention has on-line faculty tutorials on "Enhancing Diversity, Building a Great Institution," available at http://www.virginia.edu/vpfrr/tutorial-prep.html.

The SOM has an Office of Diversity and the Associate Dean for Diversity, Dr. M. Norman Oliver, has a secondary faculty appointment in the Program. The Office provides student counseling and works with faculty to maintain an environment that supports diversity. An example is the requirement in 2010 that all new MPH students read and write a personal reflection paper on the book *The Immortal Life of Henrietta Lacks* that addresses what author Rebecca Skloot calls "the dark history of experimentation on African-Americans."

> **4.3.f. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.**

Table 4.3.f., below, delineates the measures used by the Program to evaluate success in achieving a diverse faculty and staff, including race and gender. The Program will retain a diverse core faculty complement, emphasize diversity as a valued qualification in new full-time faculty and staff selection, and add at least one faculty member from an underrepresented group as a visiting or special-status faculty each year.

Table 4.3.f: Measures of Program Staff Diversity

Outcome	2007 - 2008	2008 – 2009	2009 - 2010
The MPH Program each year retains a diverse core faculty complement	Underrepresented minorities: 15% Women: 33%	Underrepresented minorities: 11% Women: 44%	Underrepresented minorities: 16% Women: 45%
New MPH full-time faculty and staff selection will emphasize diversity as a valued qualification	No new full-time faculty or staff position	1 new full-time faculty hired with diversity emphasized as a valued qualification (AA woman)	No new full-time faculty or staff position
At least one additional minority faculty with visiting or special status will participate in the MPH Program each year	1	1	1

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

This criterion is partially met.

Policies and procedures are in place and have been successfully implemented in the recruitment and selection of faculty and staff; indeed, the level of diversity has been enhanced since the time of the last accreditation.

Recruitment and retention of underrepresented groups in faculty and staff have historically been a challenge for the University. The Program has been proactive in seeking applications from minority candidates. A limitation has been the economic environment which has led to a University-wide restriction on new hires. However, over the last two years two faculty from underrepresented minority groups have been added to the MPH Program in various capacities.

Recruitment Policies

The UVa MPH Program employs numerous and varied recruitment and marketing procedures to attract a highly qualified and diverse student body. The Program seeks to recruit individuals who are not only academically well prepared, but also committed to improving the health and well being of populations. The Program recognizes and values the differing backgrounds, skills, and knowledge that its applicants bring, and that are appropriate for the diverse areas of public health. Recruitment strategies demonstrate the Program's commitment to diversity of thought, race, and gender in its student body. The MPH Program adheres to the University's Affirmative Action and Equal Opportunity policies in all its recruitment and admission activities. The Program admits qualified students regardless of race, ethnicity, religion, gender, sexual orientation, national origin, age, disability, or veteran's status.

Recruitment Procedures

The Admissions Committee currently oversees the task of recruitment strategy and procedures. Student recruitment strategies include personal contacts, distribution of relevant literature, participation in career fairs, and the Program website. The Academic Program Administrator manages the dissemination of Program information in response to personal inquiries about the Program, and responds to e-mail inquiries from potential applicants, directing them to application materials on the web. The Administrator also follows-up with individuals who submit their applications. More information on recruitment materials and activities is discussed in section 4.4.c.

In the 2009-2010 academic year, several major efforts to advertise the MPH Program to prospective students occurred across the UVA campus and with other institutions. These efforts included:

- A detailed program website that is frequently updated. This website includes information about the degree program and research interests of its faculty.
- Informational meetings with community health organizations and agencies.
- Advertisements in UVA Student newspaper, Charlottesville community newspapers, and other Virginia college student-run newspapers when appropriate.
- Brochures to all students in the UVA School of Medicine.
- Letters and brochures to VDH District Offices.
- Subscription to the graduate program search websites provided by both Gradschools.com and Petersons.com.
- Announcements of the availability of courses and admission procedures to advanced undergraduate students by offering an Informational Session & Reception.
- Distribute information about the MBA/MPH dual degree program to incoming business students.
- Subscription to the GRE Search Service. E-mails and mail letter and brochure to interested individuals.
- Targeted recruitment through PATHWAYS, the Program's undergraduate outreach and recruitment program designed to increase the numbers of highly qualified applicants from historically under-represented groups.
- The Institutional Graduate Recruitment Fair held at Newcomb Hall annually.

