

**Council on Education for Public Health
Adopted on September 20, 2014**

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
VIRGINIA COMMONWEALTH UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

April 10 – 11, 2014

SITE VISIT TEAM:

Sylvia E. Furner, PhD, MPH, Chair
Don G. Snyder, MPH

SITE VISIT COORDINATOR:

Brittney D. Lilly, MPH

Table of Contents

Introduction.....	1
Characteristics of a Public Health Program	3
1.0 THE PUBLIC HEALTH PROGRAM.....	4
1.1 Mission.....	4
1.2 Evaluation and Planning.....	5
1.3 Institutional Environment	6
1.4 Organization and Administration	7
1.5 Governance	7
1.6 Fiscal Resources	9
1.7 Faculty and Other Resources.....	10
1.8 Diversity	11
2.0 INSTRUCTIONAL PROGRAMS.....	13
2.1 Degree Offerings	13
2.2 Program Length.....	13
2.3 Public Health Core Knowledge.....	14
2.4 Practical Skills	14
2.5 Culminating Experience.....	15
2.6 Required Competencies.....	16
2.7 Assessment Procedures.....	17
2.8 Bachelor's Degrees in Public Health.....	19
2.9 Academic Degrees	19
2.10 Doctoral Degrees.....	19
2.11 Joint Degrees	19
2.12 Distance Education or Executive Degree Programs.....	20
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	21
3.1 Research.....	21
3.2 Service.....	22
3.3 Workforce Development.....	23
4.0 FACULTY, STAFF AND STUDENTS.....	24
4.1 Faculty Qualifications	24
4.2 Faculty Policies and Procedures	25
4.3 Student Recruitment and Admissions	26
4.4 Advising and Career Counseling.....	27
Agenda.....	29

Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Virginia Commonwealth University. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in April 2014 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Virginia Commonwealth University (VCU) is a public institution with two campus locations in Richmond, VA – the Monroe Park campus and the Medical College of Virginia campus (MCV). The MCV campus is located in downtown Richmond and houses the Master of Public Health (MPH) program, while the Monroe Park campus is located in Richmond's historic Fan District, two miles west of the MCV campus. VCU was birthed out of the 1968 merger between MCV and the Richmond Professional Institute (RPI), located on the Monroe Park campus.

VCU enrolls over 31,000 students, with over 2,000 faculty members and nearly 172,000 alumni. The institution includes 13 schools and one college offering 64 bachelor's programs, 74 master's programs and 40 doctoral programs. As one of VCU's 13 schools, the School of Medicine (SOM) is comprised of 10 science and health departments, one of which is the Department of Family Medicine and Population Health (FMPH). The FMPH Department contains the Division of Epidemiology, which is the MPH program's administrative home. The division also offers a PhD in epidemiology, which is not included in the CEPH unit of accreditation.

The MPH program was developed in 1990 as a generalist program in the SOM's Department of Preventive Medicine and Community Health. In 2005, the program began an initiative to develop a school of public health and renamed the Department of Preventive Medicine and Community Health to the Department of Epidemiology and Community Health. As a part of this initiative, the program added two new academic departments, three concentrations and four joint degree offerings. In 2008 however, due to an economic downturn, VCU's vice president for health sciences placed an indefinite hold on the expansion initiative. Subsequently in 2011, the SOM dean decided that the MPH program should discontinue its concentrations and return to a generalist program. In 2012, the SOM dean also announced the merger of the Department of Epidemiology and Community Health with the Department of Family Medicine to form the current FMPH Department. Former faculty and staff of the now amalgamated

Department of Epidemiology and Community Health were organized into the newly formed Division of Epidemiology.

VCU's MPH program was initially accredited by CEPH in 1996 for a three year term, followed by two subsequent seven year terms in 1999 and 2007. The 2007 reaccreditation decision required interim reporting due in spring 2008 and 2009. The Council reviewed and acted to accept both interim reports.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the public health program at Virginia Commonwealth University. The program is a part of an accredited institute of higher education, as VCU is regionally accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACS-COC). The program and its faculty and students have the same rights, privileges and status as other professional programs at VCU. The program functions as a collaboration of disciplines, as other SOM department faculty participate in program governance as well as in the development and instruction of MPH courses. The program maintains an organizational culture that embraces the vision, goals and values common to public health, as reciprocal working and service relationships have formed with the Virginia Department of Health. The program has sufficient resources to provide the breadth and depth of educational content necessary to support its degree offerings.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program's mission is as follows: The mission of the Virginia Commonwealth University Master of Public Health (MPH) Program is to engage students in an experiential, learner-centered environment, collaborate with public health partners in central Virginia to promote health equity and community wellness, and foster life-long inquiry and discovery in interdisciplinary, translational research that improves human health.

In May 2012, the program embarked on what would be a nine month process for revising its mission statement to reflect the SOM's organizational restructuring, the change from a track-based program to the current generalist program and the decision to discontinue efforts to become a school of public health. A group of four core members of the program's ad hoc Self-Study Committee (SSC) developed a draft of the program's revised mission statement. Core members presented the draft to the other 13 members of the committee, who approved the draft and agreed to make it available to the public for a 30 day comment period. The comment period yielded two suggestions for minor revisions and, in February 2013, the SSC voted to adopt the final mission statement. The mission revision was an inclusive process involving internal and external stakeholders, as the SSC consisted of MPH students, staff, faculty and alumni, as well as public health professionals from the Richmond community.

The MPH program is guided by six values – developed by the SSC to align with the university's core values and strategic plan: (1) achievement, (2) collaboration, (3) innovation, (4) service, (5) diversity and (6) integrity. On-site discussions with program constituents regarding the implementation and review of these values, indicated that the value statements accurately reflect the program's culture, as demonstrated in the extensive collaboration among faculty, the program's support of innovation and the expectation of service among faculty.

The program's current goals and objectives were developed to reflect the MPH Assessment Committee's assessment policies and procedures, which were developed during the 2009-2010 academic year (AY). The Assessment Committee developed policies and procedures to ensure that assessment mechanisms precisely monitored the program's progress toward goals. During a three year period from 2010 to 2013, the committee developed diversity objectives and revised existing goals and objectives for clarity, conciseness and improved measurability.

Since the program modified its goals and objectives during the three year reporting period required in the self-study document, the self-study provides current (2012-2013) and former (2010-2012) goals and

objectives. The program currently has five goal statements in the following areas: instruction, research, service, diversity and program development. Each goal has three to six objectives with varying numbers of sub-objectives. The self-study provides a discussion about how the program undertook an assessment of the measurability of its objectives. As a result of that assessment, the current set of objectives is measurable and will allow the program to conduct thorough evaluations.

