Jefferson College of Population Health

Self-Study for CEPH Accreditation
Master of Public Health
April 2016

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Introduction

Established in 2008, the Jefferson College of Population Health is one of six colleges of Thomas Jefferson University (TJU), a private, nonsectarian, not-for-profit academic health center located in Philadelphia, PA and founded in 1824 as Jefferson Medical College. Jefferson College of Population Health (JCPH) has the distinction of being the first of its kind in the country.

In addition to the MPH degree program, the College offers master of science programs in population health, health policy, healthcare quality & safety/management (HQS/M) and applied health economics & outcomes research (AHEOR) and a PhD program in Population Health Sciences with concentrations in behavioral/health theory, health policy, HQS and AHEOR. The MPH and PhD programs are on-site programs, while the master of science programs are delivered asynchronously via an online format (*ERF 1.3 MPH Program Brochure*). As of Fall 2015, the Jefferson College of Population Health had 266 matriculated students, 67 of whom were enrolled in the MPH program.

The MPH is the foundational academic program of the Jefferson College of Population Health. The values, content, competencies and practices of public health inform and inspire the larger life and work of the College and are integral to it. This is because the principles and competencies of *public* health constitute the core of *population* health.

In its most fundamental sense, population health works to achieve the health and well-being of the individual by improving the health of the larger population. It promotes a holistic view of health and stresses the importance of prevention and wellness. Population health is possible today because we have analytic tools, databases and collaborative networks to turn raw data into meaningful knowledge that advances human health.

Population health builds on public health foundations:

- Population health connects prevention, wellness and behavioral health science with healthcare delivery, quality and safety, disease prevention/management and economic issues of value and risk — all in the service of a specific population.

- Population health studies socio-economic and cultural factors that determine the health of these populations and develops policies that address the health impact of these determinants.

- Population health applies epidemiology and biostatistics in new ways to model disease states, map their incidence and predict their impact.

In sum, the College's MPH program is integral and fundamental to the College's definition of population health and to the design of all of its programs. It is public health that literally drives the College's strong commitment to workforce development, especially as it addresses a health and healthcare industry that is moving, at lightning speed, from a traditional model to the new paradigm of population health.

The Self-Study documentation that follows addresses each CEPH criterion and those aspects of Jefferson's Masters of Public Health pertaining thereto. All tables, budgets and assessments are accurate as of April 1, 2016. Program information can be found on the JCPH website (www.jefferson.edu/population-health).

Criterion 1.0   The Public Health Program

Criterion 1.1 Mission

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

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

The mission of the Thomas Jefferson University College of Population Health MPH Program is to develop leaders committed to the improvement and sustainability of the health and well-being of communities and populations, and to nourish this commitment through multi-disciplinary and experiential education, research, practice and service.

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

The core values that guide the MPH Program include:

Integrity   Commitment to ethical behavior that is grounded in honesty, fairness, transparency and trust

Quality   Commitment to excellence and high standards in education, research, practice and service

Respect   Commitment to the appreciative regard for diverse ideas and perspectives and for the diversity of individuals, communities, and populations

Curiosity   Commitment to life-long learning to enhance knowledge and skills for effective research, practice and service

Creativity   Commitment to originality in ideas and applications that improve and sustain the health and well-being of communities and populations

Humility   Commitment to open-minded and inclusive thinking and behavior

Initiative   Commitment to leadership that demonstrates enterprise and determination to improve and enhance the health and well-being of communities and populations

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

The MPH Program has three core functions in the areas of Instruction, Research and Service. Each function has a goal statement and is further delineated with specific goals for faculty, students, and the MPH program. Each specific goal has one or more measureable objectives (see Table 1.2.1).

Instruction Goal Statement

To foster an educational culture that enhances student learning and public health competencies through excellence in course design, delivery and practical applications

Research Goal Statement

To foster an environment and culture that encourages and enables faculty and students to engage in scholarship in all its forms — discovery (basic research), integration, engagement and teaching/learning

Service Goal Statement

To foster a culture that embeds service in all aspects of the public health experience — education, research, and practice

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

One or more measureable objectives were developed for each specific goal. These objectives have quantitative and, where appropriate, qualitative measures to assess progress toward the stated objective (see Table 1.2.1).

Instruction Objectives and Targets

Outcome Measure		Target
FACULTY	Enhance instructional viability through recruitment of new full-time faculty in core areas of public health (e.g., epidemiology; biostatistics; behavioral health theory)	Increase full-time MPH faculty to at least five .5 FTEs (1.6.d; 1.7.i; 4.1.d)
		Maintain maximum student/faculty ratio by headcount of 8 to 1 (1.7.i; 4.1.d)
	Improve the quality and integrity of course design by Primary, JCPH (<0.5 FTE), Affiliated and Other faculty	100% of course syllabi will have student learning objectives and Council of Linkages competencies[1] linked to graded assignments (4.1.d)
		50% of courses will have grading rubrics for all student written and oral assignments (4.1.d)
	Solidify faculty teaching portfolios as the primary method of self-evaluation and determination of professional goals with respect to teaching and learning	75% of Primary faculty will have a Teaching Portfolio (4.1.d)
	Improve quality of instruction by both Primary, JCPH (<0.5 FTE), Affiliated and Other faculty	75% of all MPH faculty will achieve average minimum scores of 4.0 on the basic indicators[2] of quality instruction (4.1.d)
		100% of Primary, JCPH, and Affiliated faculty will have annual performance review with respect to their instruction (4.1.d)
		100% of Other faculty will be reviewed following each course they teach (4.1.d)

[1] June 2015 Council of Linkages competencies

[2] Indicators of Quality Instruction: Instructor's mastery of subject matter, Instructor's ability to create student interest, Instructor's organization of course material, Instructor's explanation of subject matter, Instructor's ability to present alternate explanations when needed, Instructors willingness to answer questions, Instructor's preparation for each class, Instructor's interest in student learning, Availability of instructor's help/support outside of class (applicable until Fall 2015)

Outcome Measure		Target
	Faculty will embed experiential learning activities into their courses[3]	20% of courses will have an experiential learning component (2.7.b)
	Faculty will embed service learning activities into their courses[3]	20% of courses will have a service learning component (3.2.d)
	Incorporate ongoing faculty development with respect to teaching and learning into the academic fabric of the College	100% of Primary and JCPH faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)
		50% of Affiliated faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)
		50% of Primary and JCPH faculty will participate in more than one faculty development activity/event related to instruction (4.1.d)
	Enhance the scholarship of teaching and learning as it specifically applies to public health through faculty attendance and/or participation in local, regional, national and international conferences	75% of Primary, JCPH and Affiliated faculty will participate in at least one local, regional, national, or international conference regarding public health instruction annually (4.1.d)
		25% of Primary and JCPH faculty will present on a topic related to public health instruction at a local, regional, national, or international conference or webinar each year (4.1.d)
STUDENT	Improve level of overall student achievement during the program and post program as measured by GPA and post-MPH employment	80% of students with known employment status not continuing on for additional education will be employed at 12 months post-graduation (2.7.b)
STUDENT	Improve student learning outcomes for each course through key components of course evaluations	Students will rate 65% of courses with an average of 4.0 or higher on a five point scale on key components[4] of course evaluations (2.7.b)
STUDENT	Improve overall level of student satisfaction with the MPH program	Graduating MPH students will give a mean satisfaction score with the program of at least 3.0 out of a 4.0 point scale (2.7.b)
STUDENT	Increase level of student satisfaction with Clerkship (Practicum) experience	MPH students completing their clerkship will give a mean satisfaction score of at least a 3.0 out of a 4.0 scale. (2.7.b)

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[3] MPH faculty utilize community connections, personal experiences, professional development learnings, etc to embed experiential learning and service learning activity components into courses. Experiential learning is defined as an applied, hands-on activity that takes place outside of the classroom and may or may not include a graded assignment. Service learning is defined as an activity where students complete a graded assignment based on the community's needs. The assignment's results may or may not be released to the community. Both types of learning activities are explained in a course's syllabus.

[4] Student Assessment of Learning: Clarity of course objectives, Clarity of student responsibilities/requirements for course, Level/degree of difficulty an which material is presented, Quality of instructional materials, Use of class time, Value of class discussions, Encouragement given to participate in class, Explanation of grading for course, Quality of graded assignments, Overall quality of course (applicable until Fall 2015)

Outcome Measure		Target
PROGRAM	Strengthen admissions criteria for the MPH program	The average GPA of Fall MPH applicants is at least a 3.3 out of a 4.0 scale (minimum of 3.0) (4.3.f)
		The average GRE verbal score of Fall MPH applicants[5] will be at or above the 60th percentile (minimum 50th percentile) (4.3.f)
		The average GRE quantitative score of Fall MPH applicants[5] will be at or above the 50th percentile (4.3.f)
		The average GRE writing score of Fall MPH applicants[5] will be at least a 3.5 (minimum is 3.0) (4.3.f)
	Increase availability of merit scholarships for top MPH applicants	20% of newly enrolled MPH students will receive partial merit scholarships (1.6.d; 4.3.f)
	Increase full-time student enrollment	Increase the number of Fall *One Year Plus* enrollees by 5% every year (1.6.d)
	Improve GPA and graduation measures for the MPH program	The average GPA of graduating students will be 3.5 or higher (2.7.b)
		75% of students will graduate within 5 years of matriculation (2.7.b)
	Improve outcomes of the MPH Capstone project through application of a comprehensive assessment rubric	90% of graduating students will score 2.2 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)
		20% of graduating students will score 2.5 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)
	Evaluate admissions criteria to determine which ones are most indicative of positive outcomes (i.e., course performance; graduation)	Correlate current students' admissions criteria with outcome measures (4.3.f)
	Continue and enhance ongoing program evaluation	MPH faculty will review at least one key program content area annually for quality, integrity and timeliness and revise accordingly (2.7.b)
	Promote students' self-directed learning through tools such as self-assessments and ePortfolios	Introduce ePortfolio template and accompanying training module to students by the 2014-2015 academic year (1.7.i)

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[5] This applies only to students entering the program with no previous graduate education (i.e., 3+ courses or previous graduate degree)

Research Objectives and Targets

Outcome Measure		Target
FACULTY	Increase the number of faculty who are engaged in public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will be actively engaged in at least one scholarship activity (3.1.d; 4.1.d)
		50% of Primary faculty will serve as an external reviewer for a public health-related manuscript in a peer-reviewed journal or on a proposal review committee (study section) (3.1.d; 4.1.d)
		75% of Primary Faculty will provide students with opportunities to engage in scholarship (3.1.d)
		100% of Primary faculty will chair at least one MPH Capstone project
	Increase the ability of faculty to develop public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will attend at least one faculty development activity related to scholarship (1.6.d; 3.1.d; 4.1.d)
	Increase faculty dissemination of public health-related scholarship	100% of Primary faculty will contribute to at least one peer-reviewed publication (3.1.d; 4.1.d)
		100% of Primary faculty will present (oral presentation or poster) their scholarship at a global, national, regional or local conference or webinar (1.6.d; 3.1.d; 4.1.d)
STUDENT	Enhance the public health-related research skills of students to do advanced research	25% of graduating student will take 2 or more advanced courses in research skills as their electives (PBH 512, 605, 606, and 609) (2.7.b; 3.1.d)
	Enhance the quality of student scholarship	The average score of graduating students' MPH Capstone research projects will be a 2.3 or higher (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)
	Increase student dissemination in public health-related scholarship initiatives	5% of graduated students will publish manuscripts in a peer-reviewed publication within 1 year of graduation (2.7.b; 3.1.d)
		15% of graduated students will present (oral presentation, poster) their scholarship at a global, national, regional or local conference during their matriculation or within one year of graduation (2.7.b; 3.1.d)
PROGRA	Increase public health-related scholarship capacity	Ensure that at least 4 of the ongoing scholarship activities/events are public health-related (3.1.d)
	Provide support to students for public health-related scholarship opportunities	Increase financial support to allow students to disseminate scholarship (1.6.d; 3.1.d)

Service Objectives and Targets

Outcome Measure		Target
FACULTY	Increase faculty participation and leadership in College and University committees and task forces	100% of Primary and JCPH faculty will serve on at least two College committees (4.1.d)
		50% of Primary faculty will serve on at least one University committee or task force (4.1.d)
	Increase faculty participation and leadership in global, national, state, and/or local public health- related boards, committees, task forces and other community organizations	75% of Primary, JCPH and Affiliated faculty will be actively involved in national, state and/or local public health-related service activities (3.2.d; 4.1.d)
		50% of Primary faculty will have served in a leadership capacity in national, state and/or local public health-related service activities (3.2.d; 4.1.d)
		25% of Primary faculty will have engaged in a funded or unfunded workforce development service activity in a global, national, state, and/or local public health setting (3.2.d; 4.1.d)
STUDENT	Increase student participation in public health-related service activities	20% of students will have participated in at least one public health-related service activity (2.7.b; 3.2.d)
		20% of students will have participated in a College or University committee or task force (2.7.b)
PROG	Provide opportunities for workforce development	Ensure that at least 3 of the ongoing service activities/events address community and/or public health workforce development needs (3.2.d)

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

The MPH program mission, values, goals and objectives were reviewed and revised in 2014-2015 in the context of *Framing the Future*. A nineteen-member MPH Accreditation Committee with three Subcommittees (Instruction, Research, and Service) was created to perform this review. Committee members included nine faculty, four staff, three alumni, and three students. Blackboard was used as an open source environment for sharing information. The MPH Accreditation Committee met monthly and the Subcommittees met as needed.

Changes were made to the previous mission statement to include terms such as "well-being", "populations", "experiential education", and "sustainability" that more closely captured the essence of Jefferson's MPH program. The MPH Accreditation Committee developed core values based on the revised mission in spring 2015. Core values and the MPH Program mission are reviewed on an annual basis with input from other MPH committees (MPH Faculty Committee; MPH Curriculum Subcommittee) and the MPH Community Advisory Board (see Criterion 1.5.a).

The three Self-Study Subcommittees initiated the development of the goal statement, specific goals, objectives and measures. Dr. Caroline Golab, Associate Dean for Academic and Student Affairs, chaired the Instruction Subcommittee; Dr. David Delgado, Associate Professor and Director of the PhD program in Population Health Sciences, chaired the Research Subcommittee; and Dr. Robert Simmons, Associate Professor and MPH Program Director, chaired the Service Subcommittee. Under the direction of the MPH Accreditation Committee, the Subcommittees organized their objectives under three domains—Faculty, Student and Program. Relying on the expertise of the Subcommittee members, at least one objective was developed for each domain and targets were chosen for each of the measures. These decisions were based in part on available data. As data was collected, the full Accreditation Committee discussed and refined the goals, objectives and measures until consensus was reached.

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

The mission, values, goals and objectives are made available to the program's constituent groups, including the general public, in various ways:

- Publication in the JCPH online Student Community on the JCPH website. The Student Community is the major communication vehicle between MPH students and the MPH program faculty and administration.

- Discussion at MPH Student Orientation.

- Promulgation through SOPHAS, and virtual and in-person MPH events.

- Dissemination to and discussion with the MPH Community Advisory Board (CAB).

- Dissemination by the Admissions office through local and national education fairs.

- Twice yearly Open Discussion meetings of MPH students with the MPH Program Director.

- Dissemination through the primary MPH student organization – SAPHE – Student Association of Public Health Educators.

- Public Health electronic and/or local activity during National Public Health Week in April and National Health Education Week in October.

- Publication in the JCPH newsletter, *Population Health Matters* and the University's semi-annual magazine, *The Review* which contains coverage of MPH events and accomplishments, especially those that highlight MH community service, community-based research, scholarly initiatives and awards.

The MPH program mission, values, goals and objectives are reviewed on a continuous basis and revised as needed via the following venues:

- MPH Curriculum Subcommittee of the JCPH Committee on Curriculum & Academic Policy. The Subcommittee meets bimonthly (see *ERF 1.5 MPH Curriculum Subcommittee*).

- MPH Community Advisory Board (CAB). CAB meets semi-annually. During the September 2015 meeting CAB reviewed the updated mission, values, goals and objectives and offered comments (see Criterion 1.5.a). The last meeting was March 23, 2016.

- MPH Faculty Committee (see Criterion 1.5.a) in conjunction with the MPH Program Director and Dean/Associate Dean. The MPH Faculty Committee meets bimonthly with informal meetings between faculty and the MPH Program Director and Dean/Associate Dean occurring as needed. The last formal MPH Faculty meeting occurred on March 14, 2016.

- Informal Open Discussion meetings twice yearly between students and the MPH Program Director and Assistant Dean for Student Affairs. These forums address student issues, curricular changes, research and service opportunities, and overall student engagement in the program.

- Regular meetings with SAPHE (Student Association of Public Health Educators or SAPHE) under the mentorship of the Assistant Dean for Student Affairs. SAPHE meets monthly during the academic year (see Criterion1.5.e).

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

This criterion is met.

Strengths

- The MPH program has a realistic and manageable set of program goals and objectives in all three core areas of instruction, service, and research focused on our faculty, our students and the program as a whole.

- A wide range of internal and external stakeholders including our MPH Community Advisory Board have been engaged in the development of the MPH program mission, values, goals and objectives.

Challenges

- It is difficult to meet in person with internal and external stakeholders to develop and revise the MPH program mission, values, goals and objectives.

- Since the MPH Program is a generalist program, its mission, values, goals and objectives need to reflect the breadth of learnings essential to a generalist program – and this is not always easy to do.

Plans for the Future

- Review and revise mission, goals, values and objectives after the MPH curriculum has been reviewed and reflected in light of *Framing the Future.* The MPH Curriculum Subcommittee will undertake this review in the 2016-2017 academic year.

- The Academic Projects Coordinator, Admissions Coordinator, Capstone Coordinator and Clerkship Coordinator will be tasked with maintaining lists of available databases to assist in the review and revision of measures and objectives.

Criterion 1.2 Evaluation

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

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

Instruction Objectives and Targets

	Outcome Measure	Target	Responsible Parties	Data Source
FACULTY	Enhance instructional viability through recruitment of new full-time faculty in core areas of public health (e.g., epidemiology; biostatistics; behavioral health theory)	Increase full-time MPH faculty to at least five .5 FTEs (1.6.d; 1.7.i; 4.1.d)	Program Director; Associate Dean	Faculty head count
		Maintain maximum student/faculty ratio by headcount of 8 to 1 (1.7.i; 4.1.d)	Program Director; Associate Dean	Faculty head count; Applicant data
	Improve the quality and integrity of course design by Primary, JCPH (<0.5 FTE), Affiliated and Other faculty	100% of course syllabi will have student learning objectives and Council of Linkages competencies[1] linked to graded assignments (4.1.d)	Program Director	Course syllabi; Course competencies
		50% of courses will have grading rubrics for all student written and oral assignments (4.1.d)	Program Director	Blackboard course site; Course syllabi
	Solidify faculty teaching portfolios as the primary method of self-evaluation and determination of professional goals with respect to teaching and learning	75% of Primary faculty will have a Teaching Portfolio (4.1.d)	Associate Dean	Teaching Portfolio
	Improve quality of instruction by both Primary, JCPH (<0.5 FTE), Affiliated and Other	75% of all MPH faculty will achieve average minimum scores of 4.0 on the basic indicators[2] of quality instruction (4.1.d)	Associate Dean	Course evaluations

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Outcome Measure		Target	Responsible Parties	Data Source
	faculty	100% of Primary, JCPH, and Affiliated faculty will have annual performance review with respect to their instruction (4.1.d)	Associate Dean	Annual Performance Review
		100% of Other faculty will be reviewed following each course they teach (4.1.d)	Associate Dean	Annual Performance Review
	Faculty will embed experiential learning activities into their courses[3]	20% of courses will have an experiential learning component (2.7.b)	MPH faculty; Program Director	Course syllabi; experiential and service learning
	Faculty will embed service learning activities into their courses[3]	20% of courses will have a service learning component (3.2.d)	MPH faculty; Program Director	Course syllabi; experiential and service learning
	Incorporate ongoing faculty development with respect to teaching and learning into the academic fabric of the College	100% of Primary and JCPH faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)	Associate Dean	Annual Performance Review
		50% of Affiliated faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)	Associate Dean	Annual Performance Review
		50% of Primary and JCPH faculty will participate in more than one faculty development activity/event related to instruction (4.1.d)	Associate Dean	Annual Performance Review
	Enhance the scholarship of teaching and learning as it specifically applies to public health through faculty attendance and/or participation in local, regional, national and international conferences	75% of Primary, JCPH and Affiliated faculty will participate in at least one local, regional, national, or international conference regarding public health instruction annually (4.1.d)	Associate Dean	Annual Performance Review
		25% of Primary and JCPH faculty will present on a topic related to public health instruction at a local, regional, national, or international conference or webinar each year (4.1.d)	Associate Dean	Annual Performance Review

	Outcome Measure	Target	Responsible Parties	Data Source
STUDENT	Improve level of overall student achievement during the program and post program as measured by GPA and post-MPH employment	80% of students with known employment status not continuing on for additional education will be employed at 12 months post-graduation (2.7.b)	Assistant Dean for Student Affairs, JCPH Committee on Student Affairs[6]	OIR longitudinal surveys; contact with students
	Improve student learning outcomes for each course through key components of course evaluations	Students will rate 65% of courses with an average of 4.0 or higher on a five point scale on key components[4] of course evaluations (2.7.b)	Program Director	Course evaluations
	Improve overall level of student satisfaction with the MPH program	Graduating MPH students will give a mean satisfaction score with the program of at least 3.0 out of a 4.0 point scale (2.7.b)	Program Director	OIR longitudinal surveys; Exit interviews; Informal Open Discussion
	Increase level of student satisfaction with Clerkship (Practicum) experience	MPH students completing their clerkship will give a mean satisfaction score of at least a 3.0 out of a 4.0 scale. (2.7.b)	Clerkship Coordinator	Clerkship Survey
PROGRAM	Strengthen admissions criteria for the MPH program	The average GPA of Fall MPH applicants is at least a 3.3 out of a 4.0 scale (minimum of 3.0) (4.3.f)	Admissions Committee[7]	Applicant data
		The average GRE verbal score of Fall MPH applicants[5] will be at or above the 60th percentile (minimum 50th percentile) (4.3.f)	Admissions Committee	Applicant data
		The average GRE quantitative score of Fall MPH applicants[5] will be at or above the 50th percentile (4.3.f)	Admissions Committee	Applicant data
		The average GRE writing score of Fall MPH applicants[5] will be at least a 3.5 (minimum is 3.0) (4.3.f)	Admissions Committee	Applicant data
	Increase availability of merit scholarships for top MPH applicants	20% of newly enrolled MPH students will receive partial merit scholarships (1.6.d; 4.3.f)	Associate Dean	JCPH Budget, Allocations for MPH program

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[6] In JCPH, the Committee on Student Affairs handles items related to alumni

[7] The Admissions Committee is composed of the MPH Program Director, the Admissions Coordinator and the Associate Dean for Academic & Student Affairs