Admission Policies

The Program's admissions policies and guidelines function within the admissions guidelines established by the University and GSAS. Admission requirements are included in the MPH brochure, the Graduate Record and the program web site. The admissions requirements and optional materials include:

- Baccalaureate degree from an accredited institution with a GPA of 2.5 or better;

- Official standardized test scores from the Graduate Record Examination (GRE), Medical College Admissions Test (MCAT), Law School Admission Test (LSAT), or Graduate Management Admission Test (GMAT). (Applicants with a M.D, J.D., D.D.S., or Ph.D. from an American institution will automatically receive a waiver of the standardized test score requirement.);

- Official score from the Test of English as a Foreign Language (TOEFL) from applicants who are not US citizens or permanent residents. GSAS requires that international students score at least 600 on the paper-based TOEFL or 250 on the computer-based TOEFL or 90 on the Internet-based TOEFL. We strongly support this minimum standard;

- Submission of graduate school application and $60 application fee;

- Submission of two letters of recommendation;

- Submission of statement of personal and professional objectives (1-2 pages);

- Additional recommendation letters (**optional**);

- Curriculum vitae or resume (**optional**).

While relevant work experience in public health is not a requirement for admission to the Program, demonstrated evidence of a commitment to core public health values either by professional or volunteer experience is an important factor when considering applicants to the MPH Program.

Admission Procedures

Applicants are encouraged to begin the application process at least 4 weeks (6 weeks for international applicants) prior to the deadline to ensure that all supporting materials are available by the deadline. Application materials are due in the GSAS Admission Office no later than March 30. New students are generally accepted in the fall semester because most spring courses have fall prerequisites. Applications meeting the GSAS requirements are forwarded to the Public Health Sciences Academic Program Administrator. Once applications are received by the PHS Academic Program Administrator, the applicant's contact and demographic information, as well as GPA and test scores, are entered into a database. A copy of the completed file is then given to the Admission Committee for review. Summary data on all applicants are updated and distributed every few weeks to the DPHS Chair/ MPH Program Director.

Members of the Admissions Committee review comprehensive application portfolios and make recommendations regarding eligibility for admission.   The Admissions Committee holds numerous meetings during the review process. Approximately 4 weeks after the application deadline, the committee meets to make final decisions on each application for admission into the Program. Within the week following the Admissions Committee meeting, the Academic Program Administrator forwards decisions electronically to the GSAS Admission Office. The GSAS Admission Office then sends an official notice to the applicant, indicating whether the individual has been accepted for admission to the Program. Shortly thereafter, a welcome letter is sent to accepted applicants from the Program Director.

Accepted applicants are required to electronically accept or decline the offer of admission within 2 weeks of notification. Individuals who accept entrance into the MPH Program are required to attend the New Student Orientation in the fall, which is normally scheduled the first week of classes. This meeting is used

to familiarize the students with the requirements and expectations of the Program, to review the mission, program competencies, core values and meet faculty.

The Program's academic calendar, grading policies, and academic offerings are described in various printed materials and websites:

- Program Brochure (see Appendix 4H)

- Student Handbook (see Appendix 2D)

- DPHS website: http://www.medicine.virginia.edu/clinical/departments/phs (see Appendix 1B)

- MPH Program website: http://www.medicine.virginia.edu/clinical/departments/phs/degree_programs/mph (see Appendix 1B)

- UVa Graduate Record: http://records.ureg.virginia.edu/preview_entity.php?catoid=23&ent_oid=1495&returnto=557 (see Appendix 2B)

- Academic Calendar: http://www.virginia.edu/registrar/calendar.html (see Appendix 4I)

- UVa Class Search: https://sisuva.admin.virginia.edu/psp/epprd/EMPLOYEE/PSFT_HR_CSPRD/c/COMMUNITY_ACCESS.CLASS_SEARCH.GBL?TAB=TEST&FolderPath=PORTAL_ROOT_OBJECT.HC_CLASS_SEARCH_GBL3&IsFolder=false&IgnoreParamTempl=FolderPath%2cIsFolder (see Appendix 4J)

The following data (Table 4.4.d.) show the growth in applications and enrollment in the Program commensurate with the growth in Addendum funding and expectations from University leadership for a larger MPH Program. In the Program's initial year, enrollment was intentionally kept small because of limited resources and to allow time to establish a strong foundation for curriculum, evaluation, and infrastructure.