The program's processes for developing its mission, values, goals and objectives was inclusive, involving students, faculty, staff, alumni and public health professionals at various stages during the process. The mission, values, goals and objectives are available on the program's website, and the mission is stated in the student handbook as well as in promotional brochures. The MPH Curriculum Committee reviews the mission, values, goals and objectives every three years or whenever major programmatic changes occur.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. Data collection and aggregation are the responsibility of the Division of Epidemiology's educational program director. The university uses the Banner System as its primary data source and thus, a considerable amount of the program's evaluation data is derived from Banner. Another data source includes the Faculty Activity Reporting and Evaluating System, from which data on faculty service, research and professional development are derived.

Program administrators analyze evaluation data and disseminate results to the MPH Assessment Committee, Admissions Committee, department chairs and faculty. The results of program evaluation data have been used to inform quality improvements such as course content modifications following the review of course evaluations.

The Assessment Committee is tasked with evaluating the program's overall success on an annual basis. Along with summative data received from program administrators, the committee also reviews results from various constituent surveys, course evaluations, student self-assessments of competency achievement and standardized test scores and prior grade point averages (GPAs) of admitted students. The committee then presents a summative analysis of the data and its impact on programmatic goals and objectives in the program's annual evaluation report.

The self-study was drafted by the following four core members of the SSC: the educational program director, graduate program director, graduate programs coordinator and reaccreditation core team analyst

(a temporary staff position created to support the first year of the self-study effort). The initial self-study document was vetted by the remaining 13 members of the committee, who provided review and feedback on all sections of the document. The committee met monthly to conduct reviews and suggest refinements to the self-study document.

The final version of the self-study is a well written document with helpful summary tables and very thoughtful self-analysis of the program's strengths, weaknesses and plans. Of note, the self-study exhibits two useful summary tables – one table provides information on goals and objectives that are met, and the other table provides information on goals and objectives that are partially met or not met at the time of the self-study submission.

The commentary relates to the fact that many of the targets for the program's objectives have already been met. The program may need to revisit its goals, objectives and targets sooner than planned so that the program can continuously improve and challenge itself. A reflection on whether target setting has been as analytical as needed may be helpful in this regard.

1.3 Institutional Environment.

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

This criterion is met. The MPH program is an integral part of Virginia Commonwealth University, which is accredited by SACS-COC with the most recent reaccreditation visit occurring in February 2014. The institution also responds to a number of specialized accrediting bodies. More specifically, the SOM is accredited by the Liaison Committee on Medical Education. University administrators highly value and support the MPH program and foresee it as a critical component of all health science education.

The institution is governed by a Board of Visitors and is overseen by a president, who also presides over the VCU Health System. The individual who serves in the joint role as senior vice president for health sciences and CEO of VCU Health System reports to the president. Subsidiary to this position is the SOM dean, who is also the executive vice president for medical affairs of the VCU Health System. Reporting to the SOM dean are five senior associate deans and the SOM department chairs. The chair of the SOM's FMPH Department oversees the Division of Epidemiology, through which the MPH program is administered.

The MPH program has established mechanisms to carry out the functions of budgeting and resource allocation, personnel recruitment and the development of academic standards and policies. The Division of Epidemiology's division administrator manages the budgetary and fiscal resources aspects of the program. For faculty recruitment, search committees are formed in the hiring department, and regarding academic standards and policies, the program follows the Graduate School's guidelines.

1.4 Organization and Administration.

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

This criterion is met. The MPH program's organizational setting is conducive to public health learning, research and service. The environment facilitates interdisciplinary communication, cooperation and collaboration among faculty of the four departments serving the MPH program, which include the FMPH Department, Department of Biostatistics, Department of Healthcare and Policy Research and the Social and Behavioral Sciences Department. Interdisciplinary collaboration across departments is facilitated by faculty members' collaborative roles in program governance and research. To further broaden the interdisciplinary scope for students, the program has a number of practitioners serving as affiliate faculty, lending their practical experiences to supplement theoretical classroom knowledge.

In the Division of Epidemiology, the graduate program director oversees the administration of all degree programs in the division (the MPH and PhD in epidemiology) and reports to the FMPH department chair. The graduate program director would typically report directly to the Division of Epidemiology chair but this position is currently vacant. The educational program director manages the daily logistics and operations of degree programs, with the support of the graduate programs coordinator. The educational program director serves a variety of functions, which include organizing MPH practicum sites, approving elective courses, surveying the community on workforce development needs and assisting students with securing employment opportunities. The educational program director and the graduate programs coordinator report to the graduate program director. The FMPH department chair plans to hire two new faculty in the division and appoint a current senior faculty member as the division's chair. The division appoints nine faculty that are devoted to the instructional and advising functions of the MPH program.

1.5 Governance.

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

This criterion is met. The program's governance structure ensures adequate oversight of pertinent programmatic functions such as program and curriculum evaluation and development, student admissions and program assessment. Four standing committees are responsible for the program's policies and operations: MPH Admissions Committee, MPH Curriculum Committee, Division of Epidemiology Curriculum Committee and MPH Assessment Committee. Through spring 2012, the MPH Recruitment Committee had the charge to review and improve the program's recruitment and promotion strategies, but these duties were transferred to the MPH Admissions Committee with the start of the fall

2014 semester. The program also maintains one ad hoc committee: the SSC. Composition of all committees consists of adequate student representation and faculty from the four SOM departments serving the MPH program. The Division of Epidemiology's graduate program director is the final approval authority for all recommendations made by committees.

MPH students are represented on the MPH Curriculum Committee, Division of Epidemiology Curriculum Committee, MPH Assessment Committee and the ad hoc SSC. Students also were represented on the MPH Recruitment Committee when it was active. During the site visit, students expressed that their participation on governance committees was valued and that they appreciated the program's receptiveness to feedback. The program also maintains the Public Health Student Association (PHSA), governed by a student-led executive board with four positions: president, vice president, treasurer and secretary.

The MPH Admissions Committee is tasked with engaging in proactive recruitment and marketing for the MPH program to all potential constituent markets to recruit a diverse and well qualified student body (previously the responsibility of the MPH Recruitment Committee). This committee also reviews candidate applications to the program. The MPH Curriculum Committee functions to review and monitor the MPH curriculum to ensure that course offerings are consistently appropriate for delivering public health content. The Division of Epidemiology Curriculum Committee reviews all graduate level courses taken within the division, and its decisions on division courses for the MPH program are forwarded to the MPH Curriculum Committee for final review and approval. The MPH Assessment Committee regularly evaluates and monitors the program's progress toward meeting its goals and objectives.

During on-site discussions with community stakeholders, practitioners shared comments regarding the future of public health practice and the skills that they foresee will be needed by public health graduates. Reviewers asked practitioners if the program has a formal mechanism, such as a community stakeholder committee, by which practitioners can routinely share this information with the program. Practitioners stated that no formal mechanism exists but that feedback can be provided informally. While no formal committee exists, it should be noted that the educational program director does solicit feedback from practitioners regarding the student internship experience, and the MPH Assessment Committee periodically conducts focus groups with public health professionals to gain feedback on trends in public health practice and workforce development needs. These two feedback mechanisms may inadvertently serve to inform program leaders of changing practice needs and emerging workplace skills to ensure that the program's curriculum is continually advancing and persistently relevant.