Outcome Measure	Target	Responsible Parties	Data Source
Increase full-time student enrollment	Increase the number of Fall *One Year Plus* enrollees by 5% every year (1.6.d)	Admissions Coordinator; MPH Leadership Team[8]	Applicant data
Improve GPA and graduation measures for the MPH program	The average GPA of graduating students will be 3.5 or higher (2.7.b)	Program Director; MPH Faculty	Graduation Data
	75% of students will graduate within 5 years of matriculation (2.7.b)	Program Director	Graduation Data
Improve outcomes of the MPH Capstone project through application of a comprehensive assessment rubric	90% of graduating students will score 2.2 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	Capstone Project Coordinator	Capstone Evaluation Rubric
	20% of graduating students will score 2.5 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	Capstone Project Coordinator	Capstone Evaluation Rubric
Evaluate admissions criteria to determine which ones are most indicative of positive outcomes (i.e., course performance; graduation)	Correlate current students' admissions criteria with outcome measures (4.3.f)	MPH Leadership Team	Applicant data; Graduation Data
Continue and enhance ongoing program evaluation	MPH faculty will review at least one key program content area annually for quality, integrity and timeliness and revise accordingly (2.7.b)	Program Director	Faculty meetings minutes
Promote students' self-directed learning through tools such as self-assessments and ePortfolios	Introduce ePortfolio template and accompanying training module to students by the 2014-2015 academic year (1.7.i)	Program Director	ePortfolios; *Introduction to Public Health* Course Syllabi; New Student Orientation

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[8] MPH Leadership Team includes the Associate Dean for Academic & Student Affairs, the MPH Program Director and the Assistant Dean for Students Affairs

Research Objectives and Targets

Outcome Measure		Target	Responsible Parties	Data Source
FACULTY	Increase the number of faculty who are engaged in public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will be actively engaged in at least one scholarship activity (3.1.d; 4.1.d)	Associate Dean	Annual Performance Review
		50% of Primary faculty will serve as an external reviewer for a public health-related manuscript in a peer-reviewed journal or on a proposal review committee (study section) (3.1.d; 4.1.d)	Associate Dean	Annual Performance Review
		75% of Primary Faculty will provide students with opportunities to engage in scholarship (3.1.d)	Associate Dean	Annual Performance Review; Contact with Faculty
		100% of Primary faculty will chair at least one MPH Capstone project	Program Director; Associate Dean	Annual Performance Review; Teaching Portfolios
	Increase the ability of faculty to develop public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will attend at least one faculty development activity related to scholarship (1.6.d; 3.1.d; 4.1.d)	Associate Dean	Annual Performance Review
	Increase faculty dissemination of public health-related scholarship	100% of Primary faculty will contribute to at least one peer-reviewed publication (3.1.d; 4.1.d)	Associate Dean	Annual Performance Review
		100% of Primary faculty will present (oral presentation or poster) their scholarship at a global, national, regional or local conference or webinar (1.6.d; 3.1.d; 4.1.d)	Associate Dean	Annual Performance Review
STUDENT	Enhance the public health-related research skills of students to do advanced research	25% of graduating student will take 2 or more advanced courses in research skills as their electives (PBH 512, 605, 606, and 609) (2.7.b; 3.1.d)	Assistant Dean for Student Affairs	Transcripts; Class rosters

Outcome Measure		Target	Responsible Parties	Data Source
	Enhance the quality of student scholarship	The average score of graduating students' MPH Capstone research projects will be a 2.3 or higher (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	Capstone Coordinator	Capstone Evaluation Rubric
	Increase student dissemination in public health-related scholarship initiatives	5% of graduated students will publish manuscripts in a peer-reviewed publication within 1 year of graduation (2.7.b; 3.1.d)	Assistant Dean for Student Affairs; JCPH Committee on Student Affairs[6]	OIR longitudinal survey; Contact with students
		15% of graduated students will present (oral presentation, poster) their scholarship at a global, national, regional or local conference during their matriculation or within one year of graduation (2.7.b; 3.1.d)	Assistant Dean for Student Affairs; JCPH Committee on Student Affairs[6]	OIR longitudinal survey; Contact with students
PROGRAM	Increase public health-related scholarship capacity	Ensure that at least 4 of the ongoing scholarship activities/events are public health-related (3.1.d)	Associate Dean	List of scholarship activities/events
	Provide support to students for public health-related scholarship opportunities	Increase financial support to allow students to disseminate scholarship (1.6.d; 3.1.d)	Associate Dean	JCPH Budget, Allocations for MPH program

Service Objectives and Targets

Outcome Measure		Target	Responsible Parties	Data Source
FACULTY	Increase faculty participation and leadership in College and University committees and task forces	100% of Primary and JCPH faculty will serve on at least two College committees (4.1.d)	Associate Dean	Annual Performance Review
		50% of Primary faculty will serve on at least one University committee or task force (4.1.d)	Associate Dean	Annual Performance Review
	Increase faculty participation and leadership in global, national, state, and/or local public health-related boards, committees, task forces and other community organizations	75% of Primary, JCPH and Affiliated faculty will be actively involved in national, state and/or local public health-related service activities (3.2.d; 4.1.d)	Associate Dean	Annual Performance Review
		50% of Primary faculty will have served in a leadership capacity in national, state and/or local public health-related service activities (3.2.d; 4.1.d)	Associate Dean	Annual Performance Review
		25% of Primary faculty will have engaged in a funded or unfunded workforce development service activity in a global, national, state, and/or local public health setting (3.2.d; 4.1.d)	Associate Dean	Annual Performance Review
STUDENT	Increase student participation in public health-related service activities	20% of students will have participated in at least one public health-related service activity (2.7.b; 3.2.d)	Assistant Dean for Student Affairs	Exit interviews; Contact with students
		20% of students will have participated in a College or University committee or task force (2.7.b)	Assistant Dean for Student Affairs	Contact with students
PROGRAM	Provide opportunities for workforce development	Ensure that at least 3 of the ongoing service activities/events address community and/or public health workforce development needs (3.2.d)	Faculty Advisory Board to CPHI	List of activities/events

See *ERF 1.2 Evaluation Process* for more details on each data source.

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

Incoming Student Metrics and Information

- *Applicant Data*: The Academic Leadership Group (whose members overlap with the Admissions Committee) review newly admitted student data following fall and spring admissions to determine trends or patterns and to make necessary recommendations depending on the results of these findings.

- *Financial Aid*: During the admissions review process, students are automatically reviewed for merit scholarship eligibility.

Post Matriculation Metrics and Assessment Tools

- *Student Performance*: Student achievement data (course grades, GPA, courses taken, etc.) is monitored and addressed during regular monthly meetings and shared with the MPH Faculty Committee, MPH Curriculum Subcommittee and MPH CAB as appropriate.

- *Student Learning*: Faculty monitor and assess student course assignments. Monitoring and management of capstone research projects is the primary responsibility of a full-time MPH staff/faculty member; capstone projects are discussed with the MPH Faculty Committee and Associate Dean on a regular basis.

- *ePortfolios*: In 2014-2015 the MPH program introduced student ePortfolios as an additional way to monitor student progress and accomplishments. A template was developed for student use and initial instruction was provided in *PBH 501 Introduction to Public Health* and reinforced by MPH faculty and the Assistant Dean for Student Affairs (see *ERF 4.4 ePortfolios)*.

- *Exit Interviews:* The former Clerkship Coordinator was responsible for informally analyzing the interviews and communicating with MPH Program Director.

- *Mentoring and Advising*: Faculty are responsible for communicating with the Assistant Dean for Student Affairs concerning any issues that may arise with students. The Assistant Dean monitors all students and regularly apprises the MPH Program Director and Associate Dean if necessary.

- *Course Evaluations*: see below

Longitudinal Surveys

JCPH and the MPH program are part of a unique history of longitudinal surveying at Thomas Jefferson University that started in the 1940s with the medical school and in the 1980s in the other schools and programs. The surveys are administered and initially analyzed by the Office of Institutional Research (OIR) (see *ERF 1.2 Longitudinal Surveys*). All surveys are monitored by the JCPH Associate Dean and MPH Program Director. Results are discussed with the MPH faculty. The Longitudinal Surveys include:

- *Annual Student Surveys:* OIR conducts annual surveys of MPH students. These surveys are given to students after one year/term in the program (OIR Matriculant Survey) and again upon graduation (OIR Student Exit Survey).

- *Alumni Surveys:* OIR tracks graduate/alumni satisfaction for the MPH program. Alumni satisfaction surveys are conducted at 1 year post-graduation. A five year post-graduation Alumni Survey has been planned for 2016.

- *Employment and Employer Surveys:* Following graduation, alumni are surveyed about their current employment and asked to provide employer contact information. OIR then surveys employers to gauge their satisfaction with Jefferson graduates.

  o Example: Alumni surveys and Employment surveys have indicated varying degrees of success at finding employment post-graduation. As a result, information was posted to the JCPH Community page about the Career Development Center on campus which assists students in resume writing, creating LinkedIn profiles, interviewing skills and job search strategies.

- *Faculty Survey:* OIR conducts an annual survey of faculty satisfaction. Starting in 2015, the University Office of Faculty Affairs will conduct these annual surveys.

Instructional Assessment

- *Course Evaluations***:** The Associate Dean and Program Director review results of student course evaluations following the completion of each trimester and share the results with the appropriate faculty member. Each course evaluation is added to the faculty member's formal Teaching Portfolio. Should the course evaluation indicate areas of concern, the MPH Program Director and/or Associate Dean discuss the evaluation results with the instructor and develop improvement strategies. Issues raised in multiple courses may be addressed in a MPH Curriculum Subcommittee meeting.

  o Example: Course evaluations for *PBH 520 Program Planning and Evaluation* over a multi-year period revealed that more than one term or course was required to effectively teach the course's extensive list of skills. After discussions with faculty, it was decided to replace the single term course with a two term sequence. For more information see Criterion 2.1.c.

  o Example: Course evaluations revealed that the sequencing of epidemiology and health research methods courses was not optimal. Hence, beginning in the 2015-2016 academic year, *PBH 506 Fundamentals of Epidemiology* was rescheduled to be earlier in the course sequence and *PBH 510 Health Research Methods* was moved later in the sequence. Course evaluations will be monitored and students will be surveyed to see if the resequencing improved learning outcomes and student satisfaction.

- *Course Syllabi*: The MPH Program Director and Academic Projects Coordinator review course syllabi annually and assist faculty with any necessary changes.

- *Course Competencies*: A *crosswalk* linking each MPH course with specific public health competencies was completed in 2014-2015 and shared with faculty and the MPH Accreditation Committee for use in determining MPH Program competencies (see *ERF 2.6 Complete Competency Crosswalk* and Table 2.6.1).

- *Experiential and Service Learning*: During 2014-2015 MPH faculty and the MPH Accreditation Committee prioritized experiential and service learning as important components of instruction and established initial objectives and measures for these objectives. These objectives will be initially measured by the MPH Accreditation Committee and subsequently by the MPH Curriculum Subcommittee on an on-going basis (Table 1.2.1).

Faculty Assessment

Faculty are evaluated in the following ways:

- *Course Evaluations* (see above)

- *Annual Performance Review:* The Dean and the Associate Dean for Academic and Student Affairs conducts an annual Performance Review each June with each full-time MPH and JCPH faculty member. See *ERF 4.2 Faculty Handbook*, Tables 3.1.1 and 3.2.1, and Criterion 4.2.c for more information.

- *Teaching Portfolios:* The Teaching Portfolio is updated annually and reviewed by the Associate Dean and Dean.

Other

- *Informal Open Discussion with Students*: Results from informal student discussions, which are held three times per year (once per term), are shared directly with students and faculty via Blackboard and at formal and informal meetings.

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

Table 1.2.1a Outcome Measures for INSTRUCTION GOAL

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
FACULTY	Enhance instructional viability through recruitment of new full-time faculty in core areas of public health (e.g., epidemiology; biostatistics; behavioral health theory)	Increase full-time MPH faculty to at least five .5 FTEs (1.6.d; 1.7.i; 4.1.d)	4 **NOT MET**	5 **MET**	5 **MET**	5 **MET**
		Maintain maximum student/faculty ratio by headcount of 8 to 1 (1.7.i; 4.1.d)	2.69 **MET**	3.00 **MET**	3.88 **MET**	6.09 **MET**
	Improve the quality and integrity of course design by Primary, JCPH (<0.5 FTE), Affiliated and Other faculty	100% of course syllabi will have student learning objectives and Council of Linkages competencies[1] linked to graded assignments (4.1.d)	**N/A**[9]	**N/A**[9]	100% **MET**	100% **MET**
		50% of courses will have grading rubrics for all student written and oral assignments (4.1.d)	18% **NOT MET**	27% **NOT MET**	50% **MET**	67% **MET**
	Solidify faculty teaching portfolios as the primary method of self-evaluation and determination of professional goals with respect to teaching and learning	75% of Primary faculty will have a Teaching Portfolio (4.1.d)	75% **MET**	80% **MET**	80% **MET**	**TBD**[10] (June 2016)
	Improve quality of instruction by both Primary, JCPH (<0.5 FTE), Affiliated and Other faculty	75% of all MPH faculty will achieve average minimum scores of 4.0 on the basic indicators[2] of quality instruction (4.1.d)	80% **MET**	63% **NOT MET**	80% **MET**	82% **MET**[11]

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[9] Syllabi were not required to link graded assignments to the June 2014 Council of Linkages Competencies until the 2014-2015 academic year.

[10] Information will not be available until after the site visit.

[11] Indicators changed with the new online evaluation system. See *ERF 1.2 Course Evaluations* for more details.

Outcome Measure	Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
	100% of Primary, JCPH, and Affiliated faculty will have annual performance review with respect to their instruction (4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)
	100% of Other faculty will be reviewed following each course they teach (4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
Faculty will embed experiential learning activities into their courses[3]	20% of courses will have an experiential learning component[12] (2.7.b)	24% (N = 4/17) **MET**	24% (N =4/17) **MET**	24% (N =4/17) **MET**	22% (N =2/9) **MET**
Faculty will embed service learning activities into their courses[3]	20% of courses will have a service learning component[13] (3.2.d)	12% (N = 2/17) **NOT MET**	12% (N = 2/17) **NOT MET**	12% (N =2/17) **NOT MET**	11% (N =1/9) **NOT MET**
Incorporate ongoing faculty development with respect to teaching and learning into the academic fabric of the College	100% of Primary and JCPH faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)
	50% of Affiliated faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)	50% **MET**	50% **MET**	50% **MET**	**TBD**[10] (June 2016)

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[12] The following courses have experiential learning components: PBH 501, 509, 512, 517 and 520. Not all courses are taught every year. Count doesn't include PBH 601 and PBH 650.

[13] The following courses have service learning components: PBH 520 and 606. Not all courses are taught every year. Count doesn't include PBH 601 and PBH 650.

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
		50% of Primary and JCPH faculty will participate in more than one faculty development activity/event related to instruction (4.1.d)	100% **MET**	100% **MET**	71% **MET**	**TBD**[10] (June 2016)
	Enhance the scholarship of teaching and learning as it specifically applies to public health through faculty attendance and/or participation in local, regional, national and international conferences	75% of Primary, JCPH and Affiliated faculty will participate in at least one local, regional, national, or international conference regarding public health instruction annually (4.1.d)	83% **MET**	89% **MET**	80% **MET**	**TBD**[10] (June 2016)
		25% of Primary and JCPH faculty will present on a topic related to public health instruction at a local, regional, national, or international conference or webinar each year (4.1.d)	25% **MET**	67% **MET**	43% **MET**	**TBD**[10] (June 2016)
STUDENT	Improve level of overall student achievement during the program and post program as measured by GPA and post-MPH employment	80% of students with known employment status not continuing on for additional education will be employed at 12 months post-graduation (2.7.b)	100%[14] (N = 20/20) **MET**	100%[15] (N = 16/16) **MET**	100%[16] (N = 27/27) **MET**	**TBD**[10] (2016-2017)
	Improve student learning outcomes for each course through key components of course evaluations	Students will rate 65% of courses with an average of 4.0 or higher on a five point scale on key components[4] of course evaluations (2.7.b)	56% **NOT MET**	60% **NOT MET**	65% **MET**	67% **MET**[17]

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[14] 9 have unknown employment status. 2 are in continuing education programs.

[15] 8 have unknown employment status. 10 are in continuing education programs.

[16] The remaining 8 students are in continuing education programs.

[17] Indicators changed with the new online evaluation system. See *ERF 1.2 Course Evaluations* for more details.

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
PROGRAM	Improve overall level of student satisfaction with the MPH program	Graduating MPH students will give a mean satisfaction score with the program of at least 3.0 out of a 4.0 point scale (2.7.b)	3.0 **MET**	3.2 **MET**	3.3 **MET**	**TBD**[10] (Fall 2016)
	Increase level of student satisfaction with Clerkship (Practicum) experience	MPH students completing their clerkship will give a mean satisfaction score of at least a 3.0 out of a 4.0 scale. (2.7.b)	3.7 **MET**	3.5 **MET**	3.6 **MET**	**TBD**[10] (July 2016)
	Strengthen admissions criteria for the MPH program	The average GPA of Fall MPH applicants is at least a 3.3 out of a 4.0 scale (minimum of 3.0) (4.3.f)	3.3 **MET**	3.3 **MET**	3.4 **MET**	3.3 **MET**
		The average GRE verbal score of Fall MPH applicants[5] will be at or above the 60th percentile (minimum 50th percentile) (4.3.f)	59th percentile **MET**	67th percentile **MET**	74th percentile **MET**	71st percentile **MET**
		The average GRE quantitative score of Fall MPH applicants[5] will be at or above the 50th percentile (4.3.f)	44th percentile **NOT MET**	44th percentile **NOT MET**	64th percentile **MET**	56th percentile **MET**
		The average GRE writing score of Fall MPH applicants[5] will be at least a 3.5 (minimum is 3.0) (4.3.f)	4 **MET**	3.5 **MET**	4 **MET**	4 **MET**
	Increase availability of merit scholarships for top MPH applicants	20% of newly enrolled MPH students will receive partial merit scholarships (1.6.d; 4.3.f)	**N/A**[18]	**N/A**[18]	29% **MET**	**TBD**[10] (July 2016)
	Increase full-time student enrollment.	Increase the number of Fall *One Year Plus* enrollees by 5% every year (1.6.d)	5[19]	4 **NOT MET**	10 **MET**	24 **MET**

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[18] Partial merit scholarships were not offered to students.

[19] Baseline. Cannot be measured as "Met" or "Not Met".

Outcome Measure	Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
Improve GPA and graduation measures for the MPH program	The average GPA of graduating students will be 3.5 or higher (2.7.b)	3.80 (2012-2013 grads) **MET**	3.85 (2013-2014 grads) **MET**	3.82 (2014-2015 grads) **MET**	**TBD**[10] (Fall 2016)
	75% of students will graduate within 5 years of matriculation (2.7.b)	73% (enrolled 2012-2013) **TBD**[20]	68% (enrolled 2013-2014) **TBD**[20]	9% (enrolled 2014-2015) **TBD**[20]	0% (enrolled 2015-2016) **TBD**[20]
Improve outcomes of the MPH Capstone project through application of a comprehensive assessment rubric	90% of graduating students will score 2.2 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	**N/A**[21]	**N/A**[21]	65% (N = 15/23) **NOT MET**	100% (N = 9/9) **MET**
	20% of graduating students will score 2.5 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	**N/A**[21]	**N/A**[21]	39% (N = 9/23) **MET**	44% (N = 4/9) **MET**
Evaluate admissions criteria to determine which ones are most indicative of positive outcomes (i.e., course performance; graduation)	Correlate current students' admissions criteria with outcome measures (4.3.f)	Correlated[22] **MET**	Correlated[22] **MET**	**TBD**[23] (2016-2017)	**TBD**[10,23] (2017-2018)

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[20] Students have five years from the point of enrollment to graduate. The five year deadline has not passed.

[21] The capstone rubric was not created until 2014. The new rubric was used to evaluate only one graduating students in 2013-2014.

[22] Incoming cumulative GPAs are significant predictors of whether a student will graduate with a GPA of greater than 3.9 (out of 4.0) or not.

[23] N is too small; not enough applicants have graduated yet.

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
	Continue and enhance ongoing program evaluation	MPH faculty will review at least one key program content area annually for quality, integrity and timeliness and revise accordingly (2.7.b)	Reviewed[24] **MET**	Reviewed[25] **MET**	Reviewed[26] **MET**	**TBD[10]** (June 2016)
	Promote students' self-directed learning through tools such as self-assessments and ePortfolios	Introduce ePortfolio template and accompanying training module to students by the 2014-2015 academic year (1.7.i)	**N/A[27]**	**N/A[27]**	Students introduced **MET**	Students trained **MET**

Table 1.2.1b Outcome Measures for RESEARCH GOAL

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
FACULTY	Increase the number of faculty who are engaged in public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will be actively engaged in at least one scholarship activity (3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
		50% of Primary faculty will serve as an external reviewer for a public health-related manuscript in a peer-reviewed journal or on a proposal review committee (study section) (3.1.d; 4.1.d)	50% **MET**	40% **NOT MET**	60% **MET**	80% **MET**

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[24] MPH faculty decided to place emphasis on synergy between courses so information could be complementary rather than duplicative.

[25] MPH faculty decided that the order of PBH 510 Health Research Methods and PBH 506 Fundamentals of Epidemiology needed to be switched. Additionally, MPH faculty decided to include ePortfolios as a requirement for all MPH students.

[26] MPH faculty decided to split PBH 520 Program Planning & Evaluation into two consecutive semester courses and combine PBH 600 Capstone Seminar and PBH 601 Capstone Project. Additionally, MPH faculty decided to move to an electronic course evaluation format.

[27] The ePortfolio feature was not available.

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
		75% of Primary Faculty will provide students with opportunities to engage in scholarship (3.1.d)	75% **MET**	40% **NOT MET**	80% **MET**	**TBD**[10] (June 2016)
		100% of Primary faculty will chair at least one MPH Capstone project	100% **MET**	80% **NOT MET**	100% **MET**	100% **MET**
	Increase the ability of faculty to develop public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will attend at least one faculty development activity related to scholarship (1.6.d; 3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
	Increase faculty dissemination of public health-related scholarship	100% of Primary faculty will contribute to at least one peer-reviewed publication (3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)
		100% of Primary faculty will present (oral presentation or poster) their scholarship at a global, national, regional or local conference or webinar (1.6.d; 3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)
STUDENT	Enhance the public health-related research skills of students to do advanced research	25% of graduating student will take 2 or more advanced courses in research skills as their electives (PBH 512, 605, 606, and 609) (2.7.b; 3.1.d)	9% **NOT MET**	29% **MET**	23% **NOT MET**	**TBD**[10] (Fall 2016)
	Enhance the quality of student scholarship	The average score of graduating students' MPH Capstone research projects will be a 2.3 or higher (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	**N/A**[21]	**N/A**[21]	2.4 (N = 23) **MET**	2.5 (N = 9) **MET**

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
	Increase student dissemination in public health-related scholarship initiatives	5% of graduated students will publish manuscripts in a peer-reviewed publication within 1 year of graduation (2.7.b; 3.1.d)	10% (N =3 of 31) [28] **MET**	6% (N = 2 of 34)[28] **MET**	3% (N = 1 of 34)[28] **NOT MET**	**TBD**[10] (2017)
		15% of graduated students will present (oral presentation, poster) their scholarship at a global, national, regional or local conference during their matriculation or within one year of graduation (2.7.b; 3.1.d)	19% (N = 6/31)[28] **MET**	18% (N = 6/34)[28] **MET**	15% (N = 5/35)[28] **MET**	**TBD**[10] (2017)
PROGRAM	Increase public health-related scholarship capacity	Ensure that at least 4 of the ongoing scholarship activities/events are public health-related (3.1.d)	4+ **MET**	4+ **MET**	4+ **MET**	**TBD**[10] (June 2016)
	Provide support to students for public health-related scholarship opportunities	Increase financial support to allow students to disseminate scholarship (1.6.d; 3.1.d)	$500.00[19]	$1,246.50 **MET**	$3,569.85 **MET**	**TBD**[10] (June 2016)

Table 1.2.1c Outcome Measures for SERVICE GOAL

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
FACULTY	Increase faculty participation and leadership in College and University committees and task forces	100% of Primary and JCPH faculty will serve on at least two College committees (4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
		50% of Primary faculty will serve on at least one University committee or task force (4.1.d)	75% **MET**	60% **MET**	80% **MET**	100% **MET**

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[28] According to faculty who have had contact with graduates

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
	Increase faculty participation and leadership in global, national, state, and/or local public health- related boards, committees, task forces and other community organizations	75% of Primary, JCPH and Affiliated faculty will be actively involved in national, state and/or local public health-related service activities (3.2.d; 4.1.d)	83% **MET**	100% **MET**	100% **MET**	100% **MET**
		50% of Primary faculty will have served in a <u>leadership capacity</u> in national, state and/or local public health-related service activities (3.2.d; 4.1.d)	75% **MET**	60% **MET**	80% **MET**	60% **MET**
		25% of Primary faculty will have engaged in a funded or unfunded workforce development service activity in a global, national, state, and/or local public health setting (3.2.d; 4.1.d)	50% **MET**	40% **MET**	60% **MET**	40% **MET**
STUDENT	Increase student participation in public health-related service activities	20% of students will have participated in at least one public health-related service activity (2.7.b; 3.2.d)	19% **NOT MET**	30% **MET**	16% **NOT MET**	31% **MET**
		20% of students will have participated in a College or University committee or task force (2.7.b)	21% **MET**	24% **MET**	24% **MET**	24% **MET**
PROGRA	Provide opportunities for workforce development.	Ensure that at least 3 of the ongoing service activities/events address community and/or public health workforce development needs (3.2.d)	3+ **MET**	3+ **MET**	3+ **MET**	**TBD**[10] (June 2016)

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

In Summer 2014, the MPH Program Director and Associate Dean developed a draft timeline for the Self-Study process and an outline of responsible faculty and staff for each criterion:

- A MPH Accreditation Committee of MPH faculty, staff and alumni was created.