Table 4.4.d. (Template J) Student Applicant Data

Specialty Area		2008-09	2009-10	2010-11
Research in Practice	Applied	36	47	59
	Accepted	12	20	35
	Enrolled	9	11	19
Health Policy, Law & Ethics	Applied	24	26	43
	Accepted	9	9	27
	Enrolled	5	3	15

Table 4.4.e. provides headcounts of full-time and part-time students by Specialty Area for each of the last 3 years and a conversion of part-time and full-time students to a full-time equivalent (FTE) basis. One full-time student is defined as a student who is enrolled in 12 or more credit hours in a semester. The table shows the Program's growth in the current academic year as compared to previous years. The increase in student number was a combination of planned expansion in response to SOM expectation and a higher than expected student acceptance rate. While the Program was able to accommodate the unplanned growth this year, in the future the Program plans to accept students on a rolling basis to ensure a class size within planned parameters.

Table 4.4.e (Template K): Student Headcount and Full-time Equivalence

Specialty Area	2008-09	2009-10	2010-11
Research in Practice	Total HC - 14	Total HC – 14	Total HC - 31
	11 FT 3 PT	11 FT 3PT	22 FT 9 PT
	12.5 FTEs	12.5 FTEs	26.5 FTEs
Health Policy, Law & Ethics	Total HC - 12	Total HC - 10	Total HC – 17
	11 FT 1 PT	8 FT 2 PT	14 FT 3 PT
	11.5 FTEs	9 FTEs	15.5 FTEs

The Program carefully assesses each applicant's complete portfolio and places great weight on experience and commitment to public health goals as well as academic performance and test scores. The Program does not have a minimum GRE requirement. However, the Program does take into account quantitative metrics to assess a student's likely success in the Program. In Table 4.4.f. presents some of the outcome measures used to enroll a qualified student body. The fact that students do well in their courses and successfully complete all degree requirements is the best indicator that qualified students have been recruited, admitted and enrolled. Information on assessment procedures, graduation rates and job placements is found in Section 2.7.

Table 4.4.f: Student Qualifications

Outcome	2007 - 2008	2008 – 2009	2009 - 2010
Undergraduate GPA average of 3.5 for matriculates	3.48	3.50	3.64
Average GRE score of 1000 for matriculates	1360	1300	1073
Average MCAT of 30 for matriculates	29	31	34
All matriculates will submit a Personal Statement consistent with a career in public health (ICAPP Part I)	New in -08 – '09	100%	100%

This criterion is met.

The Program has an Admissions Committee which has clearly defined policies for recruiting qualified students into the Program. Quantitative data on the total number of applicants, applicants offered, applicants accepted, applicants matriculating and graduates are tracked annually. The number and profile of students admitted, matriculating and graduating from the Program reflect that a well-qualified student body is being recruited and admitted to the Program. Recruitment efforts, as well as collaborative efforts with the UVa's SOM, Law School, Batten School, and Darden Business School have helped target recruiting efforts and helped introduce the Program to a wider audience. A challenge is anticipating the academic and support needs of an intellectually diverse student body.

GSAS has in place robust policies to achieve and support a diverse student population and ensure the University is a welcoming place for every member of the community. University administration strongly endorses and complies with the University's policy prohibiting discrimination and harassment of all kinds, including on the basis of sexual orientation:
(http://test.artsandsciences.virginia.edu/dean/announcements/index.html, see Appendix 4K).

As evidence of this commitment, the Office of Graduate Student Diversity Programs (http://www.virginia.edu/vpr/gradstudies/diversity.html, see Appendix 4L) has been established to support all University graduate programs and is committed to the identification, retention, mentoring, and graduation of a highly talented and diverse graduate student population. The office sponsors the centralized web-based resources for graduate students from diverse backgrounds; multiple social events designed to create supportive networks for students; funding for recruitment and retention events; and serves in an advisory capacity to the many graduate student organizations across the University (e.g. the Office of African American Affairs, the Asian Pacific American at the University of Virginia, the Latino Network, the Native American Student Union, and the Lesbian Gay Bisexual Transgendered Resource Center).

The University Office of Graduate Student Diversity is committed to the identification, retention, mentoring, and graduation of a highly talented and diverse graduate student population. A community of diverse graduate students at UVa is integral for maintaining the University's position as a global leader in education, advancing scholarly pursuits and academic quality, and fostering an environment of inclusiveness and support. The MPH Program believes that students from diverse backgrounds create a richer, more effective learning environment for all students; thus, proactive recruitment activities targeting underrepresented communities have become a top priority.