1.6 Fiscal Resources.

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

This criterion is met. As a public institution, VCU is funded through the General Assembly of Virginia. These state monies are primarily for funding of instruction, including faculty salaries, classroom computers and equipment/furniture. Of note, the MPH program (similar to all masters' degree programs at VCU) does not receive tuition dollars directly. Additional funds to support the program come from external and internal sponsors of research endeavors, indirect cost recovery (the Division of Epidemiology receives 12.8%) and local unrestricted funds that are used for operating expenses.

Funding for the MPH program flows through the Office of the Vice President for Health Sciences to the SOM and then to the FMPH Department. The annual departmental budget is based on the previous year's budget, with appropriate adjustments requested by the department chair based on sufficient rationale. During on-site discussions, the FMPH department chair and program faculty reported that the SOM dean has been supportive of budgetary adjustments related to the MPH program and has honored all commitments made to the program.

From fiscal year (FY) 2006 to 2012, the program's revenue has grown by approximately 80%. The largest growth came in FY 2008 when a number of research programs were transferred, and the new FMPH department chair was provided with a recruitment package. Approximately half of the program's revenues are derived from state appropriations, and approximately 30% are derived from grants and contracts. The program receives very little gift funding.

More than 80% of expenditures relate to faculty and staff salaries, with the remaining expenditures for operations and travel. Unfortunately, over the last two years, expenditures for student support have zeroed-out due to major budget reductions across the university. As articulated in both the self-study and in on-site discussions, the program is making efforts to provide other financial support opportunities for students.

The program's self-study assessed this criterion to be met with commentary because of concerns over two unmet outcome measure targets. One unmet outcome measure (total dollars in competitive grant applications) was a function of several extenuating circumstances that were in fact positive circumstances for the program – namely that three faculty did not submit new grant applications due to being recently awarded large grants in the preceding year. A second measure (to increase or sustain the financial resources for the MPH program) was not met but was only 3.6% less than the target, and the lower dollar amount was tied to the reduced grant expenditures. In evaluating these concerns, the site team felt that

the program's performance did not warrant a commentary, and that a finding of met for this criterion is appropriate. Table 1 presents the program's budget from FY 2008 through 2012.

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Year 2008 to 2013					
	2008-09	2009-10	2010-11	2011-12	2012-13
Source of Funds					
State Appropriation	\$676,837	\$831,510	\$833,248	\$786,493	\$860,311
University Funds	\$0	\$0	\$0	\$0	\$0
Grants/Contracts	\$662,314	\$776,304	\$691,917	\$661,313	\$463,245
Indirect Cost Recovery	\$11,196	\$14,372	\$12,914	\$298	\$8,758
Endowment	\$20,465	\$27,300	\$20,103	\$31,135	\$0
Gifts	\$14,784	\$0	\$0	\$0	\$0
Other Admin External Funds	\$100,715	\$101,068	\$143,927	\$174,468	\$161,881
Other Grants & External Funds	\$104,323	\$83,798	\$63,549	\$161,529	\$256,279
Total	\$1,590,634	\$1,834,352	\$1,765,658	\$1,815,237	\$1,750,475
Expenditures					
Faculty Salaries & Benefits	\$870,642	\$982,460	\$1,069,250	\$896,083	\$1,126,036
Staff Salaries & Benefits	\$237,398	\$214,978	\$172,668	\$425,823	\$402,195
Operations	\$418,673	\$623,597	\$507,639	\$431,694	\$153,239
Travel	\$18,921	\$13,317	\$14,517	\$61,866	\$69,004
Student Support	\$45,000	\$0	\$1,584	\$0	\$0
Total	1,590,634	\$1,834,352	\$1,765,658	\$1,815,467	\$1,750,475

1.7 Faculty and Other Resources.

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

This criterion is met. The program has adequate personnel and other resources to support its mission, goals and objectives. The program meets the required minimum of three primary faculty for its single track (generalist) MPH program. In the current 2013-2014 academic year, there are 15 primary faculty (10.3 FTE) and seven secondary faculty who support instructional delivery in the program. There are 32 students (28 FTE) in the program, resulting in a low student-faculty ratio (SFR) of 2.7 to 1. Given the size of the student body, the size of the faculty complement is more than adequate – though the program desires to increase the SFR to at least 6 to 1. Program administrators recognize that a more focused recruitment effort is needed to increase the student population, such as targeting current medical students to enroll in the program. The program is currently evaluating the following recruitment mechanisms: expansion of social media utilization, production of a recruitment video, meeting with existing students to discuss recruitment, joining ASPPH and subsequently using SOPHAS for applications. Further, university leaders expressed to site visitors that while growth of the student body is a goal, the quality of the student body is the first priority. Given that the institution does not return tuition

dollars from master's degree programs, the program is under no considerable fiscal pressure to grow the size of the student body.

The program has five staff members who provide support in the areas of program administration, human resources, budget preparation, pre-award support for grants and information technology. These staff members contribute a combined 2.4 FTE to the program.

Since 2009, the program and its affiliated departments have been housed in the One Capitol Square (OCS) Building on VCU's MCV campus in downtown Richmond. The Division of Epidemiology occupies 6,800 square feet (SF) of space on the building's eighth floor, which includes faculty and staff offices, conference rooms, classrooms, study rooms, a computer lab and computer workstations for research assistants and postdoctoral fellows. The division also occupies 2,900 SF on the building's fifth floor, which includes additional faculty and staff offices, classroom space and study rooms. The program's affiliated departments, the Department of Healthcare and Policy Research, the Department of Biostatistics and the Social and Behavioral Sciences Department, occupy the building's fourth, seventh and ninth floors respectively. The departments' close proximity aids in promoting interdisciplinary collaboration and exchange among the program's faculty and students.

The program provides a 25 station student computer laboratory with desktop and laptop computers in the OCS Building, and MPH students also have access to computer labs in nearby campus buildings. Further, there is a resource area on the OCS Building's fifth floor with computer tables and power supplies to accommodate six students. Faculty, administrators and staff have computers in their offices with access to campus technology resources and an array of software applications.

The VCU library facilities and holdings provide content and access to resources that are excellent supports for the MPH program. The Tomkins McCaw Library, ranked among the top 30 health sciences libraries in the country, is located in close proximity to the program and is frequently utilized by MPH students and faculty. Further, inter-library loan and document delivery services are available to faculty, staff and students, and online access is available to all library holdings. The library has 70 computer workstations, study rooms and a classroom equipped with video distance education equipment.