- An online CEPH reaccreditation "community" was set up via Blackboard so that faculty, staff, alumni and future student members would be able to have access to all Self-Study documents.

- Initial meetings focused on review and revision of the program's mission, program goals, and objectives. The MPH program's overall competencies were developed in part using the *crosswalk* of course syllabi and public health competencies described above.

- Three Accreditation Subcommittees (Instruction, Research, and Service) were formed with designated chairs. Each of the 19 members of the MPH Accreditation Committee participated in at least one of the subcommittees. Each Subcommittee developed objectives and measures which were vetted by the Dean and the MPH CAB and approved by the MPH Accreditation Committee.

- The Associate Dean, MPH Program Director, Assistant Dean for Student Affairs , MPH Clerkship Coordinator, MPH Capstone Coordinator, Academic Projects Coordinator, the Admissions Coordinator obtained and developed needed data for the Self-Study tables and drafted responses for the criteria. These were vetted by the Dean and the MPH CAB and approved by the MPH Accreditation Committee.

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

This criterion is met.

Strengths

- The Jefferson MPH program makes use of a variety of monitoring and evaluation processes to assess the program's effectiveness, to measure its instruction, research and service, and to use for future planning. It participates in a Longitudinal Survey activity which will only increase in importance as the MPH program gains longevity. The Longitudinal Surveys provide added value because comparisons can be made with other Colleges and programs within the University.

- In addition to the Longitudinal Surveys, the Office of Institutional Research is increasingly capable and helpful in its ability to provide metrics and measures related to the MPH program.

- Because the MPH student population is relatively small in numbers, it is easy to engage in informal assessments through personal meetings with students and through their engagement

on JCPH/MPH committees, especially the Curriculum Subcommittee and the Accreditation Committee.

- MPH commitment to faculty assessment is strong, especially with respect to teaching and learning. The use of the Teaching Portfolio assures a self-fulfilling method of securing teaching excellence. The Annual Faculty Performance Review is taken seriously by both the Associate Dean and the faculty, with ample time provided for this activity. The inclusion of a full-time faculty development specialist (Director of Online Learning and Faculty Development) supports the College's commitment to enhance teaching and learning.

Challenges

- The MPH response rate on student and alumni surveys continues to be lower than preferred.

- It is difficult to obtaining feedback from employers of program alumni.

- Given the relatively small number of MPH faculty, staff and students, the time and effort devoted to assessment and measurement can be burdensome.

- While helpful and indispensable to assessment, the Office of Institutional Research is sometimes hampered in its responsibilities by lack of IT infrastructure and personnel.

- The plethora of assessment tools and mechanisms and their various locations often makes coordination difficult or repetitive.

Plans for the Future

- MPH Program Director, the JCPH Committee on Student Affairs and the Academic Projects Coordinator will work with the Office of Institutional Research in Spring 2016 to improve student and alumni response rates to MPH program surveys. The Faculty Committee on Student Affairs recently conducted a MPH survey on student communications, which will be analyzed to study the issues and prepare solutions (*ERF 1.2 Student Communications Survey*).

- The MPH Program Director and MPH Student Affairs Committee is working with the University Alumni Office to formulate and engage a strategy with respect to MPH alumni relations that involves specialized programming, activities and other initiatives as a way to develop improved process for obtaining feedback from employers within the first year post-graduation. In Spring 2016, this issue was brought to the MPH Student Affairs Committee for review.

- JCPH Administration will consider development of internal permanent assessment position/officer within JCPH to coordinate all assessment/evaluation requirements and initiatives for the MPH program.

- In 2009 JCPH adopted the *Quality Matters* (QM) rubric for the design and evaluation of courses in its online academic programs. The QM rubric proved to be a valuable tool that assured consistently high quality of course design and faculty performance in the online programs. JCPH plans to adapt the QM rubric for evaluation of f2f (face to face) courses in the MPH program. Phase 1 of this deployment, which is planned for the 2016-2017 academic year, will be to

evaluate all MPH courses using the rubric in order to identify areas of strength and weakness. Weaknesses will be addressed in Phase 2. The goal in Phase 2 is to have the majority of MPH faculty (full-time, Affiliated and part-time) score a minimum of 65 points on the rubric. Subsequent phases will increase the minimum score on the rubric. See *ERF 1.2 Quality Matters Course Design Rubric*.

Criterion 1.3 Institutional Environment

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

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

Thomas Jefferson University (TJU) is a private, nonsectarian, not-for-profit academic health center located in Philadelphia, Pennsylvania. Founded in 1824 as Jefferson Medical College, the institution was granted full charter by the Commonwealth of Pennsylvania in 1836 and gained its University status on July 1, 1969. Today the University is comprised of Sidney Kimmel (formerly Jefferson) Medical College (SKMC); Jefferson College of Biomedical Sciences (JCBS); Jefferson College of Health Professions (JCHP); Jefferson College of Nursing (JCN); Jefferson College of Pharmacy (JCP); and Jefferson College of Population Health (JCPH). Together, these various divisions offer bachelor's, master's, doctoral and first professional degree programs, as well as pre-baccalaureate, post-baccalaureate and post-master's certificate programs (*ERF 1.3 TJU Annual Report 2012-2013*).

The University accomplishes its mission in partnership with Thomas Jefferson University Hospital (TJUH), its primary education and clinical care affiliate. From its opening in 1877, the Hospital was an unincorporated division of Jefferson until 1995, when it separated from the University to become an incorporated member of the Jefferson Health System (JHS), a nonprofit regional healthcare system. With the appointment of Stephen K. Klasko, MD, MBA as President and Chief Executive Officer of TJU and TJUH System in June of 2013, these two separate corporate entities were reunited as one Jefferson under a single campus leader.

The University received its initial **accreditation by the Middle States Commission on Higher Education** (MSCHE) in 1976 and has maintained full accreditation status since then, with the most recent reaccreditation confirmed on June 26, 2014 (*ERF 1.3 MSCHE Accreditation Letter 2014*).
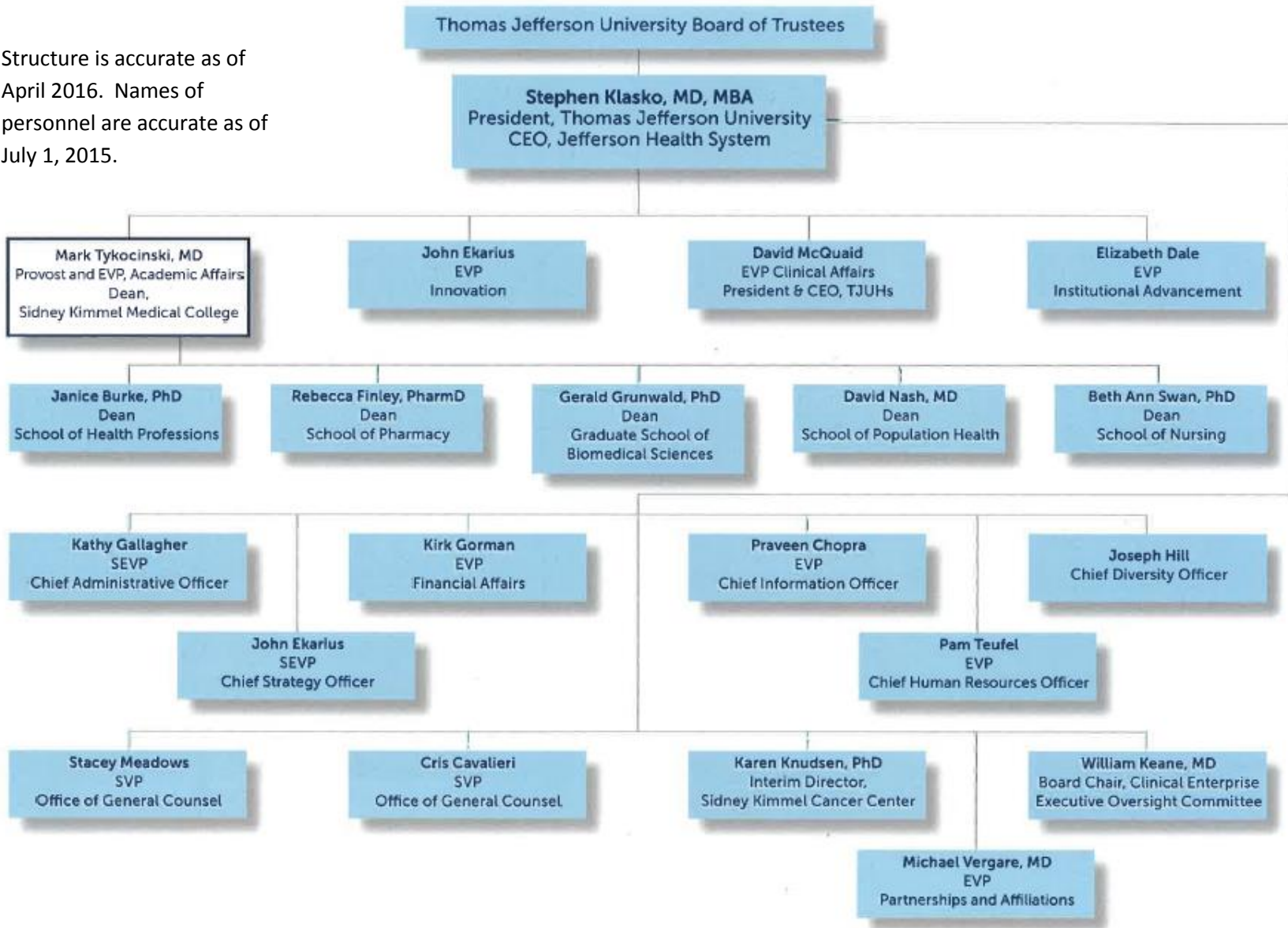
Jefferson College of Population Health was established in July 2008 following a comprehensive University-wide strategic planning process that identified health policy and population health as crucial to the mission and vision of the institution as it moved forward in the 21st century (*ERF 1.3 JCPH Annual Reports)*. In the 1990s Jefferson Medical College (now Sidney Kimmel Medical College) established the Office of Health Policy and Clinical Outcomes. In 2003 the Office of Health Policy and Clinical Outcomes was given departmental status within Jefferson Medical College as the Department of Health Policy. In July 2008 the Board of Trustees designated the Department of Health Policy as the core of a new University division, the Jefferson School (now College) of Population Health. In addition, the University's Master of Public Health (MPH) degree program, established in 2003 and administered through the College of Graduate Studies (now Jefferson College of Biomedical Sciences), was relocated to the new School.

Jefferson College of Population has the distinction of being the first of its kind in the country. The mission of the College is to prepare leaders with global vision to develop, implement, and evaluate health policies and systems that improve the health of populations and thereby enhance the quality of life. In addition to programs in public health (Certificate and MPH), the College offers Master of Science

and Certificate programs in population health, health policy, healthcare quality & safety/management (HQS/M) and applied health economics and outcomes research (AHEOR). It also offers a doctoral (PhD) program in Population Health Sciences with concentrations in behavioral and health theory, health policy, HQS and AHEOR (*ERF 1.3 MPH Program Brochure*).
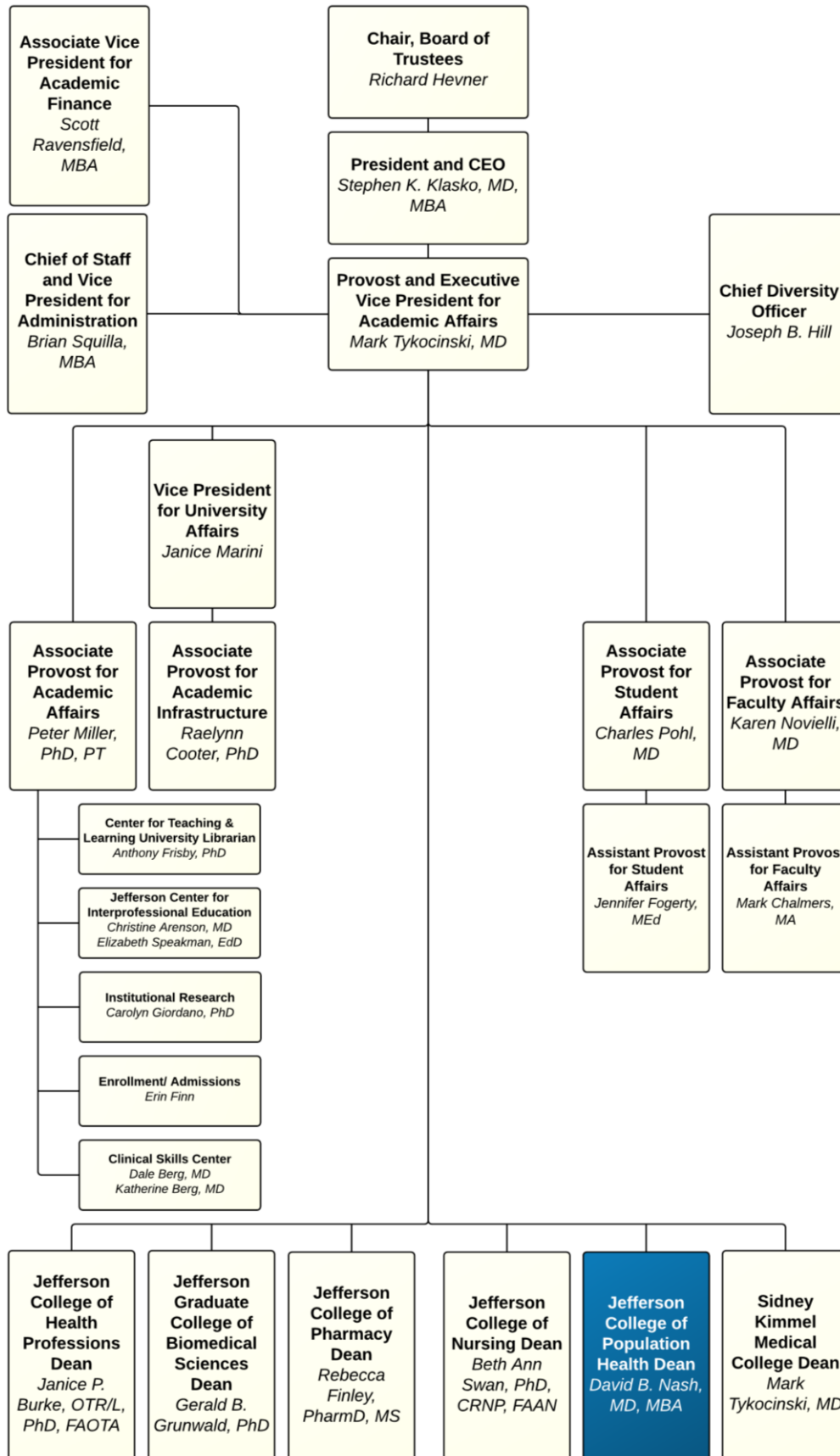
1.3.b   One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

Structure is accurate as of April 2016. Names of personnel are accurate as of July 1, 2015.

Thomas Jefferson University Board of Trustees

Stephen Klasko, MD, MBA
President, Thomas Jefferson University
CEO, Jefferson Health System

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Sidney Kimmel Medical College

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David Nash, MD
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Sidney Kimmel Cancer Center

William Keane, MD
Board Chair, Clinical Enterprise
Executive Oversight Committee

Michael Vergare, MD
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Partnerships and Affiliations
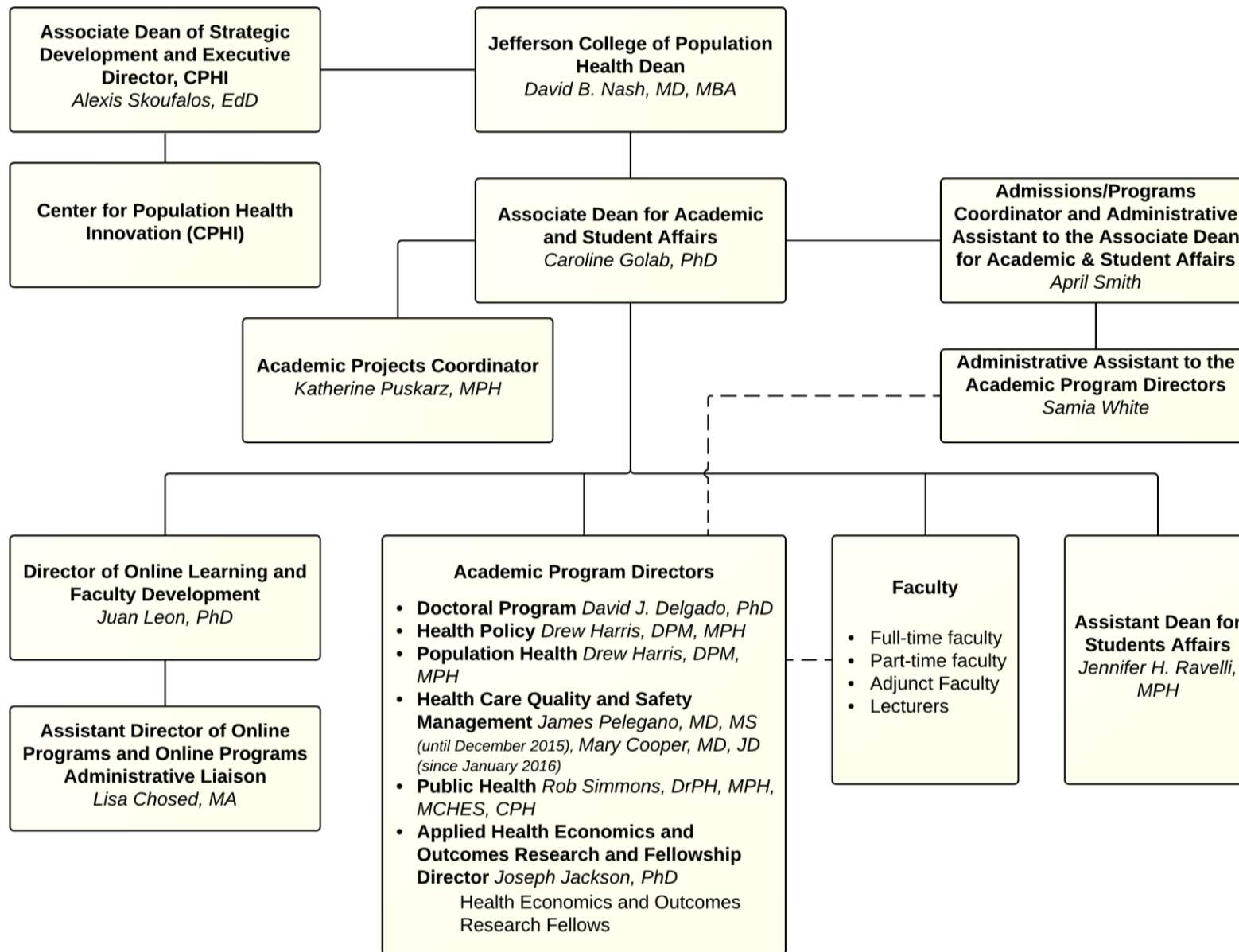
Commentary

- Major **organizational changes** since the previous accreditation visit include:

    o Establishment of a **University Provost and Executive Vice President for Academic Affairs** (EVPAA). Provost position did not exist previously.

    o **Consolidation and centralization** of all academic and student affairs functions within the Office of the Provost. Previously, many functions were decentralized, with each College having distinct or separate reporting structures.   The TJU Academic Organizational Chart (below) illustrates the new consolidated structure within the "Academic Pillar" of the University.

Associate Vice President for Academic Finance
Scott Ravensfield, MBA

Chair, Board of Trustees
Richard Hevner

President and CEO
Stephen K. Klasko, MD, MBA

Chief of Staff and Vice President for Administration
Brian Squilla, MBA

Provost and Executive Vice President for Academic Affairs
Mark Tykocinski, MD

Chief Diversity Officer
Joseph B. Hill

Vice President for University Affairs
Janice Marini

Associate Provost for Academic Affairs
Peter Miller, PhD, PT

Associate Provost for Academic Infrastructure
Raelynn Cooter, PhD

Associate Provost for Student Affairs
Charles Pohl, MD

Associate Provost for Faculty Affairs
Karen Novielli, MD

Center for Teaching & Learning University Librarian
Anthony Frisby, PhD

Jefferson Center for Interprofessional Education
Christine Arenson, MD
Elizabeth Speakman, EdD

Institutional Research
Carolyn Giordano, PhD

Enrollment/ Admissions
Erin Finn

Clinical Skills Center
Dale Berg, MD
Katherine Berg, MD

Assistant Provost for Student Affairs
Jennifer Fogerty, MEd

Assistant Provost for Faculty Affairs
Mark Chalmers, MA

Jefferson College of Health Professions Dean
Janice P. Burke, OTR/L, PhD, FAOTA

Jefferson Graduate College of Biomedical Sciences Dean
Gerald B. Grunwald, PhD

Jefferson College of Pharmacy Dean
Rebecca Finley, PharmD, MS

Jefferson College of Nursing Dean
Beth Ann Swan, PhD, CRNP, FAAN

Jefferson College of Population Health Dean
David B. Nash, MD, MBA

Sidney Kimmel Medical College Dean
Mark Tykocinski, MD

- o Appointment of a **Chief Diversity Officer** and the creation of the **Office of Enterprise Diversity, Inclusion and Community Engagement** (see [Criterion 1.8.a](#)) reporting directly to the President.