One strategy to increase the diversity in the candidate and matriculation pool has been the creation of the Pathways program (see Appendix 4M for full description). *Pathways* is the name for the MPH recruitment and retention program designed to increase the numbers of highly qualified applicants from historically under-represented groups. Rationale for purposefully targeting individuals for careers in public health is well grounded in UVa's successful engagement of undergraduates of color; the priority of the public health community to address prevailing disparities; calls to meaningfully engage communities around health promotion; and shifts in workforce composition, all of which are well documented in prevailing literature. A lack of exposure is only one of many factors contributing to the persistent under-representation of ethnic and racial minorities in the public health profession. Mentorship is another factor and is integral to the Program and includes additional research-based projects designed to increase exposure to the public health community, skill development and targeted mentoring to facilitate the transition to UVa.

During the 2009-10 academic year the MPH Program secured a grant from the Association for Teaching, Prevention and Research (APTR) to build on a pilot collaboration with Historically Black Colleges and Universities (HBCUs) in the Commonwealth of Virginia. The grant funded the creation of an undergraduate curriculum offered at both students' home institution and UVa. The seminars are designed to heighten awareness of public health issues, as well as career opportunities in public health through guest speakers and other material.

The MPH Executive Committee, Admissions Committee, and Evaluation Committee annually review the success of the recruitment initiatives as part of the annual evaluation process. For example, in the 2009 and 2010 admissions cycles, evaluation data revealed the success of the Pathways outreach (to include the APTR grant) which contributed to the matriculation of nine new MPH students.

> **4.5.c. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format. See CEPH Data Template L.**

Table 4.5.c displays the demographic characteristics of the student body, including those who applied, those who were accepted and those who enrolled for the three years between 2008 and 2010. Approximately 50% of all applicants identified as White, 17% Asian, 16% African American, 15% Other and 3% Hispanic. Among those who were accepted, 55% identified as White, 16% Other, 13% African American, 11% Asian, and 5% Hispanic. Among those who enrolled, 58% identified as White, 17% African American, 11% Asian, 11% Other, and 3% Hispanic. The enrolled percentages indicate the racial/ethnic diversity of the MPH Program student body. Over the 3 years, 75% percent of the students who enrolled were female.

Within the racial/ethnic groups, 41% of African American applicants were accepted and 73% enrolled; 30% of Asians were accepted and 58% enrolled; 83% of Hispanics were accepted and 40% enrolled; 53% of White applicants were accepted and 61% enrolled; 51% of Other applicants were accepted and 39% enrolled.

Table 4.5.c. (Template L): Demographic Characteristics of the Student Body, Applicants and Admissions

		2008		2009		2010	
		M	F	M	F	M	F
African American	Applied	1	5	3	11	2	15
	Accepted	0	3	0	4	0	8
	Enrolled	0	2	0	3	0	6
Caucasian	Applied	6	22	10	22	19	38
	Accepted	2	11	6	8	14	21
	Enrolled	0	9	5	2	7	13
Hispanic/Latino	Applied	0	1	3	1	0	1
	Accepted	0	1	2	1	0	1
	Enrolled	0	1	1	0	0	0
Asian/ Pacific Islander	Applied	2	12	5	8	3	10
	Accepted	1	1	1	1	3	5
	Enrolled	0	1	0	0	2	3
Native American/ Alaska Native	Applied	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
Other Unknown/Other	Applied	1	10	3	7	5	9
	Accepted	1	1	2	4	3	7
	Enrolled	0	1	1	2	0	3
International	Applied	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
Total	Applied	10	50	24	49	29	73
	Accepted	4	17	11	18	20	42
	Enrolled	0	14	7	7	9	25

The Program has identified outcome measures by which it evaluates its effectiveness in achieving a demographically diverse student body. These outcome measures, along with data regarding the performance of the Program against those measures for the last 3 years are presented in Table 4.5.d.1. The Program is making a specific effort to participate in recruitment activities that attract a diverse student body.

The Program uses Census data and UVa Graduate Enrollment Data to monitor its effectiveness in these efforts, as described in Table 4.5.d.2. According to these data, the MPH Program is close to state percentages for African Americans and above state percentages for Hispanic/Latino and Asian/Pacific Islander.