1.8 Diversity.

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

This criterion is met. The SOM and the MPH program are guided by the university's diversity policies, which are applicable in all areas from faculty and student recruitment to the development of academic programs. Through many activities and initiatives, VCU encourages diversity and diversity awareness

among faculty, students and staff. In accordance with the VCU Equal Opportunity Policy, the MPH program has endeavored to nurture a multicultural community that represents individuals of differing race, national origin, gender, ethnic background, religion, sexual orientation, age, socioeconomic class, political affiliation, veteran status and disability. By utilizing various university resources and several targeted approaches, the program is working to improve its desirability to diverse candidates. It is clear to reviewers that program administrators prioritize attracting and supporting the best and brightest students, while addressing robust university policies that directly support diversity. Evidence gained on-site supports the fact that the institution's diverse community enhances education and creates a stimulating academic environment.

Two programmatic committees are responsible for ensuring that students are competent in diversity and cultural considerations upon graduation. The first committee with this responsibility is the Division of Epidemiology Curriculum Committee, which as of AY 2013, began reviewing and monitoring curricular content to ensure that it incorporated aspects of diversity and cultural competence. Similarly, the MPH Assessment Committee is tasked with ensuring that students complete 20 hours of community-service learning in a setting that involves interaction with individuals of diverse cultures and backgrounds.

The program identifies American Indians/Alaska Natives, Blacks/African Americans, Hispanics/Latinos, Native Hawaiians/Pacific Islanders and students of International origin as its under-represented populations. The program set a diversity goal for 35% of the student body to constitute individuals from under-represented groups by AY 2013. The program's goal of 35% is ambitious, as it exceeds the proportions of these under-represented populations at the institution (22%) and the state (30%). In AY 2013, the program failed to meet its goal, with an under-represented population of 16% (a 28% decrease from AY 2012).

The program's goal for faculty and staff diversity is to recruit and maintain one faculty and staff member from an under-represented population by AY 2013. The program met its goal for faculty in AY 2013, having one under-represented faculty member but the program has not met its goal for an under-represented staff member.

Program administrators readily acknowledge that diversity recruitment is a necessity and have taken steps to permanently incorporate diversity principles into all levels of planning. The revision of the program's web page based upon input from student representatives on the MPH Admissions Committee, the development of recruitment videos that reflect the strengths of the program by including interviews with current students, and the development of the "This is Public Health" video are all examples of the program's determination and intent to foster diversity. During the site visit, university leaders stated that adhering to the principles of diversity is very important to the overall success of the MPH program, as it

adds value to the overall VCU Health System which serves a large number of under insured and vulnerable populations – constituting 45% of the patient population served by the VCU Health System.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The program’s curriculum demonstrates the appropriate composition and depth for an MPH degree. The curriculum consists of 500 and 600 level courses. The degree program consists of nine required courses, 15 credit hours of elective courses, a required culminating experience and three different opportunities for practice experiences. The program maintains a list of pre-approved elective courses but students may seek to enroll in additional elective courses with prior approval from the educational programs director.

Prior to fall 2012, the program offered three concentration tracks and a generalist degree. As of fall 2012, the program has eliminated its tracks and continues to offer a generalist MPH degree and three joint degrees. As of AY 2013-2014, there are no students requiring completion of coursework from the track-based curriculum. Table 2 presents the program’s degree offerings.

	Professional
Master’s Degrees	
Generalist	MPH
Joint Degrees	
Medicine	MD/MPH
Pharmacy	PharmD/MPH
Social Work	MSW/MPH

2.2 Program Length.

An MPH degree program or equivalent professional public health master’s degree must be at least 42 semester-credit units in length.

This criterion is met. The MPH program requires completion of 45 semester-credit hours of combined didactic and applied practice work. The curriculum consists of 15 credit hours of course work in the five core public health knowledge areas, six credit hours in courses developing data analysis skills and the use of statistical software, one credit hour in a public health ethics course and 15 credit hours of elective

courses. The remaining eight credit hours are completed by applied practical requirements, which include a capstone project and internship of three credit hours each, as well as two credit hours for participation in a research or practice-based project. In the program, one credit hour is equivalent to one hour of classroom instruction per week with a minimum of two hours of independent student work for 15 weeks.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to complete five, three credit courses that address the five core areas of public health. After review of syllabi, the site team finds that the program, through its five required core courses, imparts sufficient knowledge to attain depth and breadth in the five core areas of public health. The program does not grant waivers of core courses. Table 3 presents the program's required core course offerings.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	BIOS 547 Applied Data Analysis in Public Health I	3
Environmental Health Sciences	EPID 604 Principles of Environmental Health	3
Epidemiology	EPID 571 Principles of Epidemiology	3
Social & Behavioral Sciences	SBHD 605 Introduction to Social and Behavioral Health	3
Health Services Administration	HCPR 601 Introduction to Health Policy	3

2.4 Practical Skills.

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

This criterion is met. The MPH program incorporates experiential learning throughout the curriculum, which includes two practical experiences in a wide range of clinical, research and community settings such as hospitals, clinics, nonprofit health institutions, governmental health agencies, private industry and community-based organizations. While all MPH students are expected to develop a strong foundation and basic skills in general public health practice, site visitors perceive that there is a strong underlying research emphasis on the graduate work being performed. Positively, all students are required to complete two practice experiences, namely the MPH practicum in the first year and the public health internship in the second year. The MPH practicum requires students to complete a minimum of 120 contact hours on-site, which is spread over two semesters. Student performance is evaluated throughout the semester and at the conclusion, students submit a summary report in which they document the tasks that they completed to address MPH practicum competencies. These two experiences will have either a research or practice focus and is designed to provide a broad public health focus as opposed to the more focused capstone project, designed to be the culminating work in the program.

The public health internship is a supervised experience requiring a minimum of 180 hours, which is generally completed at one location over the course of a semester. Internship placements are typically external to VCU and can include either public, private or nonprofit organizations. All sites are carefully chosen by the educational program director according to established program policies, and the site must be engaged in work that has an impact on population health. Approved sites must have a qualified student supervisor and provide meaningful work experience in public health, with students not only gaining meaningful real world experience but also a sense of reward and accomplishment. Student performance is evaluated throughout the semester, and a final written report is required at the end of the semester. Students have been pleased with the results of both the practicum and the internship experience and consider them one of the hallmarks of the VCU MPH program.

2.5 Culminating Experience.

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

This criterion is partially met. The MPH degree requirements maintain that all students must complete a capstone project during their final year of study. The project is categorized as an applied, practical experience, as capstone deliverables are derived from students' involvement in an external practice setting or faculty research project. Hence, the capstone may take on two forms: a research-based or practice-based project. Research-based projects are designed for students intending to pursue research-oriented careers and require the student to conduct a hypothesis-driven project integrating foundational elements of the research process. Alternatively, practice-oriented projects are designed for students intending to pursue careers as public health practitioners. The mandatory deliverables for both project types are a written summary report and an oral or poster presentation at an MPH poster forum or other approved venue. Review of capstone deliverables by the site team demonstrate a scholarly product with comprehensive application of elements indicative of the research process.