- The **Committee on Academic Affairs** (AAC) is the standing committee of the Board of Trustees that oversees the educational and research activities of all six Colleges of the University. It communicates with academic leaders (Provost and Executive VP for Academic Affairs; Deans of the six Colleges) and reports at each full Board meeting. Among its many functions, AAC serves as the primary review/approval body for proposed new academic programs.

- David B. Nash, MD, MBA, **Dean of the Jefferson College of Population Health**, reports directly to Mark Tykocinski, MD, Provost and Executive Vice President for Academic Affairs. Dr. Nash is also part of the **Council of Deans**, the Provost's primary leadership group, which meets monthly and includes the Deans of all six University Colleges. Formed in 2009, the Council provides a forum for academic oversight and collaboration. This group is not sanctioned in the governance documents of TJU, but serves in an advisory capacity to the Provost. This role includes recommendations on new or revised academic policies, services or programs which the Provost and EVPAA presents to AAC or the President's Executive Management Team when further discussion or approval is necessary.

The organizational structure of the Jefferson College of Population Health, home of the MPH program, is illustrated below.

Jefferson College of Population Health Organizational Structure

Associate Dean of Strategic Development and Executive Director, CPHI
Alexis Skoufalos, EdD

Jefferson College of Population Health Dean
David B. Nash, MD, MBA

Center for Population Health Innovation (CPHI)

Associate Dean for Academic and Student Affairs
Caroline Golab, PhD

Admissions/Programs Coordinator and Administrative Assistant to the Associate Dean for Academic & Student Affairs
April Smith

Academic Projects Coordinator
Katherine Puskarz, MPH

Administrative Assistant to the Academic Program Directors
Samia White

Director of Online Learning and Faculty Development
Juan Leon, PhD

Assistant Director of Online Programs and Online Programs Administrative Liaison
Lisa Chosed, MA

Academic Program Directors

- **Doctoral Program** *David J. Delgado, PhD*
- **Health Policy** *Drew Harris, DPM, MPH*
- **Population Health** *Drew Harris, DPM, MPH*
- **Health Care Quality and Safety Management** *James Pelegano, MD, MS (until December 2015), Mary Cooper, MD, JD (since January 2016)*
- **Public Health** *Rob Simmons, DrPH, MPH, MCHES, CPH*
- **Applied Health Economics and Outcomes Research and Fellowship Director** *Joseph Jackson, PhD*
    Health Economics and Outcomes Research Fellows

Faculty

- Full-time faculty
- Part-time faculty
- Adjunct Faculty
- Lecturers

Assistant Dean for Students Affairs
Jennifer H. Ravelli, MPH

- Caroline Golab, PhD, **Associate Dean for Academic and Student Affairs**, serves as the chief academic officer for the College and reports directly to the Dean, David B. Nash, MD, MBA. She serves on key University committees that originate from the Provost's Office – Faculty Development, InterProfessional Education and University Academic Services (Registrar; Financial Aid; Library, IT, etc.) among others and is the chief conduit to the Provost's Office for academic and student affairs.

- JCPH has five Program Directors that oversee the various academic programs of the College (e.g., PhD in Population Health Sciences; MPH; and Masters of Science programs in health policy, population health, healthcare quality and safety/management, and applied health economics and outcomes research). Robert Simmons, DrPH, MPH, MCHES, CPH is the **Director of the MPH Program** and has over 40 years of community-based public health experience in the US and internationally.

- An **Assistant Dean for Student Affairs** (Jennifer Ravelli, MPH) is assigned almost entirely to coordinate or facilitate key MPH functions such as academic advising, the Clerkship (practicum experience), program orientation and liaison to SAPHE (Student Association for Public Health Education). She also serves as the MPH program representative on several College and University committees.

- John McAna, PhD, MA, a full-time faculty member, serves as the **Capstone Coordinator** for the MPH program.

- April Smith serves as the **Admissions Coordinator** for the MPH program.

- Samia White is the **Administrative Assistant** to all JCPH programs and Program Directors.

- Katherine Puskarz, MPH is the **Academic Projects Coordinator** for all JCPH programs.

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

— **budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising**

— **personnel recruitment, selection and advancement, including faculty and staff**

— **academic standards and policies, including establishment and oversight of curricula**

Budgeting and resource allocation

- Resources allocated to the College are determined during the University's annual budget process which is initiated by the Provost (usually in early February). The JCPH Dean and Finance Officer represent the College in these negotiations. The Dean submits a consolidated budget that represents the needed resources for all academic programs within the College, including the MPH. Resources required for the MPH program are determined by the MPH Program Director in consultation with the Associate Dean and, because resources are often shared with other College programs, in consultation with the directors of the other programs.

- All tuition and fees earned by the MPH program go directly to the College and are reported separately as well as added to the total tuition and fee revenues of the College as a whole.

- Indirect cost recoveries and other university expenses (i.e., classrooms; instructional audiovisual equipment; use of campus libraries; other equipment and materials) are assumed by the College as a whole, but, depending on the item, are pro-rated (by credits or headcount) either to on-site programs (primarily MPH) or online programs; use of classroom space, for example, is almost entirely attributed to the MPH program because, by definition, the online programs do not make use of this and other on-campus resources.

- JCPH is directly supported in fund raising through the University's Office of Institutional Advancement which has assigned an officer specifically to the College for this purpose. To date, virtually all fundraising, primarily for merit-based scholarships, has gone entirely to the MPH program.

Personnel recruitment, selection and advancement

MPH personnel, faculty and staff are recruited and hired according to University policies. Primary faculty are hired by the Dean through consultation with the JCPH Faculty and approval by the Provost/Board of Trustees following established HR procedures. See Criterion 4.2 for details on faculty hiring.

Establishment of academic standards and policies

MPH faculty, through its standing JCPH Committees and JCPH Executive Council, establish academic standards and policies. See Criterion 1.5 for a detailed discussion.

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

This section is not applicable to the JCPH MPH program.

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

This section is not applicable to the JCPH MPH program.

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

This criterion is met.

Strengths

- The MPH program has been completely integrated into the University and the College of Population Health, including its budgeting processes, personnel recruitment, and academic standards and policies.

Challenges

- None are identified.

Plans for the Future

- Not applicable at this time.

Criterion 1.4 Organization and Administration

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

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

An organizational chart for the MPH program is below.
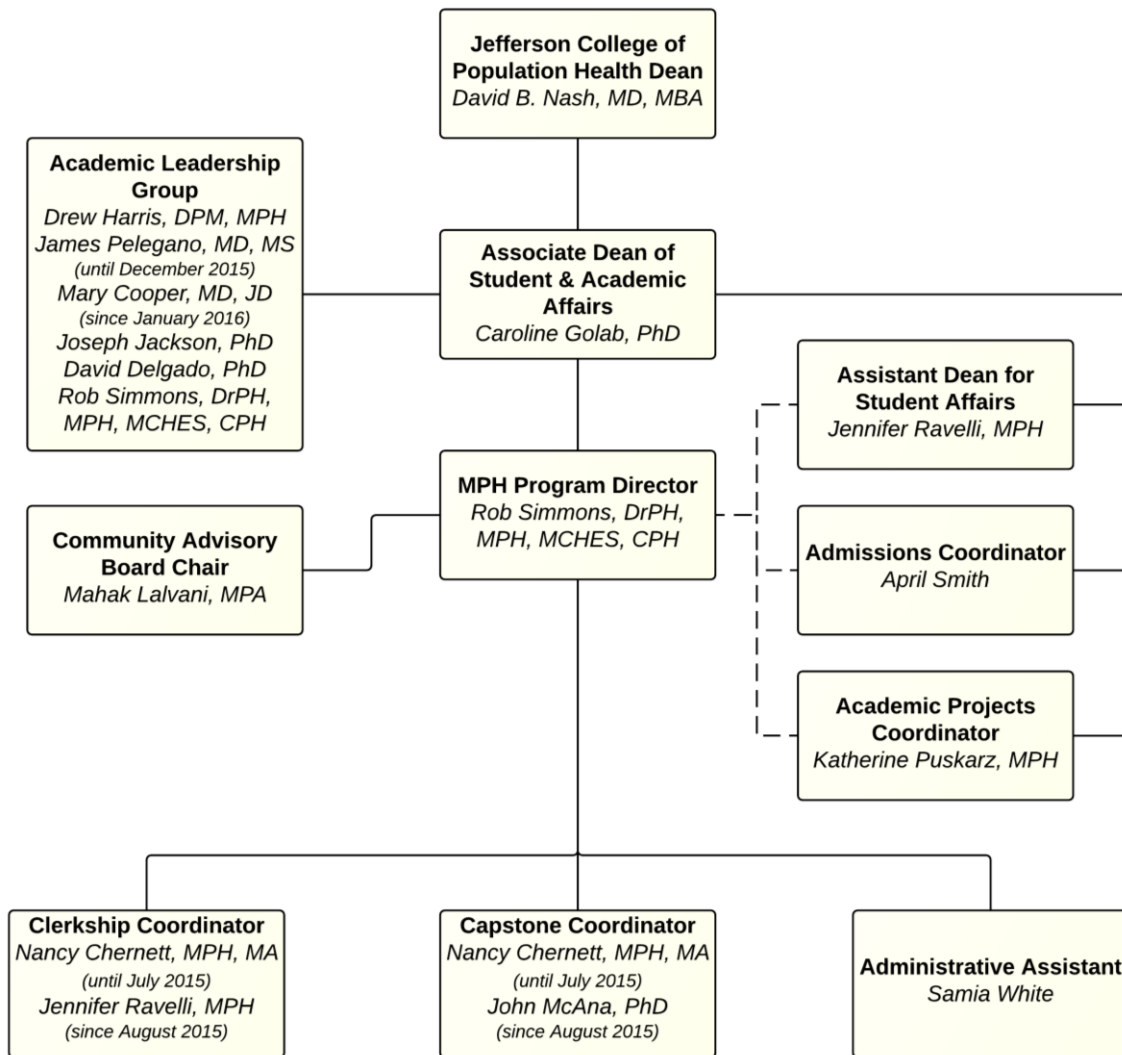
The roles and responsibilities of the key program administrators are listed in E*RF 1.4 Roles and Responsibilities of MPH Program Administrators*.

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

Interdisciplinary coordination, cooperation and collaboration are assured through three key mechanisms: (1) The **key College academic administrator** (Associate Dean for Academic and Student Affairs); (2) the **JCPH Academic Leadership Group**; and (3) **Informal Faculty Meetings**. These mechanisms provide information and opportunities for both internal collaborations across Colleges within the University and external collaborations with the community and other institutions. The **Jefferson Center for InterProfessional Education (JCIPE)** is a prime example of a University-wide structure that promotes cross-disciplinary initiatives; in fact, the mission of JCIPE is to encourage such collaborations.

- The **Associate Dean** has responsibilities for all programs of the College including the MPH program and thus serves as a conduit and clearinghouse for all activities related to instruction, research and service.

- The Associate Dean convenes the **Academic Leadership Group** bimonthly, which consists of the five academic Program Directors – Population Health Sciences, Public Health, Health Policy/Population Health, AHEOR, and HQS/M – the Director of Online Learning & Faculty Development, and the Assistant Dean for Student Affairs. The interdisciplinary Group meets to initiate, review, report and recommend any ideas or matters related to any of the programs, faculty and/or students. The Group serves as the College "incubator" for new initiatives, and all Program Directors bring curricular and/or student issues for discussion. In practice, all issues requiring action by formal faculty committees of the College and/or Executive Council (see Criterion 1.5) are initially reviewed by the Leadership Group.

  - For the MPH program, the Academic Leadership Group has assisted in establishing common Capstone Guidelines and rubrics across all JCPH programs; made recommendations for revised MPH online course evaluations; recommended changes to the College website; brainstormed alumni initiatives; and discussed/recommended marketing and recruitment initiatives. Recently, it has begun review of *Framing the Future*, to prepare recommendations for potential revisions to the MPH curriculum in light of this new national directive.

- The monthly **Informal Faculty Meetings** ("informal" only in that attendance is not mandatory as it is for the twice-yearly General or "formal" Faculty Meetings) provide the opportunity to bring essential items discussed at Leadership Group (or Faculty Committee) meetings to the attention of the entire faculty and to seek their input; the informal faculty meetings have very high, if not, complete attendance.

- The **Jefferson Center for InterProfessional Education (JCIPE)** is directly supported by the Provost to encourage cross-faculty and cross-disciplinary initiatives with respect to instruction, research and scholarship. MPH faculty attend and participate in annual conferences and workshops sponsored by the Center (see *ERF 1.4 JCIPE* for more information).

As a result of the above mechanisms, most MPH faculty conduct research/scholarship with other faculty, and many of these collaborations are with external organizations. For example:

- MPH faculty Russell McIntire and Amy Leader have collaborated with statisticians, physicians and public health students at Jefferson, epidemiologists and GIS mappers from the University of Pennsylvania, and a community-based cancer organization to study the neighborhood-based correlates of prostate cancer in Philadelphia (see Criterion 3.1.b).

- Robert Simmons and Martha Romney are collaborating with the Health Care Improvement Foundation and local healthcare professionals on a state health department-funded health literacy project targeting hospitals and community organizations in Southeast Pennsylvania. The project has now been extended to a statewide Pennsylvania Health Literacy Coalition (see Criterion 3.3.a).

- Russ McIntire, Rickie Brawer, Marty Romney, Amy Leader, Rich Pepino (adjunct faculty), and Rob Simmons are collaborating with faculty at Philadelphia University's College of Architecture & The Built Environment on two grant proposals. Both proposals are about land use for urban nature parks. Specifically, the submission proposes to create a nature experience for youth, adults and seniors in the low income areas of southwest Philadelphia and in the Park West area of Fairmont Park. These areas will allow for physical activity and recreation, and gardens to grow fruits and vegetables.

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

This criterion is met.

Strengths

- The MPH program's incorporation into the Jefferson College of Population Health in 2008 has led to the gradual development of a flexible, but highly collaborative and interactive organizational structure. The participation of the MPH Program Director in the Academic Leadership Group assures interdisciplinary coordination, cooperation and collaboration.

- The recent (2015) creation of an Assistant Dean for Student Affairs as a full-time position reflects the evolution of the administrative structure of the MPH program within the College. This new designation resulted from an analysis of the previous structure which relied on a part-time Assistant Dean for Student Affairs and combined the Clerkship and Capstone coordinating positions in one individual. The new structure provides for clearer functional responsibilities and accountability and also devotes more staffing time to the program.

- The MPH program has staff dedicated solely to its needs (e.g., Program Director; Clerkship Coordinator; Capstone Coordinator).

- The structure successfully accommodates and complements the governance of the College and the MPH program detailed in Criterion 1.5.

Challenges

- None are identified.

Plans for the Future

- Over the 2015-2016 academic year, the MPH Program Director and Associate Dean will monitor the effectiveness and workload of the Clerkship and Capstone Coordinators to assure that a proper balance has been achieved.

Criterion 1.5 Governance

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

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

The MPH program has several committees:

- **MPH Community Advisory Board**
- **MPH Faculty Subcommittee of the General Faculty**
- **MPH Curriculum Subcommittee of the JCPH Faculty Committee on Curriculum and Academic Policy**
- *Ad hoc* **MPH Accreditation Committee**.

MPH faculty members also serve on the following JCPH Committees:

- All **JCPH Faculty Committees** (e.g., Faculty Affairs; Curriculum & Academic Policy; Student Affairs, etc.)
- **Faculty Advisory Board for the Center for Population Health Innovation (CPHI)**
- **Executive Council**

The **MPH Program Director** (Robert Simmons, DrPH, MPH, MCHES, CPH) is a member of the following MPH/JCPH bodies and committees:

- General Faculty
  - o   MPH Faculty Committee (Chair)
- Committee on Faculty Affairs
- Committee on Student Affairs
- MPH Curriculum Subcommittee of the JCPH Committee on Curriculum and Academic Policy
- Executive Council
- MPH Community Advisory Board
- Faculty Advisory Board of the Center for Population Health Innovation (CPHI)
- MPH Accreditation Committee

 Additional MPH faculty serve on various College committees and periodically rotate off and on Executive Council for a two-year term (see below). See *ERF 1.5 Committee Memberships.*

MPH Community Advisory Board (CAB)

An integral part of the MPH program, the **MPH Community Advisory Board (CAB)** meets semi-annually to provide external, objective assessment, advice and feedback for MPH program improvement and to

offer recommendations as to the future direction of graduate public health education. Another key role is consideration of current and future needs of the public health workforce in the greater Philadelphia region and helping the MPH program address these needs in the form of workforce development initiatives. The Advisory Board provides partnership and collaborative resources and opportunities with local and national organizations and works with faculty on local community public health-related projects.

- CAB members include a wide variety of representatives from public and private health and social service sectors in the region. They serve as mentors for students, oftentimes with regard to Clerkship experiences and Capstone projects, and provide links to potential job opportunities (*ERF 1.5 MPH Community Advisory Board (CAB)*).

MPH Accreditation Committee

MPH Accreditation Committee is chaired by the Program Director and oversees three Subcommittees (Instruction, Research, and Service). The Committee provides ongoing review of the MPH program to assure continuous quality improvement. More specifically, it reviews the program's mission, goals (instruction, research, service), and objectives (see [Criterion 1.1.e](#)). The Committee is also responsible for organizing the Self-Study process prior to CEPH review and works with the MPH Faculty Committee and the MPH Curriculum Subcommittee to develop the Self-Study report, including any changes recommended by CEPH. Full-time, Affiliated and Adjunct MPH faculty serve on the Committee, as well as MPH staff, students and alumni. The Committee meets at least twice yearly, but meets as needed prior to and subsequent to CEPH accreditation visits. This Committee will work closely with the MPH Curriculum Subcommittee to review and plan for anticipated program changes in light of *Framing the Future* (*ERF 1.5 MPH Accreditation Committee*).

General Faculty and MPH Faculty Committee

The **General Faculty** consists of all TJU faculty with full-time appointments in JCPH. It meets at least twice yearly (see *ERF 1.5 MPH Faculty Committee*).

"The General Faculty is organized to provide education and research of high quality and to promote a cooperative liaison among all professional personnel of the College. Subject to the Board of Trustees' ultimate authority, the General Faculty shall have the general authority and responsibility for matters related to academic affairs, including the admission and promotion of students, the curriculum, and research." (Bylaws, Section 3.B)

- The *MPH Faculty Committee* convenes as a sub-group of the General Faculty and consists of all full-time JCPH and Affiliated faculty who teach in the MPH program. The Committee addresses faculty issues and quality improvement strategies in the areas of instruction, research, and community and institutional service. The Committee meets bimonthly and holds additional meetings as needed. Depending on the topic or issue, recommendations are submitted to JCPH leadership, the General Faculty or an appropriate JCPH Faculty Committee (see below).

College Committees.

The General Faculty exercises its function primarily by virtue of membership on **College Committees**. The six JCPH Faculty Committees are Governance; Faculty Affairs; Curriculum & Academic Policy; Research; Admissions; and Student Affairs. The MPH program has at least one faculty member serving on each Committee. Per JCPH bylaws, students serve on three Faculty Committees: Curriculum and Academic Policy; Research; and Student Affairs. Most of the students are MPH students as they tend to be local and can attend meetings.

- *Governance:* Assures compliance with College bylaws; handles amendments as required; oversees selection/appointment of faculty to Faculty Committees.

- *Faculty Affairs*: Makes recommendations on all matters concerning faculty welfare, development, sabbatical leave, awards, and grievances/discipline; is responsible for *Faculty Handbook*; reviews and recommends faculty appointments and promotions; prepares and chairs General Faculty meetings.

- *Curriculum and Academic Policy*: Reviews new and existing curricula and changes to such curricula for all academic programs ensuring curricula adhere to the mission and goals of the College; encourages and monitors educational efforts between and among the various academic disciplines within the College; provides a forum for discussion of educational philosophy and policy issues that arise within the College; considers proposed changes to the College's general academic policies regarding admission to the College, retention and probation.

  - The *MPH Curriculum Subcommittee:* Acts as subject matter experts and initiates, reviews and recommends on all curricula and policy issues related to the MPH program, including the Clerkship practicum and the Capstone research project; develops proposals for major MPH curriculum changes (i.e., new courses), significant changes to existing courses, course sequencing and course evaluation for review and approval by the Committee on Curriculum and Academic Policy before submission to the JCPH Executive Council for final determination; core MPH and Affiliated faculty, MPH alumni, and MPH students serve on the Subcommittee; meets bimonthly (*ERF 1.5 MPH Curriculum Subcommittee*).

- *Research:* Advises on and recommends College-wide policies related to research and scholarly activity; disseminates research information and facilitates research collaboration among faculty; reviews in-house research proposals and makes recommendations for funding to the Dean of the College; provides, from among its members or other faculty from the College, individual(s) to serve on University-related research committees.

- *Admissions:* Reviews applications for admission to College programs and notifies the University Office of Admissions of its decisions via the Admissions Coordinator; all Program Directors and the Assistant Dean for Student Affairs serve on the Committee.

- *Student Affairs:* Reviews and makes recommendations with respect to College policies concerning academic achievement and progression; receives recommendations from Program Directors concerning the academic progress of students and assures that they are in accordance with established policy; forwards recommendations concerning honors, probation, dismissals

and graduation to the Associate Dean for review and final action; makes recommendations concerning student welfare and awards; serves as the liaison body between the College and the student body, including recognized student organizations; reviews/revises material for the College's *Student Handbook.*

Executive Council

The **Executive Council** of the College is composed of the Dean, all Program Directors and two at-large faculty who serve two-year terms. The Council, which convenes five times per year or as needed, acts for the General Faculty on all general matters pertaining to the academic affairs of the College. On behalf of the General Faculty with whom it consults, the Council is the final College authority and approval mechanism for all items and issues related to faculty, curricula and research.

CPHI Advisory Board

The **Faculty Advisory Board of the Center for Population Health Innovation (CPHI)** is composed of four full-time JCPH faculty members (at least two of whom are mandated MPH faculty), two MPH students and the Associate Dean for Academic & Student Affairs. The Board has two main functions: (1) to review and provide recommendations concerning initiatives/activities proposed and implemented by the Center, related to workforce development and specialized continuing education and professional development. The Board assures alignment of these activities with the College mission, their timeliness, accuracy and quality of content, and the appropriateness/credentialing of persons engaging in these activities on behalf of the College in terms of their education/knowledge and/or experience; and 2) initiates and proposes workforce development and continuing education initiatives related to public health or other JCPH program areas that can be undertaken through CPHI in the name of the College and MPH program.