Table 4.5.d.1.: Outcome Measures for Student Diversity in the MPH Program

Outcome	2008 - 2009	2009 – 2010	2010 - 2011
At least 20% of students are underrepresented minorities	19%	25%	21%
No more than 50% of students from any one educational background.	Educational Background of Science: 46.0% Humanities: 27.0% Social Science: 27.0%	Educational Background Science: 50.0% Humanities: 25.0% Social Science: 25.0%	Educational Background Science: 50.0% Humanities: 14.6% Social Science: 35.4%
No more than 50% of students from any one professional background.	Professional Background (incl. in-training) MD: 46% Law: 4.0% MBA: 0.0% Nursing: 4.0% PhD: 0.0% Other Professional: 0.0% N/A: 46.0%	Professional Background (incl. in-training) MD: 33.3% Law: 8.3% MBA: 8.3% Nursing: 0.0% PhD: 4.2% Other Professional: 0.0% N/A: 45.9%	Professional Background (incl. in-training) MD: 41.7% Law: 4.2% MBA: 4.2% Nursing: 0.0% PhD: 4.2% Other Professional: 4.2% N/A: 41.5%
No more than 80% of students from any gender	92.3% women 7.7% men	70.8% women 29.2% men	71.0% women 29.0% men

Table 4.5.d.2. Percent of MPH Minority Students in Comparison to Representation in the UVa Graduate Student Population

	2008			2009			2010		
	MPH	UVa	State	MPH	UVa	State	MPH	UVa	State
African American	12	4	20	17	4	20	18	4.5	20
Caucasian	69	60	73	53	60	73	58	62	73
Hispanic/Latino	8	3	7	8.5	3	7	2	3	7
Asian/Pacific Islander	4	6	5	8.5	6	5	12	7	5
Native American/Alaska Native	0	0.3	0.4	0	0.3	0.4	0	0.5	0.4
Unknown/Other	7	12	3	13	11	3	10	9	3
International	0	15	0	0	15	0	0	14	0

*Reported by UVa Institutional Assessment and Studies as of 9/13/10), and Virginia Population as reported in 2008 U.S. Census Data http://quickfacts.census.gov/qfd/states/51000.html

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

This criterion is met.

The Program has been successful in recruiting and graduating a diverse student body with respect to gender, race, professional and educational backgrounds that meets or exceeds its established targets. A challenge is maintaining the energy and contributions of the Pathways initiative (see Appendix 4M) in the absence of internal funding and as external funding wanes. One action plan item is a partnership with the new multicultural student services program coordinator (whose target population is Latino/Hispanic students). This new partnership has created a new venue to attract students from this population to the Program. Efforts to secure external funding are ongoing relative to supporting Pathway's outreach to Historically Black Colleges and Universities in Virginia.

Academic advising and career counseling are essential components of the MPH Program and are characterized by two broad themes: 1) individualized to the needs of each student, and 2) interdisciplinary in nature, drawing on the breadth of expertise and resources available in the department, SOM, the University and the wider community.