The concern relates to the methodology utilized for capstone assessment and the expectation of competency coverage. The capstone must be used as a means by which the program assesses student mastery of the breadth of programmatic competencies and should demonstrate skills developed across the curriculum. The currently established capstone procedures call for the student to select competencies which they feel will be demonstrated in their project, resulting in projects that may be too narrowly focused on one specific public health core knowledge area. Alternatively, the student should approach the capstone with the understanding that the project must demonstrate proficiency in the breadth of programmatic competencies (eg, addressing environmental health and health policy implications). While reviewers noted that projects evidently displayed proficiency in the application of biostatistical and epidemiological methods, considerations to other curricular components such as environmental health and health policy were not as implicit. Thus, the need for an evaluation tool that assesses

comprehensive competency attainment is necessary, as students may indeed be demonstrating the breadth of programmatic competencies but without a comprehensive assessment mechanism, this is difficult to conclude.

2.6 Required Competencies.

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

This criterion is partially met. The MPH Curriculum Committee is responsible for developing the program's competencies, which are derived from the ASPPH Core Competency Model and reflect the program's goals and objectives. The committee has periodically evaluated competency sets that were in place through various iterations of the MPH degree (the former track-based and now generalist program). For the former track-based program, there were 32 core competencies to be attained by all MPH students. The three tracks had concentration-specific competencies as well – five for the epidemiology track, five for the public health practice track and eight for the social and behavioral science track.

In fall 2012, a set of competencies were developed for the new generalist MPH program, and track-specific competencies were discontinued. The program's competencies for its current generalist program were derived directly from the ASPPH discipline-specific and interdisciplinary/cross-cutting competencies. The program has distilled the ASPPH competency sets, containing a total of 119 competencies, into 49 selected competencies that must be attained by all VCU MPH students. The program's 49 competencies are divided into the following 11 competency domains (which utilize each of the ASPPH competency domains with the exception of the systems thinking domain): biostatistics, environmental health sciences, epidemiology, health policy and management, social and behavioral sciences, communication and informatics, diversity and culture, leadership, public health biology, professionalism and program planning.

The concern is that the program has not incorporated additional competencies beyond the ASPPH core competencies that will distinguish a VCU MPH graduate's specific aptitudes. The ASPPH core competencies were designed to define knowledge and skills attained by all MPH students, regardless of concentration. The program requires that students complete five courses in the core areas of public health knowledge and four prescribed program-specific courses that focus exclusively on applied data analysis and public health ethics. Considering the program's substantial focus on data analysis, reviewers assumed that the program would have established more in depth competencies related to biostatistics and epidemiology to showcase students' advanced training in data analysis. The program does not provide a set of separate generalist track competencies.

With respect to stakeholder input in the development of competencies, the timing of that input was later than the program desired or planned, and the new competencies were established before stakeholder input was received. Currently, however, the program has developed a plan to receive stakeholder input on its new competencies, as the MPH Assessment Committee is charged with conducting focus groups with public health professionals and surveys of alumni and employers regarding whether the program's competencies are appropriate in relation to the current perspective of public health practice. Feedback from these assessments are to be shared with the Curriculum Committee, whereby revisions to competencies and curricula can be made if necessary.

Competencies are located on the Division of Epidemiology's website for prospective students to view, in the MPH Program Student Handbook for current students to view, on the SOM website and on the FMPH Department's Blackboard site. Further, all course syllabi provide links between the learning objectives for the course and their associated competencies.

2.7 Assessment Procedures.

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

This criterion is met with commentary. The program assesses student progress and attainment of competencies utilizing several methods: student self-assessments, semi-annual review of students by program faculty, faculty feedback on student achievement of competencies within courses, assessments of the coverage and achievement of select competencies in practice experiences by both the student and the preceptor, students' grades in required courses, alumni and employer surveys and feedback from public health professionals who have worked with VCU's MPH students.

The student self-assessment of competencies involves an assessment at the time of matriculation into the program followed by assessments at the end of each semester. The responses are on a four point scale ranging from "can't do" the competency to "fully competent". Program administrators summarize each student's results, which can be used to inform the student and their advisor in addition to assisting the program in assessing coverage of competencies in coursework.

As of fall 2012, core course instructors report on whether students in their courses have obtained the course's correlating competencies in a satisfactory manner based on performance in the course. These assessments are shared with the MPH Assessment Committee and documented in the program's annual evaluation report. If a student has not met the competencies, the instructor informs the educational program director and the student.

A semi-annual review of student progress is conducted, which involves program faculty meeting to discuss each student's progress. Based on this discussion, faculty complete an assessment form which includes the student's progress in competency achievement. Students and advisors are provided the results of this assessment, and faculty will provide them with an improvement plan if the student is found to be lacking in a particular competency.

For the MPH practicum, students have been required to document how they address the five competencies in the practicum in a summary report at the end of the semester. Students described the activities in which they engaged to address each competency. As of spring 2014, students are required to self-assess their performance on each practicum competency, using a 4-point scale in which 1 = 'cannot do this at all' and 4 = 'fully capable.' The assessment of competencies in the public health internship includes several components, and input is sought from the student and the preceptor. A plan of action is established for the internship at the onset of the experience – this is developed with the preceptor and the student and is shared with the educational program director. Students select competencies to be achieved and this information is included in the plan of action and documented by students during the internship. Students develop a written summary of activities conducted to address each competency listed on the plan of action as part of their final assignments for the internship. Preceptors complete a separate assessment of the student's performance on the competencies. Capstone projects also require selection of competencies to be achieved and a capstone project report is completed by the student in which they self-assess their achievement of the selected competencies. The student's faculty advisor also completes an evaluation of the student's performance of the competencies.

The program has excellent graduation rates, as all cohorts with graduates from fall 2010 to summer 2013 exceed 80% graduation rates. Job placement rates during this same time period indicate that over 90% of graduates that could be located were either employed or pursuing additional education. These very good graduation and job placement rates are a function of excellent oversight by the educational program director, faculty advising and a small student body, which may allow the administration and faculty to more closely observe students.

The commentary relates to the delayed feedback from public health professionals. Due to various circumstances, the employer survey and the public health professional's focus groups were not implemented in the planned timeline. The program has already implemented changes to the future schedule for these important assessments, including the incorporation of focus group feedback sessions in the annual mentor orientation sessions. The program is making a concerted effort to appropriately address this commentary but it is clear that the delayed feedback had an impact on current assessment processes.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

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

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met with commentary. Joint degrees are offered with medicine, pharmacy and social work, with curricular components that mirror the standalone MPH degree. With the exception of the MD/MPH program, joint degree students complete all required MPH courses in addition to a required

capstone project. One exception is made for MD students, who may substitute the SOM's Population Health course for the MPH Principles of Epidemiology course. The site team reviewed the Population Health course syllabus to ensure comparability with the MPH epidemiology course and discovered that epidemiology and public health are indeed topics covered in the medical course, but reviewers were not convinced that the course imparts the depth of knowledge that would be gained from a three credit hour course solely devoted to epidemiology.