Jefferson College of Population Health Governance
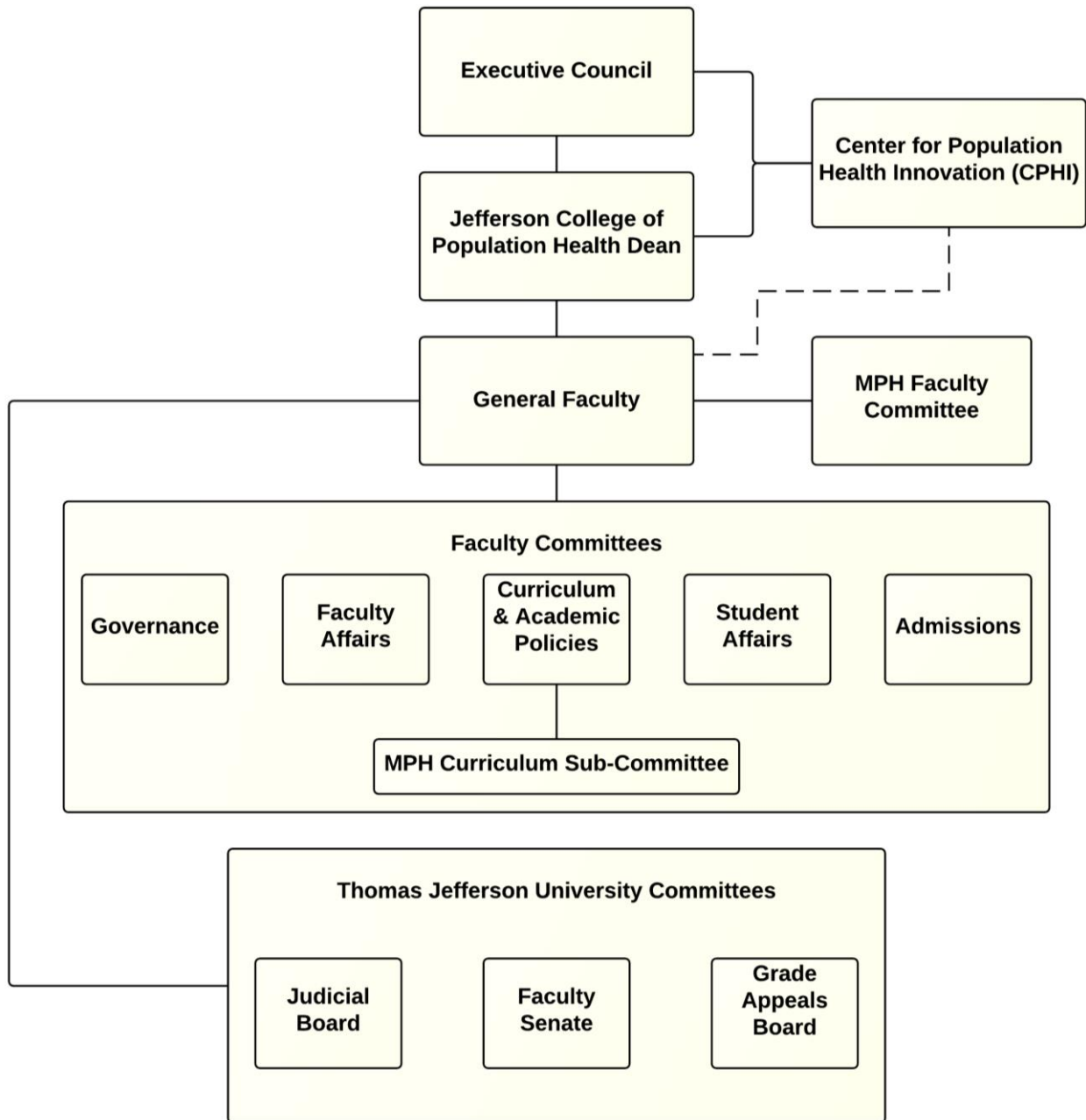
1.5.b Identification of how the following functions are addressed within the program's committees and organizational structure:

— **general program policy development**

— **planning and evaluation**

— **budget and resource allocation**

— **student recruitment, admission and award of degrees**

— **faculty recruitment, retention, promotion and tenure**

— **academic standards and policies, including curriculum development**

— **research and service expectations and policies**

General Program Policy Development

- All policies, general or academic, and all curriculum development related specifically to the MPH program originate with either the MPH Faculty Committee or the MPH Subcommittee of the Faculty Committee on Curriculum and Academic Policy (an item originating in the MPH Faculty Committee, for example, may be referred to the MPH Curriculum Subcommittee; an item originating in the MPH Curriculum Subcommittee may be referred to the larger MPH Faculty Committee before coming back to it).

- All MPH program/academic policy and curriculum items proceed from the MPH Subcommittee to the Committee on Curriculum and Academic Policy and from there to Executive Council. If an item (Capstone project rubrics or course evaluations, for example) has implications or applications to other JCPH programs, it will be submitted to the Academic Leadership Group for discussion before being referred to the appropriate Committee for development and implementation.

Planning and Evaluation

All planning for and evaluation of the MPH program, its policies and curriculum, are the responsibility of the MPH faculty under the leadership of the MPH Program Director working through the MPH Faculty Committee and MPH Curriculum Subcommittee. The Program Director, Associate Dean for Academic and Student Affairs, and Assistant Dean for Student Affairs also contribute to the planning and evaluation processes.

- MPH faculty recently evaluated several key areas within the MPH curriculum and subsequently made recommendations for modification; all of these items proceeded to the MPH Curriculum Subcommittee and to Executive Council as appropriate:

  o *Statistics competencies:* An evaluation determined that, for a generalist curriculum such as the MPH program, a course in introductory statistics should be maintained as a core requirement of the MPH curriculum rather than be designated a prerequisite for admittance into the program; a course in advanced statistics should be offered as an elective for those students wishing greater proficiency in this area. The entire content area of the statistics continuum – from introductory to advanced levels – was also reviewed to determine that statistics competencies being offered were appropriate to each level. Finally, the role and integration of statistical software (SPSS, SAS) into MPH statistics courses was reviewed and reassessed.

  o *Alignment of statistics, epidemiology and research methods courses:* An assessment and re-evaluation led to adjustments in the sequencing of these courses to achieve enhanced student learning outcomes.

- o *Reconsideration of content and design of course in program planning and evaluation:* Review and analysis determined that better student learning outcomes and achievement of competencies in the area of program planning and evaluation could be accomplished if the current course were reconfigured as a two-course sequence. This recommendation is currently under review by the MPH Curriculum Subcommittee and MPH Faculty Committee to finalize design of this new scenario.

- The **Academic Leadership Group** also participates in the planning and evaluation process and is frequently responsible for identifying additional areas or items for review, especially if they pertain to more than one program within the College. Examples include review and revision of student course evaluations; establishment of rubrics for Capstone Project evaluations; and design and implementation of student ePortfolios. Following review and discussion by the Academic Leadership Group, these items are forwarded to the Committee on Curriculum and Academic Policy or Committee on Student Affairs for further discussion, recommendation, approval and/or implementation.

- The MPH Program Director and Associate Dean review course evaluations each term and share them with the faculty. Issues related to a course or to an instructor are identified at this time and addressed as needed.

- The Assistant Dean for Student Affairs and MPH Program Director meet twice each term at noontime and/or evening Open Discussion forums with MPH students to gather information, from the students' point of view, about all aspects of the program.

Budget and Resource Allocation

As explained in [Criterion 1.3.c](), resources allocated to the College, and thus the MPH program, are determined during the University's annual budget process which is initiated by the Provost (usually in early February). The JCPH Dean and Finance Officer represent the College in these negotiations. The Dean submits a consolidated budget that represents the needed resources for all academic programs within the College, including the MPH.   Resources required for the MPH program are determined by the MPH Program Director in consultation with the Associate Dean and, because resources are often shared with other College programs, in consultation with the Directors of the other programs at a meeting of the Academic Leadership Group.

Student Recruitment, Admission and Award of Degrees

The MPH Program Director, working with the Associate Dean for Academic and Student Affairs, is responsible for establishing recruitment strategies for the MPH program. The Program Director also recommends appropriate marketing and/or advertising strategies that provide information for the budget process.

- The MPH Program Director and MPH faculty participate in campus Open House recruitment events, attend offsite recruitment fairs, and develop and deliver online information sessions ("webinars") for potential students; when available, students also contribute to these

recruitment sessions. The MPH program hosts both on campus and online information sessions at least six times per academic year (see MPH webinar here).

- Admissions requirements and standards for the MPH program are determined by the Committee on Curriculum and Academic Policy and its MPH Subcommittee (MPH Curriculum Subcommittee) and approved by the Executive Council.

    o Students are admitted to the MPH program via SOPHAS, the MPH common application system. Initial screening of applications is performed by the Admissions Coordinator and Assistant Dean for Student Affairs to assure eligibility based on MPH admissions criteria.

    o The Assistant Dean and MPH Program Director review MPH applications, including student essays and recommendations.

    o All potential students are interviewed (in person; by phone if distance is an issue) by the Assistant Dean.

    o The JCPH Admissions Committee has the final say on all applications. Decisions are referred to the University Office of Admissions for formal notification and processing.

The MPH Program Director and the Capstone Coordinator in cooperation with the Assistant Dean for Student Affairs and the Office of the Registrar verify all MPH candidates for the awarding of the degree.

Faculty Recruitment, Retention, Promotion and Tenure

See Criterion 1.8.1.iv for full Faculty Hiring Policy.

MPH Faculty are recruited in accordance with University policies and procedures (*ERF 1.5 Faculty Hiring*).

Advancement (promotion) of full-time MPH faculty is accomplished in accordance with established guidelines, policies and procedures of the College. Details are provided in Criterion 4.2.c.

Tenure: The MPH program has no faculty on the University's tenure track. Thomas Jefferson University reserves tenure for appointments that are research-prefixed (i.e., Research Associate Professor; Research Professor). All MPH faculty have non-prefixed appointments (i.e., Assistant Professor, Associate Professor, Professor).

Academic Standards and Policies, Including Curriculum Development

Academic Standards and Policies are the responsibility of the faculty through its Committee on Curriculum and Academic Policy. Action items originating here are forwarded to JCPH Executive Council for review and formal approval. Depending on its nature, (e.g., new academic program; faculty promotion), an item may be forwarded to the Provost/Board of Directors for final approval.

Research and Service Expectations and Policies

With respect to appointment and promotion, expectations concerning research and service are determined by the JCPH General Faculty through its Committee on Faculty Affairs (FAC) (see *ERF 4.2*

Faculty Handbook). Any additional or complementary expectations concerning research and service for the MPH faculty are decided by the MPH Faculty Committee. Policies and procedures concerning research are organized, developed and facilitated through the JCPH Faculty Committee on Research. The Faculty Committee on Research serves as the research liaison to other Colleges and divisions within the University (e.g., Office of Institutional Research; TJU Faculty Senate, etc.). It also mentors new or junior faculty with respect to their research and provides research development opportunities to MPH faculty. All MPH faculty are expected to establish research and service goals and to demonstrate their subsequent accomplishment as part of an annual faculty performance evaluation with the Associate Dean/Dean ([Criterion 4.2.c](#)).

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

A copy of the Jefferson College of Population Health bylaws are provided in *ERF 4.2 Faculty Handbook*. The Student Handbook is located in *ERF 1.5 Student Handbook*.

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

See *ERF 1.5 University and College Committee Membership*.

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

See *ERF 1.5 Student Roles in Governance*.

Student Participation within the Jefferson College of Population Health

In accordance with JCPH bylaws, students serve on several committees. Given that the MPH program is an on-site program, most of the students on these committees are MPH students.

- Curriculum and Academic Policy
    - MPH Curriculum Subcommittee
- Research
- Student Affairs
    - Example: Working with Committee faculty, students were instrumental in developing a survey to determine strengths and weaknesses of College and University communications with students. The Committee is now analyzing results to make recommendations for changes and/or improvements as needed.
- Faculty Advisory Board to Center for Population Health Innovation
- *Ad hoc* College Committees
    - MPH Accreditation Committee
    - Strategic Planning Academic and Student Affairs Subcommittees.

The **Student Association for Public Health Education (SAPHE)** (*ERF 1.5 SAPHE Bylaws)* provides an opportunity for MPH students to meet and address MPH issues as well as plan health-related community service activities such as clothing/food drives for a homeless shelter. SAPHE selects its own officers per established bylaws and meets monthly. It helps recruit MPH students to serve on College and University committees. Jennifer Ravelli, MPH, Assistant Dean for Student Affairs, serves as the advisor for SAPHE. While having roots in the MPH program, the organization is open to all Jefferson students.

Student Participation at the University Level

Through a combination of the **University Committee of Student Advisors (CSA)**, **University Academic Services Committee (UASC)***,* and the **University Student Affairs Committee (USAC)**, TJU has established a sophisticated committee structure to promote communication and collaboration across divisions and between students and administration. Like with College committees, most of the students that represent JCPH at these University committee are MPH students as they tend to be local.

- The **University Committee of Student Advisors (CSA)** was established in 1998 and serves as the recognized student organization for providing comprehensive student input across all academic divisions of the University. The CSA Mission Statement:

  The University Committee of Student Advisors (CSA) is comprised of student representatives from each of the academic divisions (Colleges) of Thomas Jefferson University (TJU) and administration from the University Offices of Financial Aid, Housing, Registrar, Tuition/Cashiers, JeffIT, Activities/Wellness Center, and Bookstore. Other members of TJU's administrative structure are invited to meetings on an ad hoc basis. CSA students serve as liaisons to assist the administration in disseminating important, helpful, and accurate information and in providing constructive feedback from their student colleagues."

- **University Academic Services Committee (UASC)** includes representatives from all academic and administrative divisions that provide infrastructure support for TJU's educational mission. Student volunteers from the University Committee of Student Advisors (see above) also serve on this Committee. The Committee meets monthly to share information across divisions and, as needed, review and amend administrative policies and procedures related to students. This standing Committee has proven valuable in disseminating information and in the development of proposed policies and procedures that are significant to multiple University divisions.

- The **University Student Affairs Committee (USAC)** established in the spring of 2013, brings together Student Affairs representatives from each College. The purpose of this Committee is to review, update, and develop policies and procedures related to student affairs for application within each College, thereby enhancing consistency across academic divisions.

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

This criterion is met with commentary

Although faculty governance, including student participation, has been in place since the College's inception in 2008 with respect to key functions such as faculty and student affairs, curriculum and research, the same has not been the case until recently for other college functions such as continuing education and workforce development. Historically, MPH/JCPH continuing education and workforce development initiatives were not included within the faculty governance structures of the College or the MPH program; faculty, including MPH faculty, did not have official input into or oversight of these functions, and there was no avenue for student participation. This state of affairs was noted in the self-reflection undertaken for the recent Middle States (MSCHE) accreditation visit (2014) and was reconfirmed during the Self-Study implemented for the current CEPH accreditation process.

This situation was a result of the history of the College's formation and reflected the College's need to deal with more pressing concerns during its start-up phase. Upon its establishment in 2008, the MPH program was relocated from the College of Graduate Studies (now College of Biomedical Sciences), its original home, and into the new College (then School) of Population Health. In addition, all former continuing education and workforce development activities of Jefferson Medical College's Department of Health Policy were transferred to the new school. These highly successful activities (conferences, continuing education programs, journals, etc., see Criterion 3.3) came with their own staff and organizational structure.

Because the College of Population Health is less than a decade old, the initial years of its establishment were spent in building faculty, developing appropriate academic programs, and integrating the MPH program into the structure and governance of the larger College. Because the continuing education and workforce development initiatives, in place for at least two decades, were well-planned and well-directed, there was no immediate need at that time to divert time and effort to their restructuring or incorporation into the faculty governance structure. However, now that the College is well established and the MPH program has been fully integrated into the College's life and mission, the need to integrate the continuing education and workforce development functions into the organizational structure of the College through faculty governance became increasingly apparent. Faculty input and oversight is required to assure convergence with the College and MPH missions; to assure quality and appropriateness of all initiatives; and to improve communications among key aspects of the College. This is especially important because of the impact of these initiatives on the College's budget and budgeting process and in light of the University's recent MSCHE accreditation visit.

To address this matter, senior College leadership (Dean, Associate Deans and Director of Finance) met November 23, 2015 to discuss a new governance model for the College with respect to continuing education and workforce development. Discussions were subsequently organized through the Committee on Faculty Affairs with participation of all JCPH faculty on December 8, 2015. These discussions resulted in a proposal to house these activities within a new **Center for Population Health Innovation (CPHI)** that is formally incorporated into the College's governance structure through a Faculty Advisory Board that reports to the Dean through JCPH Executive Council. This arrangement assures faculty and student involvement in all continuing education and workforce development initiatives of the College. The proposal was ratified by Executive Council on March 16, 2016. More specifically,

- The Faculty Advisory Board consists of seven members: four full-time JCPH faculty, the Associate Dean for Academic Affairs, and at least two JCPH students/alumni. Full-time faculty serving on the Advisory Board must represent a variety of JCPH academic programs, but at least two must be MPH faculty.

- The responsibilities of the Faculty Advisory Board are to

  1. Review and provide recommendations concerning new and existing initiatives/activities proposed and implemented by CPHI, especially, but not limited to, items related to workforce development and specialized continuing education/professional development.

     - The Advisory Board's review and recommendations with respect to CPHI activities and initiatives will focus primarily on alignment with the College mission; timeliness, accuracy and quality of content; and appropriateness/credentialing of persons representing the College in terms of their education/knowledge and/or experience.

- Initiate and propose workforce development and continuing education initiatives related to public health or other JCPH program areas that can be undertaken through CPHI in the name of the College and/or MPH program.

- The Faculty Advisory Board meets five times per year in the months prior to scheduled meetings of Executive Council; specifically, the Advisory Board meets in June or July or August; October; December; February; and April.

- The Faculty Advisory Board forwards it findings and recommendations as a formal report requiring action to Executive Council for final approval. (Executive Council meets five times per year on the second Wednesday of every month, September, November, January, March and May and by special arrangement should the need arise).

- The Associate Dean for Strategic Development, who serves as the Executive Director of the Center, is responsible for submission of all information and materials to the Faculty Advisory Board.

- Minutes are kept for all Faculty Advisory Board meetings and are submitted to Executive Council along with the Board's formal report. Minutes of Executive Council, including the Advisory Board's formal report, are forwarded to the Provost's Office for referral to the Board of Trustees.

Strengths

- Since the College's inception, solid structures have been in place for faculty governance with respect to faculty and student affairs, curriculum and research and for student participation within these structures. The establishment of the Center for Population Health Innovation and its JCPH Faculty Advisory Board brings key functions of continuing education and workforce development within the College governance structure for the first time.

Challenges

- The introduction of the Center for Population Health Innovation and its incorporation within the College governance structure via the Faculty Advisory Board will most likely present fits and starts common to most new initiatives or start-ups.

- In reviewing student participation in the College and MPH governance process, the Self-Study revealed that JCPH and the MPH program governance structures mandate and encourage student participation, but that, in fact, it has often been difficult to recruit MPH students to serve on committees and, if recruited, to maintain their actual participation.

  By design, the Jefferson MPH program is small in size (35-45 new admissions per year) and, from its inception, has been configured as a part-time program catering to working adults with the vast majority of courses being offered in the evenings. The small size reduces the pool of potential participants, and the fact that so many MPH students work full- or part-time reduces their availability and willingness to serve on committees. The scheduling or timing of committee meetings is also an issue: if meetings are scheduled during the day, working students cannot readily attend; if meetings are scheduled in the evening, most students can't attend because they are in class. The result is that oftentimes, because of their availability and willingness, the same handful of students is asked to serve on multiple committees – which, in turn, makes participation burdensome in terms of their time and effort.

  Recently, as the MPH program continues to recruit more *One Year Plus* students (i.e., full-time students who complete all MPH coursework across three terms in one academic year) it has become easier to recruit interested and available students. The good news is that more students are available to serve, but the downside is that they on campus for only one year, and thus new students must be recruited and re-oriented each year. The establishment of the Assistant Dean for Student Affairs as a full-time position has also helped with the recruitment and retention of student volunteers.

Plans for the Future

- The Associate Dean for Academic and Student Affairs will annually assess and maintain data with respect to the involvement of faculty and students in the review and initiation of continuing education and workforce development initiatives of the new Center for Population Health Innovation.

- The Assistant Dean for Student Affairs in conjunction with the Committee for Student Affairs will undertake a formal study of student participation in College governance with the aim of determining ways in which student participation can be enhanced.

Criterion 1.6 Fiscal Resources

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

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

Funding for the MPH program comes from Jefferson College of Population Health revenues that include MPH tuition and fees, MPH faculty grants and indirect recoveries, and University-provided scholarship funds earmarked for the MPH program. The College receives no government appropriations.

These funds pay for MPH faculty and staff salaries and benefits; student support (scholarships); travel and conferences; and general operating expenses. General operating expenses include faculty development; student support other than scholarships; teaching supplies; office supplies; books/periodicals; copyright fees; SOPHAS dues and other membership fees for faculty and students; repairs and maintenance; technology expenses; audio-visual fees; printing of program brochures and other promotional materials; general administrative expenses; and, until 2014, marketing and advertising expenses for the MPH program.

As indicated in the Criterion 1.6.b, MPH tuition and fee revenues adequately cover MPH expenses.

At the end of the fiscal year, all excess funds are allocated to the University.

1.6.b   A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. See CEPH Data Template 1.6.1.

Table 1.6.1 Sources of Funds and Expenditures for the MPH Program by Major Category, 2009 to 2015

	Year 1 2009-2010	Year 2 2010-2011	Year 3 2011-2012	Year 4 2012-2013	Year 5 2013-2014	Year 6 2014-2015
Source of Funds						
Tuition & Fees	$876,480	$1,194,900	$1,482,894	$1,711,308	$1,177,458	$1,338,399
University Funds[29]	--	--	--	--	$27,000	$52,333
Grants/Contracts	$25,804	$77,712	$134,746	$133,392	$114,853	$107,229
Indirect Cost Recovery	$6456	$14,827	$41,086	$42,457	$35,032	$29,715
Total	$908,740	$1,287,439	$1,658,726	$1,887,157	$1,354,343	$1,527,676
Expenditures						
Faculty Salaries & Benefits	$248,385	$291,741	$307,998	$472,813	$483,785	$537,689
Staff Salaries & Benefits	$197,842	$262,150	$271,608	$290,102	$225,382	$255,019
Operations	$67,400	$74,000	$80,660	$88,440	$78,655	$60,927
Travel	$2900	$6000	$8400	$8778	$6639	$10,806
Student Support	$2400	$28,000	$30,000	$25,000	$27,000	$52,333
Total	$518,927	$661,891	$698,666	$885,133	$821,461	$916,774

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[29] University Funds are scholarship funds.

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

This section does not apply to the JCPH MPH program.

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

Table 1.6.2 Outcome Measures Related to Fiscal Resources

	Outcome Measure	Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
			INSTRUCTION GOAL			
FACULTY	Enhance instructional viability through recruitment of new full-time faculty in core areas of public health (e.g., epidemiology; biostatistics; behavioral health theory)	Increase full-time MPH faculty to at least five .5 FTEs (1.6.d; 1.7.i; 4.1.d)	4 **NOT MET**	5 **MET**	5 **MET**	5 **MET**
PROGRAM	Increase availability of merit scholarships for top MPH applicants	20% of newly enrolled MPH students will receive partial merit scholarships (1.6.d; 4.3.f)	**N/A**[18]	**N/A**[18]	29% **MET**	**TBD**[10] (July 2016)
PROGRAM	Increase full-time student enrollment.	Increase the number of Fall *One Year Plus* enrollees by 5% every year (1.6.d)	5[19]	4 **NOT MET**	10 **MET**	24 **MET**
			RESEARCH GOAL			
PROG	Provide support to students for public health-related scholarship opportunities.	Increase financial support to allow students to disseminate scholarship (1.6.d; 3.1.d)	$500.00[19]	$1,246.50 **MET**	$3,569.85 **MET**	**TBD**[10] (June 2016)

There were no outcome measures related to fiscal resources under the Service Goal.

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

This criterion is met.