The following figure depicts the formal advising structure:
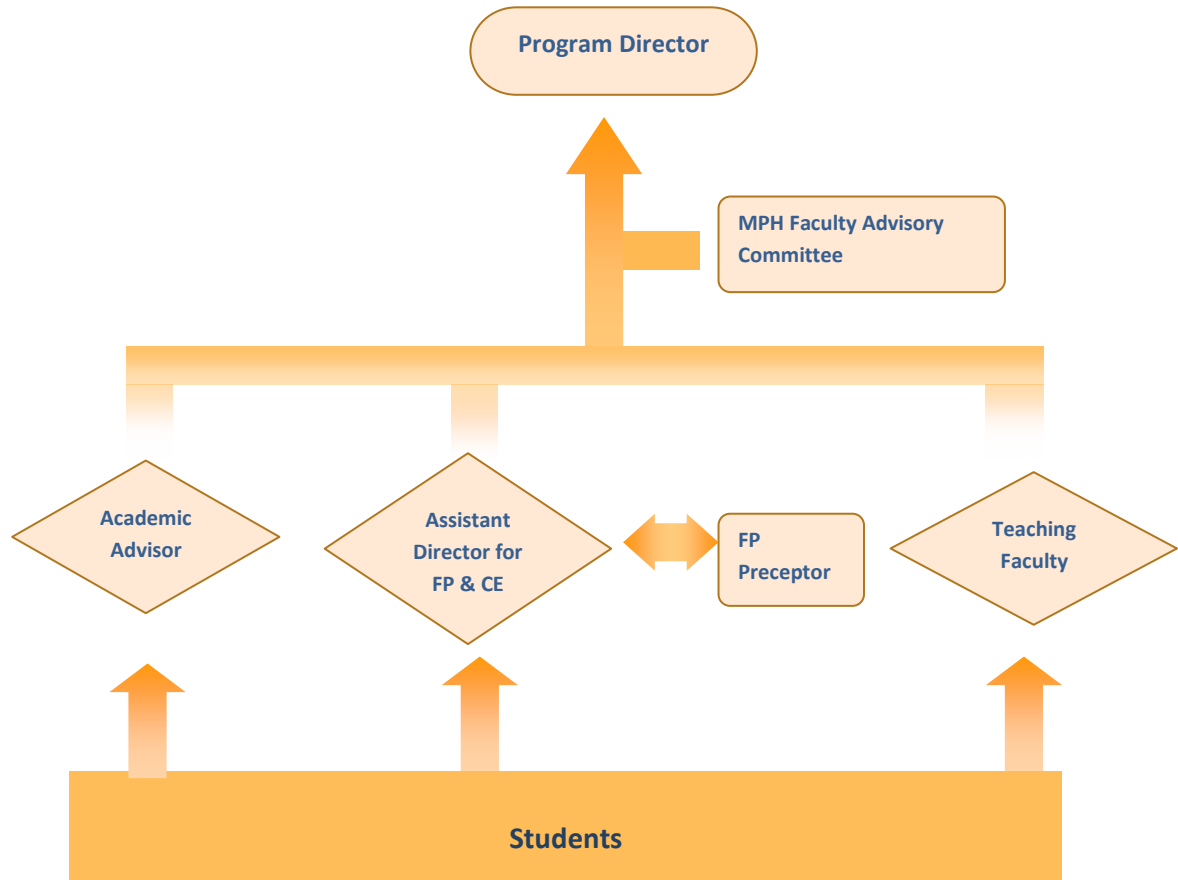
Figure 4.6.a.: Advising Schematic

Student Orientation

Each academic year begins with a half-day orientation program. New students have the opportunity to meet the Department Chair/Program Director, the faculty and the program staff. Program administrators outline academic expectations, Program competencies, rules and procedures. Students also learn about the Health Sciences library and other University resources. The orientation ends with a reception where students can meet faculty and other students more informally.

Students receive a student handbook at the orientation, which includes a Program overview, the organizational structure of the MPH Program, a curriculum overview, course descriptions, Program competencies, student grievance policies, and UVa resources. A sample handbook is presented in Appendix 2D.

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Advising

Program Director

At the beginning of the first semester, students meet with the Program Director to learn more about the Program, tracks, courses and resources available to them. With the guidance of the Director, students choose their courses for the first semester and outline a rough plan for the remaining semesters. At this and subsequent meetings, the Director clarifies degree requirements and timing of courses for the student's chosen track and anticipated duration in the Program (12 months, 3 semesters, or 2 years).

Academic Advisor

Students are assigned one of seven advisors upon entry into the Program. Advisors are assigned based on student background, interests, track selection and other relevant information, when possible. For example, entering dual MD-MPH degree candidates are assigned an advisor who is a physician. Other advisors include faculty with degrees in epidemiology, law, business, qualitative research and economics.

Students then meet with their assigned advisor within the first few weeks of the beginning of the semester, to discuss their courses and their educational goals and plans. Before this meeting, students complete the first two sections of the ICAPP form, the Personal Statement (ICAPP, Part I) and Competency Self-Assessment (ICAPP, Part II) in The Practice of Public Health (PHS 7180), a required course. They then review this information in detail at the first meeting with their advisor (see Appendices 1E for the ICAPP form).

Faculty receive an Advising Packet at the beginning of the academic year, which contains background information on their advisees, required and recommended courses for the two program tracks, and meeting contact sheets. The meeting forms are submitted to the Program Administrator at the end of each semester. A sample packet in presented in Appendix 4N.

At a minimum, students meet with their advisors towards the end of the first semester, to review progress in courses and the Program and to plan for the next semester. Meetings with advisors then occur a minimum of twice/year for the remaining semesters. Students are also encouraged to meet with their advisors, the Director, course professors and any other program faculty anytime during their office hours for any reason.

Teaching Faculty

For advising related to coursework, professors hold regular office hours to provide help to students. In addition, teaching faculty receive a list of each student's academic advisor to facilitate communication between faculty members if a student is having difficulty in a particular course or if other concerns arise that the advisor should know.