The commentary relates to the depth and extent of coverage in the core knowledge area of epidemiology for joint MD/MPH students. Reviewers noted that the MPH program has three epidemiology competencies that are solely covered by the MPH epidemiology course, and the simplicity of these three competencies may inevitably warrant coverage in the medical Population Health course. However, because no learning objectives for the medical Population Health course explicitly state epidemiological learning outcomes, it is difficult to discern if these foundational epidemiology competencies are covered. A promising aspect of the medical Population Health course is that it is co-taught by a primary faculty member of the MPH program from the Division of Epidemiology, which may substantiate the coverage of basic public health epidemiological principles as it relates to the MPH program's epidemiology competencies.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The self-study presents the research activities of the Division of Epidemiology and the three additional SOM departments supporting the MPH program. The total funded research activity for all departments combined in AY 2012-2013 was \$7,292,199. In the Division of Epidemiology alone, the most recent year's (2012-2013) funded research activity totals \$5,289,580. This is a large increase from the two prior years, which is due to the research success of newly hired faculty. The indirect cost recovery rate for the university is 52.5%. The SOM receives 20% of these dollars and 12.8% is provided to the Division of Epidemiology. SOM administrators and faculty would like to see a greater percentage of indirect cost recovery dollars returned to the faculty member's home unit in order to further the success of their research enterprise.

The research program in the Division of Epidemiology focuses on psychiatric epidemiology, behavioral and cancer epidemiology, maternal and child health, genetic epidemiology and aging. The other three departments supporting the MPH program have research foci in the following areas: health disparities, health communication, health economics, behavioral economics and patient decisions, spatial epidemiology and data mining. In the Division of Epidemiology, research productivity is predominantly driven by three faculty members (of the seven in the division). Out of the 27 projects listed for the division's faculty, 22 involve these three faculty members as either the principal investigator (PI) or Co-PI. Division faculty who are not active researchers include two at the instructor rank and two recently hired tenure-track faculty who are in the early stages of developing their research agendas.

Research activity is an important part of faculty expectations and evaluation. The SOM's promotion and tenure policy provides examples of "accomplishments" in the areas of research and other scholarly activity to be considered for promotion to associate professor and professor. The Division of Epidemiology's tenure-track faculty are required to cover at least 50% of their salary from research activity. Junior faculty have three years to establish their research agendas and reach the 50% level of salary coverage. The recently developed Variable Incentive Component Plan for compensation of faculty clearly articulates the research expectations for the faculty.

The self-study provides several examples of community-based research activities. The particular examples provided were carried out by five faculty members. These projects cover communities in local, regional, state and global locations. Topics covered include: youth violence, health of women and girls, community-based colo-rectal cancer screening, quality of life improvement in cancer patients and

smoking cessation programs for African-American smokers. Among the research projects by Division of Epidemiology faculty, more than 50% indicate that they are community-based.

Students have multiple opportunities to participate in research. Some students have research assistantships, and more than 50% of the faculty research projects involve students. In addition, approximately half of the students select a research-based practicum. Students are exposed to research throughout the curriculum. In particular, students take two data analysis laboratory courses for which they are required to produce a research poster. Students may present research posters and presentations at various professional meetings, and the program is able to provide travel support for seven to 10 students each year. Finally, the Division of Epidemiology and the Department of Healthcare Policy and Research each support a seminar series that provides students with exposure to research conducted by faculty in various departments at VCU, as well as research conducted by external practitioners.

3.2 Service.

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

This criterion is met. The MPH program recognizes the need for community service and actively encourages both students and faculty to seek mechanisms to support the program's mission through service initiatives. While the program has no formal policy for service expectations, faculty are encouraged to contribute 0.05 FTE annually to service activities and to adhere to the expectations outlined in the university's promotion and tenure guidelines. Service to the community is also considered during each faculty member's annual evaluation. Historically, service activities for program constituents have been performed individually without shared oversight; however, this fact has now been highlighted and improved information sharing may lead to a more collegial approach.

From AY 2010 to 2013, the number of community service activities by MPH faculty steadily increased. Faculty have engaged in activities that include serving as guest lecturers for various private and nonprofit organizations and as committee members on various APHA committees and nonprofits organizations such as the March of Dimes and the American Heart Association, as well as providing presentations on careers in epidemiology with the Virginia Public Health Association.

Regarding student engagement in service, all MPH students are required to complete 20 hours of service-learning activities with a community-based organization. Service-learning activities over the past three years have included a Richmond community clean-up project, the Armstrong High School Health Fair and jewelry-making workshops with pediatric cancer patients at the ASK Childhood Cancer Foundation. Students also voluntarily participate in a number of other service activities sponsored by the

PHSA, which have included the Children's Hospital Summer Safety Fair, the Mosby Community Back to School Fair and the Mosby Recreation Center Community Health Fair.

3.3 Workforce Development.

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

This criterion is met. The program has been providing continuing education for several years in the form of a summer workshop series to the Virginia Department of Health, the City of Richmond Health Department and other statewide health departments. These workshops have been offered at no charge, and prior to 2011, they offered the option of continuing education units (CEUs) through the SOM's Office of Continuing Medical Education. However, during AY 2011-2012 the program was required to begin charging a fee for continuing education credits. Program leaders decided to discontinue the CEU opportunity, rather than begin charging fees for the sessions. The program typically plans for at least two workforce development offerings each year and utilizes direct email as the source of promotional messaging and invitations. The program also coordinates the use of TRAINVirginia as the online clearinghouse for statewide public health training information, direct registration for educational programs and related resources for the state's public health professionals.

There were two areas of weakness related to continuing education— namely two unmet objectives from 2011 to 2012 when there were fewer than expected continuing education offerings, and the program did not collect broad stakeholder feedback. The program acknowledges that these deficits occurred through a lack of vigilance, which has since been identified and corrective actions have been taken to remedy any shortcomings in the future. Program administration is working on developing a timeline and intends to implement a new tracking tool, which should eliminate such lack of oversight in the future. The program collects data on its workforce development efforts via evaluation forms, which are requested of all workshop attendees in order to monitor program effectiveness and participant satisfaction. In essence, the program operates its workforce development activities independently even though many of the participants come from the Virginia Department of Health, with whom the program has a close working relationship. Considerable input and faculty support for specific continuing education activities comes out of this very cooperative and synergistic model.

The program has been successful in offering professional continuing education programs that meet the identified workforce development needs as determined by feedback from Virginia Department of Health employees. The program has reached its goal for providing its targeted number of continuing education activities per year and is developing measures to increase participation. Only one session has had to be postponed due to anticipated poor attendance. Program leaders have demonstrated a commitment to working closely with public health practitioners to develop useful workforce development activities.

Several workforce development sessions are presently in the development phase based upon stakeholder feedback – specifically, a 3-part series of grant writing workshops.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program’s primary faculty complement represents diverse perspectives, training and expertise in public health. Of the 15 primary faculty, 86% have terminal degrees, 53% have doctoral degrees in public health disciplines and 60% have MPH degrees. Faculty have earned graduate degrees in disciplines such as epidemiology, health services, psychology and communication. Faculty research interests include areas such as maternal and child health, health equity, cancer prevention and social epidemiology.