Strengths

- Thomas Jefferson University is unequivocally supportive of the Jefferson College of Population Health, the first of its kind in the nation. The College's establishment in 2008 was the result of a multi-year strategic planning process that determined that the future of the University as a leading national academic health center depended upon moving the institution in the direction of public and population health.

    The Jefferson College of Population Health is fully supportive of the MPH program. As explained in the Introduction to this Self-Study, public health principles and practice are fundamental and integral to population health. Thus, the identity and integrity of the Jefferson College of Population Health clearly relies on the strength of its MPH program.

- The University has supported the MPH program through the establishment of scholarship funds specifically earmarked for MPH students. These funds have been increasing by 35-50% yearly since 2013.

- As an additional indicator of its support, in 2014 the University moved marketing and advertising operations to a centralized office and provided additional staffing and funding for these efforts. Previously, marketing and advertising were dependent solely on College funds and was a major item of the College budget.

- MPH tuitions are able to cover MPH expenditures.

- The JCPH MPH program maintains affiliation and/or articulation agreements with other institutions (Bryn Mawr College, Rutgers University, Franklin & Marshall, Dickinson College, Widener University, Philadelphia College of Osteopathic Medicine, among others) that assures applications from these institutions.

Challenges

- Competition for students is considerable – for two reasons:

    o Because it is a specialized institution (i.e., academic health center), Jefferson is not as well known nationally as comprehensive universities or colleges. Nationally, brand recognition remains spotty. Students cannot consider Jefferson if they are not aware of us.

    o Since, as a private entity, JCPH, and thus the MPH program, receives no government funding or appropriations, its tuition rate is comparatively higher than that of publicly subsidized institutions. Also, because it incurs additional expenses as part of a large academic health center, its tuition rate often cannot compete with that of MPH programs at smaller colleges. Hence, cost remains a deterrent in attracting students.

Plans for the Future

- MPH leadership is currently working with the University Office of Institutional Advancement to develop a comprehensive strategic development plan that includes a major emphasis on student scholarships.

- MPH Program leadership continues to develop additional affiliation/articulation agreements with qualified institutions (e.g., Albright College, Cedar Crest College, Philadelphia University, and Mount Aloysius College). The goal is to earmark an MPH scholarship for each institution.

Criterion 1.7 Faculty and Other Resources

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

Jefferson College of Population Health has a unique faculty composition with respect to its MPH program:

- JCPH employs 12 full-time faculty, six of whom are primary MPH faculty, i.e., 50% - 100% of their time and effort is assigned to the MPH program.

- An additional JCPH full-time faculty member permanently devotes 35-40% of his time/effort to the MPH program; additional full-time JCPH faculty, trained in public health, are available to serve as student mentors and Capstone Advisors.

- The MPH program has a special relationship with the Department of Family and Community Medicine (DFCM) of Sidney Kimmel Medical College (SKMC). Three full-time faculty of this Department regularly teach in the MPH program; two of them have been associated with the program since its inception in 2002. Because they are full-time Jefferson faculty, they are considered Affiliated faculty.

- The MPH program employs part-time (adjunct) faculty for specialized courses. In the past three years, 5 – 10 instructors have served in this capacity (down from 20-22 in years prior to 2012). This is in keeping with MPH program goals to increase the proportion of courses taught by full-time JCPH or Affiliated faculty.

1.7.a   A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.

Table 1.7.1 Headcount of Primary Faculty

	2013-2014	2014-2015	2015-2016
General	**5**	**5**	**6**
	Chernett	Chernett	Leader
	Leader	Leader	McAna
	McIntire[30]	McIntire	McIntire
	Romney	Romney	Ravelli[31]
	Simmons	Simmons	Romney
			Simmons

1.7b   A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the

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[30] Effective Spring 2014

[31] Effective Spring 2016

following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (nonprimary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including 9 other faculty. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations.

Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in Criteria 4.1.a. (Template 4.1.1) and 4.1.b (Template 4.2.2).

Table 1.7.2a Faculty, Students and Student/Faculty Ratios by Department or Specialty Area **Spring 2016**

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area **Spring 2016**										
	HC Primary Faculty	FTE Primary Faculty	HC Non-Primary Faculty[32]	FTE Non-Primary Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
General	**6** Leader McAna McIntire Ravelli[33] Romney Simmons	**5.05** 0.5 0.75 1.0 0.8 1.0 1.0	**5** JCPH Delgado Affiliated LaNoue Other Barth Pepino	**0.90** JCPH 0.4 Affiliated 0.14 Other 0.12 0.24	**11**	**5.95**	**67**	**23.11**	**4.58**	**3.88**

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[32] Non-primary faculty include JCPH (full-time JCPH employees who devote < 0.5 FTE to the MPH program), Affiliated (full-time TJU employees) and Other faculty (non-TJU employees)

[33] Spring 2016 is the first semester that Jennifer Ravelli, MPH has faculty status. All other years she is counted as staff.

Table 1.7.2b Faculty, Students and Student/Faculty Ratios by Department or Specialty Area **Spring 2015**

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area **Spring 2015**										
	HC Primary Faculty	FTE Primary Faculty	HC Non-Primary Faculty	FTE Non-Primary Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
General	**5**	**4.5**	**4**	**0.80**	**9**	**5.3**	**45**	**16.56**	**3.68**	**3.12**
	Chernett	1.0	JCPH	JCPH						
	Leader	0.5	Delgado	0.4						
	McIntire	1.0	Affiliated	Affiliated						
	Romney	1.0	LaNoue	0.16						
	Simmons	1.0	Other	Other						
			Barth	0.12						
			Poe	0.12						

Table 1.7.2c Faculty, Students and Student/Faculty Ratios by Department or Specialty Area **Spring 2014**

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area **Spring 2014**										
	HC Primary Faculty	FTE Primary Faculty	HC Non-Primary Faculty	FTE Non-Primary Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
General	**4**[34]	**3.5**	**6**	**1.02**	**10**	**4.52**	**21**	**15.89**	**4.54**	**3.52**
	Chernett	1.0	JCPH	JCPH						
	Leader	0.5	Delgado	0.4						
	Romney	1.0	Affiliated	Affiliated						
	Simmons	1.0	LaNoue	0.14						
			Other	Other						
			Barth	0.12						
			Patel	0.12						
			Pilling	0.12						
			Pepino	0.12						

For **Primary and JCPH faculty**, FTE is calculated based on salary. The percent of salary contribution from the MPH program determines faculty FTE for the MPH program.

For **Affiliate and Other faculty**, FTE is calculated based on the number of courses taught and the number of Capstone projects the faculty member chairs in that academic year. For every course a faculty member teaches, their FTE is 0.12 (if co-taught, instructors have 0.06 FTE each). An additional 0.02 FTE is added if an instructor acts as Capstone Chair for a student that graduated in that academic year (if co-chair, instructors have 0.01 FTE each).

For **students**, 1 FTE = 1 student taking 9 or more semester-credits per semester.

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[34] Russell McIntire, PhD, MPH was hired during the Spring 2014 semester but didn't begin teaching until the Summer 2014 session.

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

MPH Program Administration & Staff	FTE
Associate Dean for Academic and Student Affairs	.3
Admissions Coordinator	.5
Academic Projects Coordinator	.4
Administrative Assistant	.4
Total FTE	1.6

Please note that four administrative positions are held by faculty members:

- Assistant Dean for Student Affairs (Jennifer Ravelli)

- Program Director (Robert Simmons)

- Clerkship Coordinator (Jennifer Ravelli)

- Capstone Coordinator (John McAna)

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

Office Space

The administrative and faculty offices of the Jefferson College of Population Health and its MPH program are located in the *901 Walnut Street Building*, an 84,000 sq. ft. new construction facility completed in 2012 specifically to house the Colleges of Population Health, Health Professions, Pharmacy, and Nursing, and key academic offices of the University. JCPH and the MPH program occupy the entire 10th floor of this eleven story building as well as more than half of the 10th floor of the adjoining 23-story Edison Building, a 1920's structure that was also totally renovated in 2012 to provide additional office and classroom space for the MPH program. In addition to office space for faculty and staff, JCPH headquarters include three conference rooms of various sizes; an adjunct training room; photocopying and file rooms; and kitchen and waiting area. Because JCPH currently has excess capacity in the office space at its disposal, it is currently "subletting" its unused rooms to other units of the University.

Classroom and Study Space

Since the previous CEPH visit, the University has invested heavily in new construction for and renovation of classroom and study space. All of these areas are used by the MPH program.

- The *Dorrance H. Hamilton Building* (135,000 square feet) opened in fall 2007. The Hamilton Building contains a building-wide audiovisual distribution system, 38 rooms with installed equipment, and video conferencing and automated lecture recording capability. The first floor of Hamilton contains a state-of-the-art 300-seat auditorium and is supplemented by small group teaching rooms on the second floor. The project's construction also created the Sidney and Ethal Lubert Plaza, adding a 1.6 acre park-like open space in the heart of the TJU campus for the benefit of students, faculty, staff and visitors.

- Since 2008 the University has invested approximately $2 million per year in upgrading classrooms as part of an ongoing *Classroom Renewal Project* (see *ERF 1.7 Classroom Renovation Report*). A committee with representatives from facilities and academic affairs was formed to assess the condition, level of technology and appropriate size of existing classrooms to establish a continuous program of renewal to ensure that the teaching environment is "fresh" and meets the needs of faculty and students. The outcome of the initial assessment was an estimated steady state budget of $2 million per year. The committee continues to meet and make decisions each year as to how to best utilize the funding in support of this mission (see a complete list of classroom renovations in *ERF 1.7 Complete List of Classroom Renovations*). Some specifics:
  - In spring 2013, ten new group study rooms were built in Scott Memorial library following direct input from Jefferson students.
  - In 2014-2015, Jefferson Alumni Hall (JAH), originally built in 1968, underwent extensive renovations.
    - Two large and three smaller lecture halls were added.
    - The Learning Resource Center (computer labs) was relocated from the Edison Building to new high-tech space on the Mezzanine (see Criterion 1.7.f).
    - Fully half of JAH research space was reconstructed, along with relocation of the Gross Anatomy Dissection educational lab into a new state-of-the-art facility.
    - The JAH entrance and public areas were reconstructed to include new elevators to replace antiquated escalators, new entrance to provide ADA access, new entrance lobby with security enhancements and upgraded dining and event space.
  - Additional classrooms in the Curtiss, College and Edison Buildings were renovated and reconfigured to accommodate classes of various student sizes, from 8-10 to 30-40.

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

Not applicable to JCPH MPH program.

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

The University's Scott Memorial Library (see Criterion 1.7.g) manages a variety of computer spaces ("computer classrooms") for use by faculty and students. Faculty and staff may reserve the computer classrooms for use in courses, workshops and conferences. When unreserved, students may use the classroom computers on a first-come, first-served basis. In 2011 existing computer labs in the Edison Building were relocated to renovated space in Jefferson Alumni Hall (JAH). The new space opened in the summer of 2011 and consists of two 40-seat computer stations that can be used separately or combined into a large 80-seat room. Adjacent to this space is a video-editing suite for faculty and student use.

This space contains hardware to copy and edit recordings as well as specialized development applications such as Adobe Captivate and TechSmith's Camtasia applications.

All computer classrooms in *ERF 1.7 Wireless Access* include wireless access and LCD projectors.

In addition to the listed computer classrooms, dozens of computers are available on a first-come, first-served basis on all four floors of Scott Memorial Library. Most Library computers use Windows; all are served by printers and include access to the Internet and MS Office software.

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

Center for Teaching & Learning

Thomas Jefferson University is committed to providing the highest quality library and other educational resources to fully support the education and research missions of the institution. Toward this end, following a multi-year research and planning process, library/information and learning resources were restructured in 2013-2014 within a new University division, the Center for Teaching & Learning (CTL). The new Center replaced the former AISR (Academic and Instructional Support Services) and incorporated Scott Memorial Library within its structure.

The mission of the **Center for Teaching & Learning (CTL)** is to promote teaching excellence and effective student learning through the use of advanced education techniques, effective information technologies, and models of best practices in order to foster creativity, collaboration, and innovation. The Center provides service to all Jefferson faculty, staff, and students, helping each achieve their goals in class and in practice. More specifically, CTL:

- Serves as a central location for faculty, staff and students to access teaching and learning resources and services at Jefferson.

- Offers workshops and lectures on evolving educational theories, new methods of instruction and educational technologies. To help develop new skills and create engaging learning materials, CTL has software design studios, presentation practice rooms, and meeting spaces for learning communities.

- Provides services that include instructional design, graphics and medical illustration, medical writing, software development, photography and video production.

- Provides staff to work with faculty individually to build optimal educational experiences for learners, to create presentations, and to help with writing of manuscripts (see *ERF 1.7 CTL Service*).

Scott Memorial Library

- **Books**: Historically the nation's research libraries have used the number of physical volumes held as a measure of worth. As an academic health university, Thomas Jefferson University has to have one foot in the University's research endeavors and one foot in the real world demands

of an urban health care center. The University's range of activities requires a combination of historical research materials along with point of care resources used in the delivery of patient services. TJU has a policy of purchasing a copy of every required textbook for its courses. If an e-book version is available, a copy of that is acquired as well to provide more efficient access for students. The collection includes approximately 72,000 books and over 1,000 electronic books (*ERF 1.7 Scott Memorial Library Collection*). The collection development policy is available at https://library.jefferson.edu/find/recommend_policy/intro.cfm.

- **Journals**: For the past several years the library has converted much of its bound journal collection to an electronic format. Of all current journal subscriptions, over 5,000, are electronic (*ERF 1.7 Scott Memorial Library Journals*). The remaining 2,094 bound collections consist of items that are not available electronically, or where the cost for acquiring the electronic version has been prohibitive. The collection development policy for journals elaborates on the decision process for acquiring new subscriptions as they represent an ongoing operating budget expense and one that regularly increases.

Educational Technology Advisory Group

The University's Educational Technology Advisory Group (ETAG) advises Jeff IT on educational technologies for use in the classroom or via the University's networks. ETAG (*ERF 1.7 Educational Technology Advisory Group*) includes a representative from each of the Colleges at Jefferson along with members of CTL's Educational Services and Learning Resources divisions, and Jeff IT's Customer Service and Administration. In 2011, this group managed the selection of the University's new Learning Management System (LMS) in response to the discontinuation of the then-current system (Blackboard 8). After careful evaluation, the group recommended the adoption of Blackboard Learn, which was ultimately approved and implemented in Fall 2013.

Student IT Services

Jeff IT works with student representatives from the College Student Governance and Advisory Groups and the University Committee of Student Advisors (CSA) (see Criterion 1.5.e) to appropriately allocate resources and meet student needs. For example:

- In 2009 students requested additional email storage beyond their 100mb quota, with some students asking to use the Google Gmail service instead of Jefferson's email (*ERF 1.7 Jefferson Student Email*). As a result, all students were migrated to Gmail but under a branded, Jeff IT managed service using their existing domain and user names. Storage was increased to nine gigabytes.

- Jeff IT made a priority of providing wireless networking coverage for student areas on campus, most recently totally replacing the outdated wireless in the dormitories with state-of-the-art 300mbps service.

- As a result of student requests for a more convenient location for IT support, in 2014 the student IT support center was relocated from its cramped location in the Edison building to the 2nd floor of the Scott Library, which provides a more convenient location for students.

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

This is not applicable.

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

Table 1.7.3 Outcome Measures Related to Faculty and Other Resources

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
INSTRUCTION GOAL						
FACULTY	Enhance instructional viability through recruitment of new full-time faculty in core areas of public health (e.g., epidemiology; biostatistics; behavioral health theory)	Increase full-time MPH faculty to at least five .5 FTEs (1.6.d; 1.7.i; 4.1.d)	4 **NOT MET**	5 **MET**	5 **MET**	5 **MET**
		Maintain maximum student/faculty ratio by headcount of 8 to 1 (1.7.i; 4.1.d)	2.69 **MET**	3.00 **MET**	3.88 **MET**	6.09 **MET**
PROGRA	Promote students' self-directed learning through tools such as self-assessments and ePortfolios	Introduce ePortfolio template and accompanying training module to students by the 2014-2015 academic year (1.7.i)	**N/A**[27]	**N/A**[27]	Students introduced **MET**	Students trained **MET**

There are no outcome measures related to faculty and other resources under the Research Goal or the Service Goal.

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

This criterion is met.

Strengths

Faculty and Staff

- The MPH program has sufficient faculty and staff to maintain a low SFR. The hiring of two new full-time faculty (an epidemiologist and a behavioral/health science specialist) specific to the MPH program and the hiring of an additional JCPH full-time faculty member at 40% time-effort to teach research methods has significantly strengthened faculty resources with respect to the MPH program and hence the quality of its instruction.

- The exceptionally close and permanent collaboration of JCPH's MPH program with the Department of Family and Community Medicine (DFCM) of Sidney Kimmel Medical College (SKMC) provides additional full-time Jefferson faculty to serve as instructors for MPH courses and advisors/chairs for Capstone Projects. In addition to other graduate degrees, many DFCM faculty are credentialed in public health (MPH) and bring extensive experience in public health practice.

- The creation of a new position, Assistant Dean for Student Affairs, consolidates MPH student advising and clerkship oversight into one person whereas previously these functions had been fragmented.

Space/Technology/Information Resources

- The University is committed to meeting the space, technology, and information resource needs of students, faculty and staff. This commitment is seen in its mission-based financial planning that includes the development of both an operating and capital budget that reflect the allocation of financial resources to best support these needs. The space planning and capital budget processes include senior level representation of all TJU academic and administrative divisions. These divisions are represented by their leadership in the Core Space Planning Committee and/or its space planning subcommittees. All academic and administrative divisions, therefore, have a voice in the process, the ability to identify space needs, and to make a case for why their capital budget needs should be a funding priority.

- This financial commitment has resulted in the construction of two new buildings, one for instruction (Hamilton) and one for academic and administrative office space (901 Walnut); the renovation of classroom and study space in key instructional buildings – Jefferson Alumni Hall, Edison, College and Curtis; and the renovation and addition of computer classrooms in Scott Memorial Library.

- The restructuring of academic instructional support and library services into a new, full-funded entity, the Center of Teaching and Learning, complete with additional staffing, has expanded and stream-lined services for students, faculty and staff.

- The introduction of ePortfolios is seen as a "modern" way to introduce students to the importance of self-evaluation, assessment and career development.

Challenges

- The MPH program has an open faculty position in biostatistics that has not yet been filled. This core area has relied on part-time (adjunct) or Affiliated faculty.

- The distribution of Capstone Project Chairs across the full-time faculty is lopsided, with some faculty chairing many Capstone Committees, and others very few. This is due largely to student selection, but impacts the instructional workload and availability of faculty.

- While the number of full-time and Affiliated MPH faculty is currently sufficient for the number of students enrolled in the MPH program, this state of affairs will not continue if MPH program enrollments increase (as is currently the case) and as more students opt for full-time rather than part-time study (which is also is the case). This could put a strain on faculty resources.

Plans for the Future

- Add additional full-time biostatistician to the MPH core faculty. The search has been prolonged because of the decision to find a competent statistician who also excels at teaching this complex subject. The addition of a full-time statistician to the MPH core faculty would not only fill a need in this area, but would provide additional full-time faculty to chair Capstone Projects.

- Monitor the workload of the Clerkship and Capstone Coordinators with the intention of moving these positions to full-time status as student enrollment increases.

- Review the process by which students' Capstone Chairs are selected

Criterion 1.8 Diversity

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

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

i.   **Description of the program's under-represented populations, including a rationale for the designation.**

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

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

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

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

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

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

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

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

1.8.a.i Description of program's under-represented populations including rationale for this designation

The MPH program follows the University designation for under-represented populations with respect to race and ethnicity as provided by the Association of American Medical Colleges (AAMC) and has also adapted the designation to reflect the reality of the Philadelphia metropolitan area:

For the purposes of focus in its student recruitment, admissions and retention practices, the MPH program will give special emphasis to the recruitment of racial and ethnic groups that are underrepresented in public health, medicine and health professions in general (URM). URM students are those that self-identify as Black or African-American, Native American or Alaska Native, Native Hawaiian/Other Pacific Islander (OPI), Cuban, Mexican American, Puerto Rican, Other Hispanic, Multiple Hispanic, or Multiple Race that includes one of the aforementioned groups. Additionally, based on the demographics of Philadelphia and Pennsylvania and the corresponding ethnic breakdown of public health workers, JCPH/MPH widened the definition of URM to include people of Vietnamese descent.

1.8.a.ii List of goals for achieving diversity and cultural competence within the programs, and description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity

MPH goals for achieving diversity and cultural competence mirror those of the University and are fully consistent with the University's mission, strategic plan and other initiatives on diversity, namely, to develop the nation's culturally competent public health leaders and practitioners of tomorrow by:

- Incorporating cultural competence perspectives into as much of the curricula as possible by 2017. See Criterion 1.8.b for MPH progress on this goal.

- Increasing MPH program's ability to attract, matriculate and retain diverse students.

- Increasing MPH program's ability to attract, retain and advance diverse faculty (*ERF 1.8 University Strategic Plan for Diversity and Inclusion*)

JCPH/MPH Program Plan for Diversity and Inclusion

Area of Focus	Priorities
Overall	Review campus-wide Climate Survey[35] as it pertains to the MPH program Work with Registrar and Office of Institutional Research (OIR) to create accurate data base of diversity metrics for MPH faculty, students and staff Implement University's standardize diversity recruitment/retention policies Work with University initiatives to develop, implement and participate in applicable pipeline programs to enhance opportunities for URMS to enter careers in public health; establish clear targets and metrics to track progress
Student Life/ Recruitment	Encourage MPH student participation in diversity and cultural activities and programs across campus Establish robust scholarship program for URMs Continue enhancement of MPH courses through inclusion of cultural competencies
Faculty	Implement University's standardized diversity recruitment/retention policies Obtain national and regional benchmarks to establish faculty recruitment objectives Develop enhanced mentoring program to meet needs of diverse TJU faculty

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

The MPH program adheres to the University's strong commitment to a climate free of harassment and discrimination and values the contributions of all forms of diversity. This is reflected in several key University policies that are posted on the Jefferson website via the Colleges' Student Handbooks (http://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-

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[35] Campus-wide survey conducted in 2014. See *ERF 1.8 Campus Climate Survey*.

handbooks/college-handbooks.html). These policies apply to all of Jefferson's students, employees, faculty and applicants. All such individuals are both protected under and restricted by these policies.

Conduct prohibited by these policies is unacceptable in any academic, clinical or workplace setting or in any work-related setting outside the workplace, such as during off-site presentations or seminars, clinical rotations, class meetings, extra-curricular activities, or social activities related to TJU or with TJU students (see *ERF 1.8 Anti-Harassment and Discrimination Policies*).

- Policy on Equal Opportunity
- Policy Prohibiting Sexual Harassment
- Policy on Other Forms of Harassment
- Policy on Retaliation
- Sanctions for Violations of These Policies

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

The MPH program adheres to the University's **Policy on Diversity** which is intended to support a climate for working and learning in a diverse setting (*ERF 1.8 Policy on Diversity*).

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

As indicated in Criterion 1.8.b, the MPH program already maintains and regularly enhances a curriculum and programming that address and build competency in diversity and cultural considerations.