Assistant Director for Field Placements and Culminating Experiences

Advising is particularly important for the Practicum (PHS 8900) and Culminating Experience (PHS 8930) courses. Students meet with the Assistant Director for Field Placements and Culminating Experiences in the semester before they plan to enroll in either course. At these meetings, students work with the Assistant Director, using relevant information from the ICAPP, to select a field placement site and then a culminating experience project that fits, as much as possible, their individual plans and goals and addresses their competency needs.

Students also work with their academic advisor or another faculty advisor (who may or may not be their assigned academic advisor) appropriate to their interests and the nature of their placement. These advisors are encouraged to begin discussion of these two program requirements with their advisees early on to

allow for adequate time for exploring available options. In addition, these advisors usually serve as readers and reviewers for their students' culminating experience projects.

Field Placement Preceptor

Students work with their field placement preceptor during the placement, who not only supervises their work but may also act as an advisor and/or resource for career counseling. Field placement preceptors may or may not serve as readers and reviewers for the Culminating Experience, depending on whether or not a student's final project is related to their placement. (These courses are described more fully in Sections 2.4 and 2.5.)

Lines of Communication

Members of the faculty are instructed to bring any concerns regarding students to the Program Director for resolution. She then brings any issues to the MPH Executive Committee, as needed.

The Academic Program Administrator maintains a listserv of students and sends frequent notices and reminders to keep students informed of meetings, deadlines and other program requirements and opportunities.

The individualized nature of the Program, the favorable ratio of faculty to students, and the frequent contact between the assigned advisor, the Program Director and each student allow for close monitoring of the advisor-advisee relationship. If at any time during the Program a student desires to switch advisors, he or she works with the Program Director to identify a new advisor.

Mentoring

Beginning in 2009-2010, some students have entered the Program via the Pathways recruitment program. These students are often from groups underrepresented in the public health workforce, with little exposure to the field. In cases where entering students have little public health exposure, a mentor (in addition to a faculty advisor) may be assigned. Mentors provide valuable student-specific attention, which has been shown to improve matriculation, retention and graduation in underrepresented groups. Mentoring may also include additional research-based projects designed to increase exposure to the public health community, skill development and targeted mentoring to facilitate the transition to UVa.

Career Counseling

Career counseling is an inherent part of the individualized program. The Program Director and other faculty advise students about career planning and guide students toward achieving their professional and academic goals throughout students' tenure in the Program. In addition to scheduled meetings with faculty during which career planning may be discussed, students have many informal discussions with Program faculty that often involve networking, decision-making, professional advice and job search strategies. In addition, special career counseling sessions on preparing CVs and for job interviews are offered each year by Wendy Perry, a University administrator with years of experience advising students about job search skills.

Students are introduced to the University Career Counseling services in the Practice of Public Health course. The Director for Graduate and Postdoctoral Professional Development gives a lecture on job interviewing and informs the students about her office and the resources available to MPH students. Students are encouraged to schedule appointments with this office if needed.

In an effort to aid students in demonstrating competencies gained in the Program and valued in the workplace, a student portfolio program was piloted in the spring 2010. The portfolios are not evaluated;

rather, they are designed as a tool for students to use as they seek employment and educational advancement.

Historically, career counseling has been done individually, as the Program has been small and most students have had clearly defined career paths (e.g., because of their background or dual degree status). However, as the Program grew and more applicants were accepted directly from their undergraduate institutions (as evidenced by the Fall 2010 incoming class), career planning and exposure became a programmatic target.

State Career Fair

MPH students are regularly informed of and encouraged to attend career fairs and conferences as another avenue of developing contacts and locating career and internship opportunities. The MPH Program has joined with the other MPH Programs in Virginia and the Virginia Public Health Association to jointly sponsor an annual career fair for MPH students in the state each year. In 2009, the Virginia Public Health Association Career and Internship Fair was hosted by Virginia Commonwealth University (VCU) on December 4 at VCU's University Student Commons Building. Over 80 students representing VCU, George Mason University (GMU), UVa, and Eastern Virginia Medical School/Old Dominion University (EVMS/ODU) turned out to attend a variety of workshops and network with alumni, staff, faculty and VAPHA members. The event also featured an exhibit hall where students discussed internships and career opportunities with representatives from 16 public health organizations. In 2010, the Career Fair was hosted by Eastern Virginia Medical School in Norfolk on December 3. In addition to exhibits by employers, sessions were held on the following topics: "The Professional Landscape: Opportunities in Public Health," "Writing an Effective Resume and Cover Letter," "Twenty Years of Schooling and a Master's Degree, What's Next?" and "Global Health Issues and Opportunities."