Secondary faculty supporting the program include many doctoral-level clinicians, practitioners, researchers, policymakers and policy analysts from greater Richmond’s broad base of health professionals. Additionally, close working relationships with the Virginia Department of Health and the City of Richmond Health Department, coupled with the capital region’s medical centers and community-based service providers, provide for many recognized public health scholars and expert public health faculty. As stated in the self-study, the greater Richmond area has a plethora of individuals whose combined experience in the community, governmental and private sectors enhances the program’s offerings. The program is committed to maintaining solid professional relationships, drawing expert faculty and utilizing adjunct faculty from the Virginia Department of Health. The program’s reach into the state health department is seen as quite unique, and this synergy at the state level has been highly rewarding to the MPH program.

Although the program has a well-qualified faculty complement, the program did not meet its self-defined expectations for scores on student evaluations and has identified weaknesses in teaching effectiveness through course evaluations. Teaching performance was identified as needing improvement, and in response, the program plans to implement new practices geared toward instructional enhancement and effectiveness. Also, faculty engagement in professional development activities will now be tracked. The SOM’s associate dean for professional instruction provided a teaching retreat in 2013 aimed directly at improving teaching evaluations. Additionally, an advising workshop was provided in 2013 aimed at working with and providing feedback to adult learners.

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.

This criterion is met. Program faculty have easy access to the VCU Faculty Handbook, which is available online. Included in this handbook are all faculty policies and procedures related to promotion and tenure, employment conditions, rights and responsibilities, performance assessments, faculty benefits and human resource policies. Additionally, the handbook provides faculty with information on the mission, governance, history and strategic plan of the university.

Faculty appointments may be tenured, probationary, collateral (also referred to as term non-tenured) or adjunct (non-tenured). Collateral appointments may have a modifier such as clinical, research, visiting or teaching. Term appointments may be made for one to five years and may be renewed. Adjunct appointments are part-time appointments. Faculty search processes are clearly established by VCU and are articulated in the VCU Search Process Handbook as well as in the VCU promotion and tenure policies and procedures guideline.

The process for promotion and tenure begins at the departmental level. Each candidate is reviewed by a peer committee formulated by the department chair. Committee membership includes tenured faculty and a student, and the committee is responsible for seeking external evaluations of the candidate, reviewing the candidate's file, casting a vote and informing the department chair of their recommendation. The next step includes a review by the SOM Promotion and Tenure Committee, who then forwards the candidate's file to the SOM dean. The SOM dean then forwards the candidates file to the vice president for health sciences. The final steps in the promotion and tenure process involve review by the president and then review and approval by the Board of Visitors

For annual faculty evaluations, the SOM utilizes the Faculty Activity Reporting and Evaluating System. This system, which requires annual data input from faculty, involves a self-evaluation by the faculty member with information on scholarly activity, teaching and service. Faculty are further evaluated through course evaluations completed by students, which is also an important part of the faculty member's promotion and tenure file. Faculty also complete a performance plan for the next academic year. The department chair reviews the faculty member's annual performance and meets with the faculty member to discuss performance results and goal setting for the upcoming year.

VCU, the SOM and individual departments provide various opportunities for faculty development. The institution's educational and training opportunities policy defines what options are available for professional development. Examples include educational leave, tuition reimbursement and tuition

waivers. It is important to note that the opportunities outlined in this policy are not limited to tenure-system faculty but are available to all faculty. Faculty also have access to several centers and institutes that provide teaching assistance, leadership training, certificates, seminars and workshops. Departments can also provide support for attending national meetings.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The MPH program adheres to the Graduate School's recruitment policies and procedures, and institutional policies follow federal equal opportunity guidelines. Program recruitment occurs through the MPH program website, selected recruitment fairs, participation at APHA Annual Meeting and the Virginia Public Health Association Annual Career and Internship Fair. Program faculty and staff also attend targeted professional meetings and recruitment fairs. In the summer of 2011, the program began utilizing a Facebook page to highlight and promote student, faculty and departmental activities. The program has since begun experimenting with Twitter feeds after recently receiving additional training in social media through the SOM. Primarily, prospective students reach out to the program after viewing the website online and request information via email or telephone. The program's policy is to respond rapidly to any requests within 24 hours. Program administrators openly admit that such passive forms of recruitment may not be serving in their own best interest and have embarked on several new recruiting initiatives aimed at attracting new students, with a particular focus on recruiting students from minority and under-represented backgrounds. The program sends out targeted recruitment mailings and since fall 2013 has utilized the Educational Testing Service's GRE search service to seek qualified students of diverse backgrounds. The program has recently considered joining ASPPH to increase its marketability.

All applicants to the MPH program must apply to and be admitted by the Graduate School but international students apply through VCU's Global Education Office. Applicants' GPA and GRE scores are considered during the admissions process. The program has exceeded its target of having 90% of admitted students possess a GPA of 3.0 or higher. Regarding GRE scores, the program aims for admitted students to score in the 75th percentile or higher in the quantitative, verbal and analytical writing sections. In AY 2012-2013, the program exceeded its target for the verbal and analytical writing portions of the revised exam but did not reach its target for the quantitative portion. In response, the program is aiming recruitment strategies toward mechanisms that will reach highly qualified students.

4.4 Advising and Career Counseling.

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

This criterion is met. The program provides academic advising and career counseling to its students through meetings with program faculty and public health professionals serving as student preceptors. Faculty advisors are expected to mentor their students from matriculation through graduation but students are held responsible for scheduling appointments for faculty consultations. Students are also encouraged to work with on-campus organizations such as the VCU Career Center and the VCU Writing Center as needed (to develop writing skills needed in personal statements). Additionally, the program has organized career fairs in which public health-related agencies have been invited to meet with students to provide career information and employment recruitment. The program has also offered multiple scholarships to national public health meetings such as the APHA Annual Meeting, which can be a source for information on fellowship opportunities, future graduate studies and employment. Students are made aware of these career and advising resources during new student orientation, as well as through the MPH Program Student Handbook, assorted program guidance documents and the VCU Graduate School policies.

To assess student satisfaction with advising and career counseling, the program conducted two student focus groups in 2011 which revealed some dissatisfaction with advising services, as some students expressed that their advisor was unhelpful in providing guidance on navigating through, and managing, curricular requirements. The program recognizes their weaknesses and is continuing to collect data from both recent graduates and current students on their satisfaction with career counseling and advising services. Faculty have also been requested to send out "keep in touch" messaging to remind students to work with their advisors on a regular basis. In March 2014, the program developed a new service learning, internship and capstone orientation training for first-year students, which should greatly improve students' understanding of these key curricular requirements and potentially provide greater access to employment opportunities.