- The MPH Program offers an elective course devoted to cultural humility and competency (*PBH* 515).
- Diversity/cultural competency components are contained in all appropriate courses.
- MPH clerkship opportunities, Capstone projects, and service learning activities in the greater Philadelphia region also incorporate diversity and cultural considerations. Examples of service learning activities incorporating cultural competencies can be found in MPH courses in *Health Research Methods (PBH 510), Advanced Epidemiology* (*PBH 606)* and *Program Planning and Evaluation (PBH 520*). These projects involve working with URMs through organizations such as the Maternity Care Coalition, the Public Health Management Corporation and the Health Promotion Council, and other community organizations serving URMs in zip codes abutting Thomas Jefferson University and Hospital.

MPH students and faculty are encouraged to engage **University-wide programming**. These activities demonstrate implementation of campus-wide plans and policies that address and build competency in diversity and cultural considerations.

- In cooperation with the University Office of Diversity, Inclusion and Community Engagement (ODICE) and the University Office of International Affairs (OIA), the University Student Activities Office offers a full program of events each year recognizing diversity and promoting cultural

awareness. Programs celebrate Latin Heritage, Lesbian-Gay-Bisexual-Transgender History, Native American Heritage, Black Heritage, Women's History, Diversity, and International Education *(ERF 1.8 List of Diversity and Cultural Awareness Programming).*

- In addition to the above cultural programming, ODICE has established educational programs and activities throughout the TJU community that promote cultural awareness and sensitivity while addressing issues of diversity. The aim is to provide students with a cooperative, safe and supportive environment. These programmatic activities serve to enhance the educational experience of all students and faculty at TJU. Two permanent programming initiatives that speak directly to the University's commitment to diversity and inclusion are **DIMES** (Diversity, Inclusion & Multiculturalism in Educating Students) and the **Diversity Council.** MPH students participate in both of these programs. Information on DIMES and the Diversity Council can be found *in ERF 1.8 DIMES and Diversity Council*.

- The Student Activities Office works closely with and funds the following organizations: the Diversity Council, Student National Medical Association, Jefferson Latino Medical Student Association, Jefferson Southeast Asian Medical Student Association, Jefferson Medical Interpreters, Asian 137 Pacific American Medical Student Association, Hawaii and Native American Medical Student Society, Jefferson Muslim Association, Jefferson LGBTQ Society, and International Medicine Society.
    - *Note:* although many of these organizations have *medicine* in their title for reasons related to their historic origin, they are campus-wide organizations open to students of all Colleges and programs, and their respective memberships reflect this variety. Active University promotion of these programs ensures a large turnout in all initiatives *(ERF 1.8 University Promoted-Student Organizations and Activities*).

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

Policies

The MPH program is strongly encouraged to adhere to Thomas Jefferson University's **detailed policy** with respect to recruitment, development, promotion and retention of a diverse faculty. The complete policy can be found in *ERF 1.8 MPH Faculty Hiring Policy for Diversity & Inclusion*, but its components are summarized here:

1. Planning/Preparation for search
    a. Assessment of College with respect to strategic plan for faculty recruitment with respect to diversity
    b. Approval to Initiate Recruitment and Execute Search Plan
    c. Establish a Search Committee
2. Search and Search Plan
    a. Identification of professional networks, websites, publications, professional associations and personal contacts
    b. Level of Search
        i. Search Waiver

    ii. Limited Search

    iii. Standard Search

    iv. Enhanced Search

  c. Third Party Search

3. Position Announcement – Posting/Advertisements

4. Candidate Evaluation and Selection

  a. Evaluation criteria

  b. Commitment to Top Talent

  c. Formal Evaluation of Credentials

  d. Narrative of search process if diverse candidate is not selected

5. Offer of Employment

6. Applicant Monitoring/Tracking

  a. Collection of demographic data

  b. Categories of Applicant (Applicant; Candidate; Interviewee)

  c. Retention of Documentation in HR

  d. Retention of Self-Identified demographics of candidates

7. Retention

  a. Attention to work climate and mentoring

  b. Exit Interview for those who resign

8. Evaluation of Recruitment and Selection Practices

Plans

The professional literature recognizes that the underrepresentation of minorities in health-related professions is a national concern. Myriad government and health professions associations conclude that the primary cause of minority under-representation is a "pipeline" issue – a scarcity of minority applicants who are both interested in and academically prepared for health professional and graduate schools. Overcoming this major impediment to recruitment is a formidable task.

Toward this end, in 2014 the University established an enterprise-wide **Office of Enterprise Diversity, Inclusion and Community Engagement (ODICE)** to consolidate College-level initiatives in this area. The new centralized office allows for enhanced collaboration with the Jefferson Department of Human Resources.

- A **Senior Vice-President and Chief Diversity Officer** (Joseph B. Hill; *ERF 1.8 Joseph B. Hill Biography)* was recruited to head this new Office and given the responsibility to "develop, lead, implement and monitor the execution of a Jefferson Diversity and Inclusion Strategic Plan" with the aim of "integrating diversity, inclusion and health equity across the larger enterprise to ensure excellence in education, research and patient care."

- Aiding the SVP and Chief Diversity Officer in this mission are three **Directors of Diversity and Inclusion**, one for the University, one for Clinical (hospital) operations, and one for Community Engagement. Mr. Hill and the Directors report directly to the President and his Executive Cabinet.

Diversity & Inclusion Structure
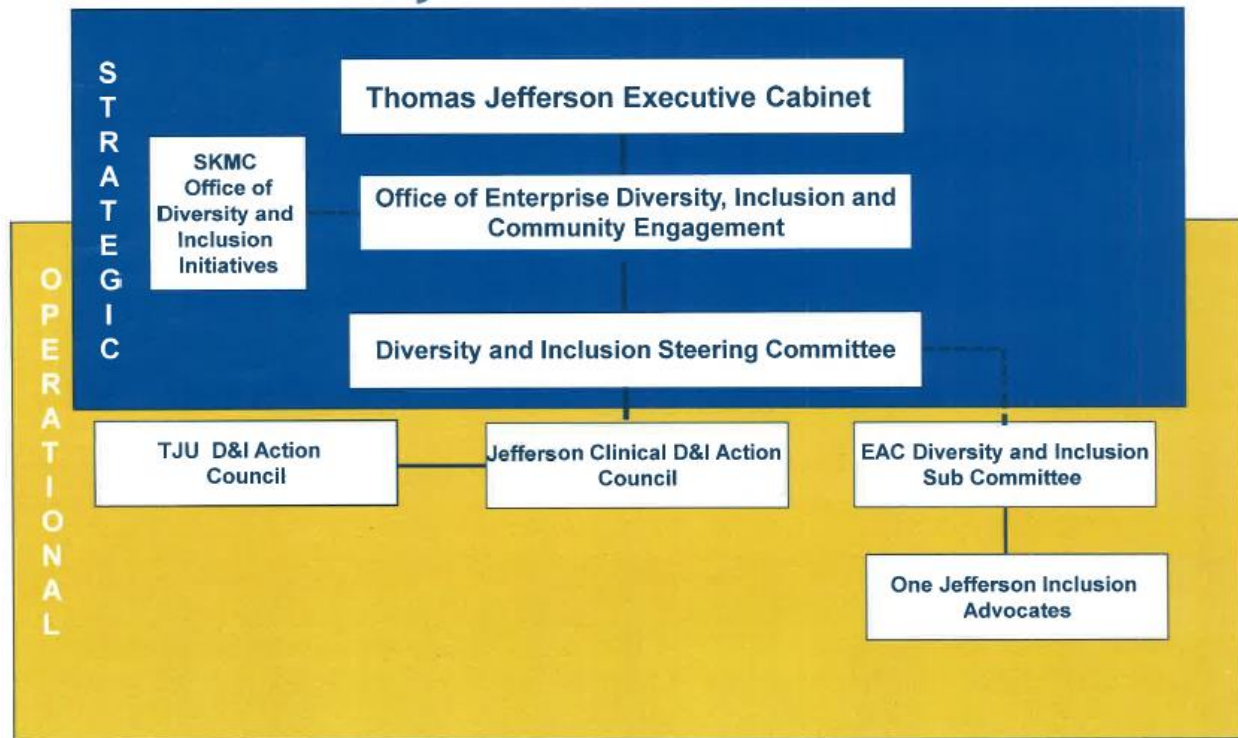
- To facilitate inclusion of multiple perspectives and to assure participation by all levels of the larger organization, ODICE established the **Jefferson Diversity and Inclusion Leadership Steering Committee** composed of representatives from across Jefferson (*ERF 1.8 Diversity and Inclusion Steering Committee).*

  - A **Subcommittee** of the Steering Committee is charged with recommending activities that promote and foster a workplace culture welcoming of diversity and inclusion.

  - The Steering Committee oversees two **Action Councils**, one for the University and one for clinical or hospital operations.

- The **University Action Council** is composed of representatives from all Colleges and divisions within the University (new Council members are being introduced in January 2016). The MPH Program Director and Associate Dean for Academic and Student Affairs are members of the University Action Council (see *ERF 1.8 University Action Council Members (as of Jan 2016)*).

The College and University plans with respect to diversity and cultural enhancement are summarized in charts provided in <u>Criterion 1.8.a.ii</u>.

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

The MPH program follows the same policies and procedures as outlined for faculty, above, with respect to hiring senior and mid-level staff.

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

See *ERF 1.8 Recruiting, Admitting, Retaining and Graduating a Diverse Student Body* for more details on the below policies.

- MPH Student Admissions Policy

- Definitions

- JCPH Policies for Student Admissions

- MPH Policy for Student Retention

In accordance with these policies, the MPH Program Director, Dean, Associate Dean and MPH faculty present and attend at many conferences that advertise to and draw upon diverse audiences.

- o The JCPH Dean (David Nash) was recently the plenary speaker in the Public Health Track of the 13th Annual Pre-Health Conference in Davis, CA in October 2015; this is the largest pre-health professions conference in the nation (10,000+ very diverse undergraduate students from California and other western states).

- o The MPH Program Director has presented on various public health topics at the Davis, CA conference for the past three years and has also maintained a JCPH MPH recruitment exhibit.

The Program Director and Associate Dean also attend graduate fairs and career nights at local colleges/universities that have diverse populations (Albright College; Rutgers University-Camden; Immaculata University, Cedar Crest College, etc.).

- o For example, the Program Director (R. Simmons), JCPH faculty (D. Delgado) and MPH Community Advisory Board member (A. D'Agostino) presented on the public health profession at the Latino Conference at West Chester University in September 2015.

- o The Associate Dean (C. Golab) was the featured speaker on public health in November 2015 as part of the Immaculata University Career Development series.

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

Implementation of policies and plans to recruit, develop, promote and retain diverse faculty, staff and students is evaluated regularly at the University level and applies to all Colleges/programs. This is a primary responsibility of the Jefferson Diversity and Inclusion Leadership Steering Committee (see above) and the University Action Council, of which the MPH Program Director and Associate Dean are members.

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

The MPH program's commitment to diversity and cultural competency and its implementation of policies toward this goal are evidenced in its:

- Core Values;

- Incorporation of cultural competencies across the MPH curriculum, including an elective course devoted specifically to cultural competency and humility;

- Student experiences with respect to the Clerkship practicum and Capstone Project;

- 2014 Campus Climate Survey (*ERF 1.8 Campus Climate Survey*); and

- Statistics concerning faculty and students.

JCPH MPH Core Values

Three of the MPH program's seven Core Values directly address diversity and cultural competency (see [Criterion 1.1](#)):

- *Respect* – commitment to appreciative regard for diverse ideas and perspectives and for the diversity of individuals, communities, and populations

- *Humility* – commitment to open-minded and inclusive thinking and behavior

- *Integrity* – commitment to ethical behavior that is grounded in honesty, fairness, transparency and trust

Incorporation of Cultural Competencies across the MPH Curriculum

As indicted in *ERF 1.8 University Strategic Plan for Diversity and Inclusion*, one of the University's three strategic goals is to "incorporate cultural competence perspectives into the curricula of all TJU Colleges by 2017." The Jefferson College of Population Health and its MPH program have already achieved this goal and have become leaders in actively working with other Colleges of the University to help them replicate the accomplishment.

- *ERF 2.6 Complete Competency Crosswalk* contains a *Crosswalk* that indicates the incorporation of specific Council of Linkages competencies across the MPH Curriculum. At least 10 of the program's 21 courses reflect one or more competencies related to culture and diversity. This incorporation represents a multi-year MPH program commitment to review and refine course content and design to reflect these competencies in as many courses as possible (see *ERF 1.8 Cultural Competency Domain-Linked Courses*).

- In addition, the MPH program offers *PBH 515 Cultural Humility and Competence for Health Professionals and Population Health*, in two of our three terms. *PBH 515* is a 3-credit elective course that deals directly with the issues of diversity and cultural competence in public health and health care study and practice (see syllabus in *ERF 2.3 MPH Course Syllabi*). Since 2012, an average of 18 MPH students (28%) take this course every year. Through the University's Integrated Curriculum policy, this course is open to students from other Colleges of the University and annually enrolls students from the College of Pharmacy, College of Nursing, and College of Health Professions. The specific learning objectives for this course state that, upon completion, student will be able to demonstrate competencies in the following domains:

Culture, Health Status and Health Care

- o Analyze the influence of race, ethnicity, acculturation, and socio-demographic factors on health status, health promotion, access to and quality of health and human services.

- o Identify the unique stressors experienced by vulnerable populations (e.g., racial and ethnic minorities, older adults, disabled, gay/lesbian and socio-economically disadvantaged) and their effects on health and well-being.

- o Describe historical influences, current and future demographic trends on the impact on the health and provision of health care in a multi-cultural environment.

- o Evaluate the relationship of social networks, faith communities, and religious/spiritual beliefs to health beliefs, illness perspectives and health care.

- o Describe the influences of limited English proficiency (LEP) on health literacy and health outcomes.

Reflection on Values, Beliefs and Behaviors

- o Demonstrate awareness of one's own cultural beliefs, practices and assumptions.

- o Illustrate understanding of how cultural differences may influence personal and professional communications and behaviors.

- o Employ humility as an essential component of one's ongoing growth and development as a culturally competent individual and professional.

Application to Practice

- o Express cultural humility as an ability to communicate respectfully and adapt flexibly when communicating with clients, colleagues, providers and community members.

- o To demonstrate how culturally appropriate patient/client communication and health education promote health literacy, health promoting behavior and support access to care.

- o Explain formal standards and resources for delivery of culturally competent care in health and human service settings.

- o Describe policies and processes, and one's role in facilitating the integration of cultural and linguistic policies and standards within health and human service organizations.

- o Illustrate culturally appropriate approaches to assessment and intervention strategies with individuals, families and community.

- TJU's Center for Teaching & Learning (see Criterion 1.7.g) offers curricular modules in cultural competence through its innovative Interactive Curricula Experience Platform & App – or iCE. Developed in collaboration with MPH faculty (N. Chernett and M. Romney), this web-based platform allows for multidisciplinary collaboration on web-based course development related to diversity and cultural competence throughout the University.

- o The impetus for the project came from the University's Global Health Initiatives Committee which was tasked with creating educational products that effectively deliver information about global health to faculty and students of the University.

- o Topics include working with medical interpreters, social determinants of health, and an introduction to refugee health.

- o Faculty use iCE to share course materials like lectures, presentations, interactive quizzes, videos and articles. The platform creates a central repository where faculty can create or download resources, edit to fit the needs of their students and package into a custom course.

MPH Clerkship experiences

Given the populations that MPH students work with during their Clerkship or practicum experiences, most Clerkship experiences involve working with culturally diverse populations (see *ERF 2.4 MPH Clerkship Evaluation Report, 2009-2014*). These diverse populations include URMs, as defined in Criterion 1.8.a.i.

- • Examples of popular clerkship sites that deal directly with diverse and underserved populations are the Nationalities Services Center, Southeast Asian Mutual Assistance Association Coalition (SEAMAAC), Mazzoni Center for LGBT youth, Pennsylvania Immigrant and Citizenship Coalition, Puentes de Salud, Bebashi Transition to Hope, and TJU's own Refugee Health Clinic.

- • See *ERF 2.4 Clerkship Sites, 2009-2015* for a complete list of clerkship sites.

MPH Capstone Projects

More often than not, MPH Capstone Projects focus on one or more diverse cultural populations, as is indicated from the following sampling for the previous three years:

2012-2013	Role of African-American Churches in Addressing HIV/AIDS in Philadelphia
	Knowledge, Beliefs, and Practices of Type 2 Diabetics in a South Philadelphia Mexican Community
	Unmet Needs within the Korean-American Community: Mental Health and Higher Education
	Older African-Americans' Knowledge, Beliefs, & Attitudes about Hospice Care
	Repeat HIV Testing: The Roles of Race and Locus of Control Beliefs
	Initiation of Breastfeeding in an Inner City Patient Population: A Cross-Sectional Study
	The Amish Community's Decision to Reject Participation in Health Insurance & Government-Assistance Programs: A Policy Analysis
	Knowledge, Attitudes and Practices of Soil-Transmitted Helminthes in Rwanda
	Refugee Health Screening in Philadelphia
	Breast Cancer and Socioeconomic Status in a Universal Healthcare System: A Population Based Study in Italy
	Global Health Ministry Medical Missions: Volunteers' Motivation on Oral Health Issues in Vietnam
	Palliative Care in Uganda: Challenges and Successes
	Colorectal Cancer Screening by Weight Status, Gender, Race and Ethnicity

	HIV Attitudes among African American Children in Philadelphia
2013-2014	Differences in HIV Testing Patterns and Risk Factors Between the Francophone and Anglophone African Immigrants in Philadelphia
	The Impact of Psychosocial Stress on Sexual Risk Behaviors Among Gay, Bisexual and Questioning Male Adolescents
	WAVE: Water in Akarambi and Village Engagement: A Needs Assessment and Proposal for Water Infrastructure Development in Akarambi Village, Rulindo District, North Province, Rwanda
2014-2015	Evaluating the Interactions between Low Income Minority Women who Successfully Lost Weight and the Healthcare System
	Ser Mama Immigrante: Mexican Mother's Perceptions of Parenting in a New Culture
	Assessment of Community-based Service Needs of Elderly Bhutanese and Iraqi Refugees Living in Philadelphia
	Addressing the Legal Needs of Refugee Health Partners' (RHP) Patient Population: Creating a Roadmap for Establishing a Medical-Legal Partnership
	Impact of Psychosocial Stress on Sexual Risk Behaviors Among Gay, Bisexual and Questioning Male Adolescents
	Factors Associated with Weight Loss in African-American Women
	Changes in BMI Percentiles of Refugee Children Resettled in Philadelphia
	Addressing Hispanic Adolescent Mental Health in the Texas Border Region: A Policy Analysis

2014 Campus Climate Survey – MPH Results

In response to the establishment of the new Office of Diversity, Inclusion and Community Engagement, the University conducted its first ever Campus Climate Survey in fall of 2014. Thirty-four (34) of 65 MPH students responded to this voluntary survey. The survey provides information that the MPH program, as well as the University, can feed into its planning and programming with respect to diversity and cultural awareness.

The majority of responding MPH students were female (78%), heterosexual (94%), and Caucasian (78%). They practiced a variety of religions including Roman Catholicism (30%), agnosticism (17%) and Quakerism (3%). Thomas Jefferson University has a very diverse student body. MPH students reported frequently or sometimes interacting with students and faculty with:

- different race/ethnicity (100%)

- a disability (23%)

- different religious beliefs (97%)

- different sexual orientation (71%)

- different primary language (71%)

- different socioeconomic background (83%)

They also felt that the University was welcoming to students regardless of their socioeconomic status (82%), sexual orientation (82%), physical appearance (97%) and religious affiliation (79%). Moreover, the MPH students felt that the University respected those differences (96%). MPH faculty and staff self-

reported their race and ethnicity, with 66% reported being white, 9% African-American, 4% Asian and 4% Hispanic. 17% declined to self-report.[36]

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

The MPH Program follows the University plan with respect to diversity policies and planning. As explained in Criterion 1.8.a, the MPH diversity plan and policies were developed as part of the larger University directive to have a plan and policies that are uniform and consistent across the entire Jefferson enterprise. JCPH and the MPH program are "plugged" into the organizational structure and diversity planning through the **University Diversity Action Council.**

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

The MPH diversity plan and policies are monitored through the **University Diversity Action Council** (see Criterion 1.8.a). The plan is incorporated into program, faculty and student planning and implementation as appropriate via the College's Academic Leadership Group and through the various College Committees related to Faculty Affairs, Student Affairs, and Curriculum and Academic Policy.

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

Given that MPH courses are designed for full-time workers, JCPH MPH students tend to be older than other schools that cater to the traditional full-time student. Additionally, public health tends to be dominated by females and those identifying as white. As a result, age, race and sex were focused on as appropriate measures of diversity.

Table 1.8.1. Summary Data for Faculty, Students and Staff

Category/Definition	Method of Collection	Data Source	Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
STUDENTS – above 35	Self-Report	Admissions Application	> 15%	9%	12%	15%	9%
STUDENTS – Male	Self-	Admissions	> 40%	19%	24%	29%	47%

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[36] Actual representation is skewed (i.e., under-represented) because of the considerable number of respondents who declined to answer the question concerning race/ethnicity.

	Report	Application					
STUDENTS – Underrepresented Minorities[37]	Self-Report	Admissions Application	> 25%	15%	26%	6%	26%
FACULTY – Hispanic/Latino	Self-Report	Departmental Data	> 10%	12%	10%	7%	8%
FACULTY – Female	Self-Report	Departmental Data	> 40%	54%	55%	56%	69%
STAFF – Male	Self-Report	Departmental Data	> 25%	33%	25%	20%	25%

Please note: These percentages are calculated from available, self-reported data. A large percentage of the MPH student body declined to self-identify. Faculty review has indicated that some of these individuals are underrepresented minorities. As a result, the data portrayed in the table is not reflective of the actual student body.

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

This criterion is met.

Strengths

- Strong University commitment to diversity and cultural competence as seen through a diversity and inclusion organizational structure that encompasses the entire Jefferson enterprise and reports directly to the President.   This commitment is seen through committed funding, the appointment of an experienced Chief Diversity & Inclusion Officer/staff, and the preparation of a strategic diversity plan.

- Strong University, and by extension, MPH policies with respect to hiring of diverse faculty and recruitment of a diverse student body.

- Strong University programming, activities and events related to diversity and cultural awareness open to attendance by MPH students.

- Initiation of Campus Climate Survey to ascertain attitudes and needs across the enterprise.

- Recognition that a major obstacle to recruitment of URM faculty is a "pipeline" issue. TJU is in the process of developing specific "pipeline" programs to prepare URMs for careers in health and health professions.

- MPH and JCPH representation on the University Diversity Action Council that oversees design and implementation of diversity/cultural competency planning across the University.

- Integration of cultural competencies into all MPH courses that lend themselves to such inclusion and establishment of a specific elective dedicated to cultural competence and humility.

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[37] As defined by University policy. See Criterion 1.8.a.i.

- MPH program and faculty seen as leaders in the University in the incorporation of cultural competencies across its curriculum, so much so that it is serving as "consultants" through iCE to other programs in other Colleges.

- Diverse MPH student body in terms of age and racial/cultural composition.

- Addition of one URM (D. Delgado, a research methods specialist with PhD in Public Health) to full-time JCPH faculty(.4 FTE with the MPH program). Given that JCPH faculty is small in number (12), this addition is a major accomplishment that benefits the entire College.

- Strategy to establish affiliation/articulation agreements with colleges and universities that have diverse populations (e.g., Rutgers University-Camden, Albright College, Cedar Crest College, Philadelphia University, Mount Aloysius College and Immaculata University).