> **4.6.b. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.**

Through the student handbook, orientation materials and individual course syllabi, students are informed of the University and Program policies concerning fair and ethical practices. University academic regulations include an academic grievance procedure, which stipulates the manner in which students are to discuss an academic grievance:

1. Concerns related to a faculty member that cannot be resolved between the two parties should be discussed with the department chair on a person-to-person basis;
2. If the concern is related to the department chair, the grievance should be filed with the dean of the school;
3. If the concern is related to the dean of the school, the grievance should be filed with the Vice President and Provost;
4. If the level of concern relates to the Vice President and Provost, appropriate written documentation should be presented to the President of the University.

In keeping with this procedure, students are encouraged to discuss any Program concerns with their advisor and/or the Program Director. When a concern or complaint is not easily resolved through discussion and clarification with the appropriate faculty member, student concerns and complaints are taken to the MPH Program Executive Committee.

For concerns related to individual courses, students are encouraged to discuss them with the appropriate course faculty member. At the end of each course, students complete anonymous online course

evaluations. The Program Director reviews all course evaluations.   Faculty use these evaluations to make modifications and improvements to their courses, whenever possible.

Faculty advisors regularly check in with students at scheduled advising meetings and as needed to monitor student satisfaction with courses and the Program.

The Program Administrator communicates frequently with students by e-mail and is available in her office, Monday through Friday, 7:00 to 4:00.

As described in section 1.5.e, students also participate in the Student Service and Social Organization. These gatherings have served as one more effective conduit for feedback and information between students and the Program faculty and administration. Students are also represented on most Program committees, as described in section 1.5.c.

In addition, students complete numerous questionnaires during their program about their progress and satisfaction with the Program, as part of ICAPP (see Appendix 1E). Upon completion of the Program, students complete an End-of-Program Questionnaire (ICAPP, Part IV) with the Program Director. They are asked several questions about their perceptions of the Program (see Appendix 1E).

There were no student concerns necessitating the application of the formal University academic grievance policy noted above in the last three years.

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

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Advising

Students have indicated an overall high level of satisfaction with their relationship with their advisor for the past three years based on information from exit interviews, as seen in Table 4.6.c., below. Collecting more complete data on student satisfaction is a priority. Beginning in 2010-11, students are asked for their satisfaction with advising at approximately the midpoint of their time in the Program, as part of the Individualized Program Assessment (ICAPP Part III). At the time of graduation, they are asked to rate the quality of advising overall and the quality of advising for the field placement and culminating experience, as part of the End of Program Questionnaire (ICAPP Part IV) (see Appendix 1E).

Career Counseling

Information on where students have sought career counseling services for the past three years is also presented in Table 4.6.c. Students obtain these services in a variety of places, including DPHS, University Career Services, and web searches and online resources such as the American Public Health Association Website. Dual degree program students also seek career services through their parent school.

Historically, most students did not seek career counseling as noted in section 4.6.a. As with advising, collecting more complete data on student knowledge of and satisfaction with career counseling is a priority now that there are more students who may seek employment at the completion of their MPH degree. Beginning in 2010-11, students are asked about their awareness of career planning services at the midpoint (ICAPP Part III), and upon graduation they are asked about awareness of services and their satisfaction with the Program faculty's willingness to help with career planning (ICAPP Part IV).

Table 4.6.c.: Summary of Student Data on Advising and Career Services

	2007-08	2008-09	2009-10
Advising			
Average rating of relationship with advisor (1-5 scale)*	4.7	5.0	4.7
Ratings of 4 or above	94%	100%	90%
Career Services			
Received counseling from PHS Department	17%	13%	22%
Used University Career Services	33%	25%	11%
Relied on Information from the Web	25%	62%	22%
Dual Degree Program, used parent school advising	25%	13%	44%

* Where 1 = very dissatisfied and 5 = very satisfied

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

This criterion is met.

With the provision of new funding from the University, consistent with its goals for the department, the Program has been able to increase the size of its student class in the current academic year, which has required more formal student advisement and associated record keeping. An updated system of advising was piloted in the 2009-10 academic year, and its success has prompted full-scale adoption by faculty in the Fall of 2010.   The Program will continue to monitor and enrich its advising and career planning services to meet the needs of each student.