The MPH Program Student Handbook outlines informal procedures by which students may communicate complaints and grievances. The procedures indicate that if a student's concern relates to a specific course, then the student should initially address their concerns with the course's instructor; however, if the student is uncomfortable speaking to the instructor, the student can meet directly with the educational program director. If the concern is not resolved after meeting with the educational program director, the director will advise the student on the appropriate next steps, tailored to address the student's individual concern. Over the last three years, students have utilized the procedures outlined in the student handbook and have expressed their concerns to the educational program director. For more formal complaint policies on matters such as grade appeals and appealing student termination, the MPH

program follows the Graduate School's policies and procedures. No formal student complaints have been submitted on these matters in the past three years.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Virginia Commonwealth University Public Health Program

April 10-11, 2014

Thursday, April 10, 2014

- 8:30 am Site Visit Team Request for Additional Documents
Lisa S. Anderson, MPH, Educational Program Director, Division of Epidemiology
Chelsea E. Russell, Graduate Programs Coordinator, Division of Epidemiology
- 8:45 am Team Resource File Review
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration
Anton Kuzel, MD, MHPE, Chair, Department of Family Medicine and Population Health
Resa M. Jones, MPH, PhD, Associate Professor, Graduate Program Director, Division of Epidemiology
Lisa S. Anderson, MPH, Educational Program Director, Division of Epidemiology
Kelly A. Bowery, Administrator, Division of Epidemiology
Piotr Dybas, Fiscal Coordinator, Division of Epidemiology
Chelsea E. Russell, Graduate Programs Coordinator, Division of Epidemiology
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Resa M. Jones, MPH, PhD, Associate Professor, Graduate Program Director, Division of Epidemiology
Lisa S. Anderson, MPH, Educational Program Director, Division of Epidemiology
Andrew J. Barnes, PhD, MPH, Assistant Professor, Department of Healthcare and Policy Research
Christopher Buttery, MD, MPH, Adjunct Clinical Professor, Division of Epidemiology
Kellie E. Carlyle, PhD, MPH, Assistant Professor, Graduate Director, Social and Behavioral Health Department
Derek A. Chapman, PhD, Assistant Professor, Division of Epidemiology
Steven A. Cohen, DrPH, MPH, Assistant Professor, Division of Epidemiology
Christopher Gordon, MA, REHS, CPFS, Executive Advisor, Public Health Programs, Virginia Department of Health; Adjunct Faculty, Division of Epidemiology, VCU
Victor Heh, PhD, Instructor, Division of Epidemiology
Juan Lu, PhD, MPH, MD, Assistant Professor, Division of Epidemiology
Scott M. Ratliff, MS, Instructor, Division of Epidemiology
Adam Sima, PhD, Assistant Professor, Department of Biostatistics
David C. Wheeler, PhD, MPH, MS, MA, Assistant Professor, Department of Biostatistics
- 12:00 pm Break
- 12:15 pm Lunch with Students
Brittany Cox, second-year student
Jacki Ferrance, first-year student
Elise Glaum, first-year student
Heather Herrera, first-year student
Chris Pizzola, MD/MPH student
Kristen Rice, second-year student
Amara Ross, second-year student
Sylvia Rozario, first-year student
D'Won Walker, second-year student
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Andrew J. Barnes, PhD, MPH, Assistant Professor, Department of Healthcare and Policy Research
Kellie E. Carlyle, PhD, MPH, Assistant Professor, Graduate Director, Social and Behavioral Health Department
Derek A. Chapman, PhD, Assistant Professor, Division of Epidemiology
Steven A. Cohen, DrPH, MPH, Assistant Professor, Division of Epidemiology

Saba W. Masho, MD, MPH, DrPH, Associate Professor, Division of Epidemiology
Heather Marshall Traino, PhD, MPH, Assistant Professor, Social and Behavioral Health Department
Elizabeth Prom-Wormley, PhD, MPH, Assistant Professor, Division of Epidemiology
David C. Wheeler, PhD, MPH, MS, MA, Assistant Professor, Department of Biostatistics

2:30 pm Break

2:45 pm Resource File Review and Executive Session

3:45 pm Break

4:00 pm Meeting with Alumni, Community Representatives, Preceptors

Kristin Austin, MPH (2007 Alumnus), Lead Health Data Analyst, VCU Office of Health Innovation
Diane Bishop, MPH (2009 Alumnus), Instructor, Division of Epidemiology, VCU
Ashley Carter, MPH (2008 Alumnus), Epidemiologist, Health Informatics and Integrated Surveillance Systems, Division of Disease Prevention, Virginia Department of Health
Susan Cha, MPH (2010 Alumnus), PhD Candidate, Division of Epidemiology, VCU
Allison Phillips, MPH (2013 Alumnus), Research Coordinator, Division of Epidemiology, VCU
Sara Varner, MPH (2013 Alumnus), Epidemiologist, Division of Policy and Evaluation, Office of Family Health Services, Virginia Department of Health
Gina Suslick Wurfel, MSW, MPH (2012 Alumnus), Employment Coordinator, Refugee Resettlement, Commonwealth Catholic Charities
Andrea Alvarez, MPH, Healthcare-Associated Infections Epidemiologist, Division of Surveillance and Investigation, Virginia Department of Health
Anne Elam, RN, MPH, Division of Child and Family Health, Virginia Department of Health
Maghboeba Mosavel, MA, PhD, Associate Professor, Social and Behavioral Health Department; Director, VCU-University of Kwazulu Natal International Partnership
River Pugsley, PhD, MPH, STD Epidemiologist, Division of Disease Prevention, Virginia Department of Health
Kathy Rocco, RD, MPH, Chronic Disease Programs Manager, Virginia Department of Health
Margaret Tipple, MD, Medical Epidemiologist, Division of Surveillance and Investigation, Virginia Department of Health
Jeff Stover, MPH, Director, Health Informatics and Integrated Surveillance Systems, Division of Disease Prevention, Virginia Department of Health

5:00 pm Adjourn

Friday, April 11, 2014

8:30 am Meeting with Institutional Academic Leadership/University Officials

Sheldon M. Retchin, MD, MSPH, Senior Vice President for Health Sciences, VCU; CEO, VCU Health System
Jerome F. Strauss, III, MD, PhD, Dean, School of Medicine; Executive Vice President for Medical Affairs, VCU Health System
Jan F. Chlebowski, PhD, Associate Dean, Graduate Education, School of Medicine

9:15 am Break

9:30 am Executive Session and Report Preparation

11:30 am Working Lunch, Executive Session and Report Preparation

12:30 pm Exit Interview

Anton Kuzel, MD, MHPE, Chair, Department of Family Medicine and Population Health
Resa M. Jones, MPH, PhD, Associate Professor, Graduate Program Director, Division of Epidemiology
Lisa S. Anderson, MPH, Educational Program Director, Division of Epidemiology
Chelsea E. Russell, Graduate Programs Coordinator, Division of Epidemiology