Challenges

- Difficulty in recruiting URM faculty. This is not due for want of trying. The primary reason is a "pipeline" issue – the demand for such individuals nationally exceeds the supply. This is especially true in areas such as epidemiology and biostatistics. An additional factor that impacts the pipeline issue is that MPH programs in search of epidemiology and biostatistician faculty, for example, must compete with industry which tends to offer higher salaries than academia.

- Difficulty in getting more MPH students interested in participating in activities and programming related to diversity and cultural awareness.

Plans for the Future

- Work with new University personnel and offices on the various "pipeline" projects to create awareness among URMs about careers in public health, medicine and health professions that can lead to academic appointments.

- Develop a plan through MPH participation on the University Diversity Action Council, in conjunction with the JCPH Committee on Student Affairs, to encourage greater MPH student interest in cultural programming and activities using results from the 2014 Campus Climate Survey. This survey revealed that the three main reasons why MPH students do not participate in such activities are "not convenient to my schedule", "not aware of the activities" and "topics of the events do not interest me."

- An MPH faculty (R. McIntire, PhD), Chair of the Student Affairs Committee, has been assigned to work with the University on the pipeline projects, starting with JCPH participation in city-wide health sciences programming. Dr. McIntire, an epidemiologist and GIS mapping specialist, will introduce epidemiology and computerized mapping at a street/neighborhood fair in April 2016 that target URMs. MPH students will be responsible for setting up and maintaining the booth (see *ERF 1.8 Philadelphia Science Festival*).

Criterion 2.0   Instructional Programs

Criterion 2.1 Degree Offerings

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

2.1.a   An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

Table 2.1.1. Instructional Matrix – Degrees & Specializations

	Academic	Professional
Master's Degrees		
Specialization/Concentration/Focus Area		Degree*
General	Academic degree	MPH
Joint Degrees		
2nd (non-public health) area		Degree*
Family Health Law & Policy Institute at The Delaware Law School, Widener University		JD/MPH
Thomas Jefferson University Sidney Kimmel Medical College		MD/MPH
Philadelphia College of Osteopathic Medicine		DO/MPH
Jefferson College of Pharmacy		PharmD/MPH
Graduate School of Social Work and the Social Research of Bryn Mawr College		MSS/MPH

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

Below is a link to the MPH program "bulletin" which describes the program at Thomas Jefferson University. The link is http://www.jefferson.edu/university/population-health/degrees-programs/public-health/masters-degree.html

Table 2.3.1 depicts the five core public health courses that provide knowledge basic to public health. Elective MPH courses are available in four of these five core areas to provide students with advanced and expanded learning. In addition to these core and elective courses, other required courses in the MPH program provide key public health knowledge and in many cases, practice experience embedded in the course, for our MPH students. These include:

- The curriculum includes a dynamic *Introduction to Public Health* course that includes experiential learning opportunities.

- *Health Research Methods* provides students with the fundamental framework for research, including critical analysis of public health and health services research literature. This leads students to begin their development of MPH Capstone research projects.

- *Public Health Policy & Advocacy* provides students with public health policy development and practice by examining federal, state, local, and institutional policy initiatives and developing various policy positions and arguments. Students are also provided experiential learning opportunities at the Pennsylvania State Capitol and in Washington DC.

- *Program Planning & Evaluation* prepares students to be effective program planners, managers, and evaluators while giving them experience with community health needs assessments and public health program and policy grant development.

- The *Clerkship* experience (practicum) offers actual experience in some aspect of public health practice.

- *Capstone Seminar* provides students with the opportunity to identify and prepare their *Capstone Project* (culminating experience) under direct faculty supervision.

Students are required to choose three electives from the list below. Descriptions are available online. Elective options are reviewed and revised based on MPH Curriculum Subcommittee, student and alumni input.

- Special Populations in Environmental Health

- Qualitative Research Methods

- Dimensions of Global Health

- Advanced Epidemiology

- Advanced Statistics

- Advanced Social and Behavioral Theory and Intervention

- GIS Mapping

- Cultural Humility & Competence

- Health Communication & Social Marketing

See *ERF 2.1 Course Schedule Fall 2012 - Spring 2016* for a list of course offerings by academic year.

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

Strengths

- The MPH curriculum is a 45 credit generalist curriculum that provides required courses in the five traditional core public health topic area (see Criterion 2.1.b).

- The program offers two sections of most courses (one daytime, one evening), thereby accommodating both full-time and working students and thus is able to provide both flexibility in course scheduling flexibility and small class sizes of less than 20 students in most cases.

Challenges

- At 45 credits, students can take only three 3-credit electives. It is not possible to offer more electives without increasing the total number of credits from 45 to 48 credits.

- One course of 3 credits is not sufficient to cover all material required to meet competencies and generate practice-based skills in *Program Planning & Evaluation.*

Plans for the Future

- Following student and faculty review, *Program Planning & Evaluation* will become a two term sequence (PBH 520A and PBH 520B) to begin in the 2016-2017 academic year. This expansion enables the two courses to address an extensive list of practical student competencies that had not been adequately addressed when the course was limited to one term. Developed by four MPH faculty, the new version of Program Planning & Evaluation will be submitted for review to the MPH Curriculum Subcommittee and, if recommended by the Subcommittee, will be forwarded to JCPH Curriculum and Academic Policy (CAP) Committee and JCPH Executive Council for final approval. To accommodate the additional 3 credits, *Capstone Seminar* (PBH 600) and *Capstone Project* (PBH 601) will be combined into a single 3-credit course. Expanding the total credits for the program from 45 to 48 was not considered a viable option. The proposal is expected to be drafted by the MPH Subcommittee in April 2016.

Criterion 2.2 Program Length

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

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

The MPH program is 45 semester credit units in length. A semester credit is equivalent to one hour of classroom instruction for each of 14 weeks, for a total of 14 hours. Three semester credits total 42 instructional hours per course. It is expected that students will spend 2-3 hours of independent research, study, writing, etc. In our abridged summer term of 11 weeks, class sessions are 3 hours and 20 minutes in length.

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

The Jefferson MPH program is 45 semester credits which exceeds the minimum degree requirements of 42 semester credits.

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

There were no public health master's degrees awarded for fewer than 42 credits.

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

This criterion is met.

Strengths

- The Jefferson MPH program requires 45 semester credits. In addition to the traditional core MPH courses, the program includes both mandatory and elective courses that explore a variety of public health-related concepts and assist students in developing their public health competencies.

Challenges

- Given the additional required courses, MPH students are only required to take three elective courses to equal 45 credits.

Plans for the Future

- See Criterion 2.1.c.

Criterion 2.3 Public Health Core Knowledge

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

2.3.a   Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

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

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	*PBH 504 Basic Public Health Statistics*	3
Epidemiology	*PBH 506 Fundamentals of Epidemiology*	3
Environmental Health Sciences	*PBH 507 Fundamentals of Environmental Health*	3
Social & Behavioral Sciences	*PBH 502 Social and Behavioral Foundations of Public Health*	3
Health Services Administration	*HPL 500 US Health Care Delivery & Organization*	3

Course syllabi are found in *ERF 2.3 MPH Course Syllabi*. Additional information on courses can be found in Criterion 2.1.b.

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

This criterion is met.

Strengths

- The MPH program has a strong set of core and elective courses that supports student attainment of the depth and breadth of public health knowledge.

- All MPH courses have quality course learning objectives based on Bloom's Taxonomy and specific public health competencies that are directly linked to each graded assignment.

- The vast majority of the MPH courses provide in-class practice opportunities and many include experiential learning opportunities.

Challenges

- Although the MPH program provides students with a range of core public health courses that address much of the breadth of public health knowledge and practice, the depth of knowledge gained in many courses is somewhat limited due to the expanding scope of public health research and practice and the limitations of instruction time. Students have rated the vast majority of MPH courses favorably for the variety of topics covered, but have commented on the lack of sufficient time to cover certain course topics in greater depth.

Plans for the Future

- *PBH 520 Program Planning and Evaluation* will be revised to two-course sequence in 2016-2017 as indicated in Criterion 2.1.

Criterion 2.4 Practical Skills

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

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

— **selection of sites**

— **methods for approving preceptors**

— **opportunities for orientation and support for preceptors**

— **approaches for faculty supervision of students**

— **means of evaluating student performance**

— **means of evaluating practice placement sites and preceptor qualifications**

— **criteria for waiving, altering or reducing the experience, if applicable**

Selection of Sites

The MPH Program has established relationships with a broad range of local and regional organizations, as well as information on national and international organizations/programs, from which students can research Clerkship opportunities (see *ERF 2.4 Clerkship Sites, 2009-2015* and *ERF 2.4 MPH Clerkship Evaluation Report, 2009-2014*).

Clerkship sites have been identified through a variety of ways:

- Sites contact the MPH Clerkship Coordinator (CC) requesting a student intern.

- Faculty, advisory board members and staff have established connections with community organizations through past employment, research, community contacts, etc.

- Students have connections with community organizations that they bring to the attention of the CC.

There are a series of steps that students take when initiating Clerkship and selecting a site:

- Student meets with the CC to discuss their interests, potential Clerkship sites and Clerkship requirements as outlined in the MPH Clerkship Handbook (*ERF 2.4 MPH Clerkship Handbook*).

- Student reviews various clerkship sites with the CC. They choose their Clerkship site through one of the following ways:

  o Exploration of new Clerkship opportunities posted in the JCPH Student Community.

  o Identification from a list of previous Clerkship organizations which is posted in the JCPH Student Community in the MPH Clerkship folder.

- o   Determination of a Clerkship site through independent research based on professional interests and desire for specific skill development.
- Student contacts potential Clerkship site(s) to determine the best fit with their interests and the needs/requirements of the Clerkship site.
- Student notifies CC of site selection and requests approval.

Methods for Approving Preceptors

Once a student has selected a site of interest, the CC contacts the new Clerkship site/Preceptor either in person or by phone. The CC reviews and orients the Preceptor to the MPH Clerkship requirements and procedures, and discusses the roles and responsibilities of the Preceptor, student and the CC. It is during this meeting that the CC interviews and evaluates the appropriateness of the Clerkship site/Preceptor for the student and the MPH Clerkship. The Clerkship site must be able to provide the student with appropriate opportunities to acquire public health skills, and the student must in turn supply a required service to the Clerkship site. Additionally the CC must ensure that the goals of the Clerkship site and the student match. The Preceptor must be able to supply the student with leadership and appropriate guidance.

Opportunities for Orientation and Support for Preceptors

Once the CC, Preceptor and student agree to proceed, the Preceptor is provided a copy of the *Clerkship Handbook (ERF 2.4 MPH Clerkship Handbook)*. The CC reviews the Clerkship guidelines with the Preceptor. Prior to the student beginning their field experience, the Preceptor must sign the Clerkship Preceptor Agreement and work with the student to develop specific Clerkship goals and objectives (Clerkship Goals and Objectives form). The CC is the primary contact for Preceptors for questions or areas of concern. Preceptors are encouraged to contact the CC with any questions. In addition, the CC reaches out to the Preceptor twice throughout the process to ensure communication.

A list of responsibilities and qualifications of the Preceptor and the learning objectives of the Clerkship are located in *ERF 2.4 MPH Clerkship Handbook*.

Approaches for Faculty Supervision of Students

Students cannot begin their Clerkship experience until the Preceptor Agreement form and the Clerkship Goals and Objectives form have been completed and turned into the CC. As part of the Clerkship Goals and Objectives form, students and preceptors work together to list the goals and objectives of the clerkship, give a brief project description and list specific competencies that they think will be met by the project.

During the Clerkship, students are required to maintain track of their contact hours in accordance with the requirements of the Clerkship site. Preceptors are instructed to contact the CC with questions or concerns about the student's performance at any time during the Clerkship. To keep the CC informed of student progress, students submit a Clerkship progress report (*ERF 2.4 MPH Clerkship Handbook*) twice each term they are working on their Clerkship.

Means of Evaluating Student Performance

Students are evaluated by the CC through several mechanisms:

- *Clerkship Progress Reports*: The CC reviews two reports the students send every semester they are working at their Clerkship site. The Progress Report details the number of hours worked, a description of their Clerkship activities, satisfaction with their Clerkship experience and anticipated completion of Clerkship.

- *Final Clerkship Paper*: At the completion of the Clerkship, students write a final Clerkship paper (8-12 pages) which includes a profile of the organization, a detailed description of their Clerkship activities, and their reflections on the clerkship experience including Public Health Competencies learned (*ERF 2.4 Sample Clerkship Papers)*. The paper is submitted to their Preceptor for review and approval. Following approval, the paper is submitted to the CC for review and approval. The CC assigns the student a final grade (pass/fail).

- *Surveys*: Both the student and Preceptor receive an anonymous online survey after the Clerkship has been completed (see *ERF 2.4 Clerkship Surveys*). The survey asks students to rate their satisfaction with the clerkship experience and the clerkship site. Preceptors are asked to rate the students' abilities to develop public health skills while contributing to the organizations' goals. Both are requested to share strengths and weaknesses of the clerkship program (see *ERF 2.4 MPH Clerkship Evaluation Report, 2009-2014*).

Means of Evaluating Practice Placement Sites and Preceptor Qualifications

Both preceptors and students evaluate their Clerkship experience in the online survey (as described above). Additionally, many students and the CC connect via email and phone to informally discuss the Clerkship sites and their experiences.

Criteria for Waiving, Altering or Reducing the Experience, if Applicable

Waivers are not given for the MPH Student Clerkship requirement. Although the practice experience is not waived or reduced for dual degree students, the public health program does accept clerkship credits from other institutions. Four dual degree options' (MSS/MPH, JD/MPH, PharmD/MPH, and DO/MPH) field experiences/internships mirror the MPH Clerkship experience. These field experiences require more hours than the typical MPH Clerkship experience. The Jefferson CC is responsible for reviewing these field experiences and ensuring they conform to the Clerkship Handbook guidelines. The student and precepting organization must meet the same requirements as the regular MPH Clerkship. This includes the student reflection paper (see above description of how Preceptors are approved). No clerkship credits are given without approval of the CC before the students begins his or her Clerkship. The MD/MPH joint degree program does not offer clerkship credits for field experiences. All MD/MPH dual degree students must take the JCPH MPH Clerkship.

- **JD/MPH** with the Family Health Law & Policy Institute at The Delaware Law School at Widener University

- o The Family Health Law & Policy Institute offers three practice requirements for the law degree: *Delaware Civil Clinic, Veteran's Law Clinic*, or *Medical/Legal Partnership*. The MPH program vetted these new practice components and grants three MPH credits to JD/MPH students who take at least two of these practice experiences to fulfill the MPH Clerkship requirement. The Widener practice experiences meet MPH Clerkship requirements with a minimum of 420 hours of supervised experience with a preceptor, completion of a reflection paper, and grading on a Pass/Fail basis.

- o The MPH CC works directly with the Widener JD/MPH director and Widener faculty preceptors to verify that JD/MPH students have appropriate supervision. She also works with these Widener representatives to ensure that students have a quality public health law clerkship experience and that JD/MPH students meet all MPH Clerkship requirements.

- **DO/MPH** with the Philadelphia College of Osteopathic Medicine (PCOM)

  - o PCOM has a fourth year clerkship experience for DO/MPH students entitled *Applying Public Health and Clinical Competencies in the Chronic Care Management of Special Needs Patients.* This field experience meets MPH Clerkship requirements with a minimum of 320 hours of supervised experience with a preceptor, completion of a reflection paper, and grading on a Pass/Fail basis.

- **PharmD/MPH** with the Jefferson College of Pharmacy

  - o The PharmD Clerkship course *(PHRM 522/680)* includes at least 120 hours in a community-based public health-related initiative. The JCPH MPH CC works with the JCP Experiential Coordinator to recommend appropriate public health-related sites for PharmD students. It is the responsibility of JCP to secure the actual placements and to provide appropriate supervision for JCP students. The PharmD course meets MPH Clerkship requirements with a minimum of 240 hours of supervised experience with a preceptor, completion of a reflection paper and grading on a Pass/Fail basis.

- **MSS/MPH** with the Graduate School of Social Work and Social Research (GSSWSR) at Bryn Mawr College

  - o The MSS practicum is 1100+ hours and includes a community-based practice experience and a self-reflection paper, thereby meeting the requirements for the MPH Clerkship. The JCPH MPH program reviews the suitability of the fieldwork placement, but GSSWSR secures them and provides field instruction (preceptors) for students. Students are graded on a Pass/Fail basis.

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

Clerkship Site	Preceptor	Topic Area	# of students
Philabundance	Jacyln Elwell	Food Insecurity	1

Maternity Care Coalition	Marjie Mogul, PhD	Child & maternal Health; working with vulnerable populations	2
Jefferson Dept. of Family & Community Medicine (JFMA)	Marnie LaNoue, PhD	intervention study	3
Jefferson Coordinating Center for Clinical Research	Suzanne Adams, MPH	Data management and analysis: Child & maternal health intervention research	1
Fox Chase Cancer Center, Office of Communications & Health Disparities	Evelyn Gonzoles, MA	Nutrition & Physical Activity-cancer patients	1
Philadelphia School District	Alicia Dahl	Nutrition Program Eval	1
JCPH	Drew Harris, DPM, MPH	NJ Immunization data	1
JCPH	Vittorio Maio, PharmD, MSPH	epidemiology-medication adherence	1
Environmental Protection Agency	Samantha Phillips Beers, Esq	Office of Enforcement, Compliance and Environmental Justice	1
Nemours Division of Pediatric Population Research	Diane Abatemarco, PhD	Maternal & Child Health Intervention study	1
PA Immunization Coalition	Joanne Sullivan	Program development & community advocacy	3
TJUH Dept of Oral & Maxillary Surgery	Robert Diecidue, DDS, MSPH	oral health as a public health issue	1
Dept. of Family & Community Medicine, U of PA	Hillary Bogner, MD, MSCE	Psycho-Social Factors influencing Diabetes Care	1
Public Citizens for Children & Youth -Advocacy	Colleen McCauley, RN, BSN, MPH	Child health care advocacy: oral & vision health	2
Southeast Asian Mutual Assistance Association Coalition	Amy Jones, MSW	refugee/immigrant health	1
Jeff HOPE	James Plumb, MD, MPH	global health program development & evaluation-Rwanda, Africa	1
JFMA	Colleen Payton, MPH, CHES	Patient Centered Medical Home Research	1
Delaware YMCA	Tricia Jefferson, RD	child nutrition and weight management program	1
Planned Parenthood SE PA	Illona Feldman, research coordinator	woman's health	1
Nationalities Services Center	Gretchen Shanfeld, MPH	refugee/immigrant health	2
The Arc of Philadelphia	Sabra Townsend	Disability advocacy	1
St. Christopher's Hospital for Children	Patricia Hennesy	Infection Prevention Department	1
Region III HHS Agency Toxic Sub & Disease Reg/CDC	Lora Siegmann Werner, MPH	Health impacts of fracking	1
Health Promotion Council	Jamie McGee Miller	tobacco control	1

Health Promotion Council	Nicole Fang	Health education - Breast Cancer, African American Women	1
Drexel College of Medicine	Jim Robinson, MSW, MPH	HIV study	1
Komen Foundation	Carlos Hernandez, MPH	Community needs assessment	1
U of P-Energize the Chain	Harvey Rubin, MD, PHD	vaccine technology project	1
Christiana Health Care System, Wilmington DE	Liz O'Neill, project manager	community health -Woman's health	1
St Christopher's Foundation for Children Farms to Families	Jamiliyah Foster, program Director	Food insecurity: Farms to Families	1
Phila. Dept, Behavioral Health & Intellectual Disability	Dana Careless, Clinical Ops Manager	Mental Health community outreach	1
CARIE	Kathy Cubit	Older adults policy & advocacy	1
University of Delaware	Allison Karpyn, PhD	Qualitative research-- nutrition	1
Sidney Kimmel Cancer Center	Alison Petok, MSW, MPH	Palliative care program evaluation	1
Nemours Children's Hospital	Diane Abatemarco, PhD	Childhood Obesity	1
University of Sciences	Amy Jessop, PhD	Hep C community outreach	1
Center for Urban Health, TJUH	Rickie Brawer, PhD, MPH, MCHES	Community needs assessment, program development & evaluation	3
AFYA institute	Theresa Clark, MPH	community Coalition Building	1
Alzheimer's Association--Delaware Valley	Krista McKay	Advocacy; program development	1
Jefferson Internal Medicine Associates	Bracken Babula, MD	telehealth; patient/provider communication	1

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

No waivers are granted.

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

Not applicable. The MPH program does not have these specialized students.

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

This criterion is met.

Strengths

- The practice experience is flexible, providing students with the opportunity to choose their Clerkship site based on their interests and availability.

- Students are able to customize their practice experience to their professional goals and skill development.

- Students receive individualized guidance from the CC to identify and connect with individuals and organizations that can provide them with a quality practice experience.

- All MPH students are required to complete a practice experience; no waivers are permitted.

Challenges

- More formalized evaluation process of Clerkship sites and Preceptors is needed.

- More structure is needed for Preceptors to evaluate student's performance both during the practice experience and at the end of the experience.

- Enhanced Preceptor orientation and support is needed.

Plans for the Future

- Connect with MPH alumni working in public health practice to expand Clerkship sites. In January 2016, the CC reached out to several alumni working at a local organization. The CC was able to approve one Clerkship opportunity for a current student with plans for more in the future. Additionally the CC is working with the Department of Family & Community Medicine (DFCM) to guide more students into clerkship positions at Jefferson.

- Work with the Community Advisory Board (CAB) members to identify public health projects that incorporate practice experience. An agenda item has been added for the next CAB meeting in Spring 2016.

- Assess and implement methods to improve evaluation of Clerkship sites and Preceptors and to track student progress. The CC and MPH Program Director will work together over the 2015-2016 academic year to explore options. In January 2016, a new automated system was initiated to keep track of student progress by automatically sending out document notification reminders. The system, *Degree Works,* is a centralized web-based management system implemented as part of the University Office of the Registrar's continuing performance improvement plan for documentation (see *ERF 2.4 Degree Works*).

Criterion 2.5 Culminating Experience

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

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

All MPH degree students are required to complete a culminating experience in which they demonstrate integration and application of competencies developed during academic course work, the practice field experience and other learning experiences. The required culminating experience is the Capstone Project. The MPH Capstone Project may be related to the students' Clerkship practice experience, but this is not a requirement of the Capstone Project.

- The Capstone Project is a six credit requirement which includes *PBH 600 Capstone Seminar* (3 credits) and *PBH 601 Capstone Project* (3 credits).

- Students are eligible to register for *PBH 600 Capstone Seminar* when they have completed all of their core academic requirements, a minimum of 40 of the required 120 Clerkship hours, and at least three of the nine required elective credits (i.e., one of three courses).

- Students are encouraged to take elective courses that develop specific knowledge and skills which are pertinent to their Capstone Project.

- *One Year Plus* pre-med and dual degree students are permitted to register simultaneously for both *PBH 600/601* and *PBH 650 Clerkship* in order to complete 42 of the 45 credits within three academic terms.

- Following the successful completion of *Capstone Seminar*, students begin to implement their Project as designed in their project proposal.

PBH 600: Capstone Seminar

This course provides students with the building blocks for developing their project topic and Capstone proposal. Course sessions review expectations, requirements and scope of the Capstone Project and provide guidance and feedback for each step in developing a proposal (*ERF 2.5 MPH Capstone Concept Document*), policies and procedures, requirements for completing the Capstone Project (*ERF 2.5 MPH Capstone Guidelines*), and the essential steps of project development including:

- Conducting a literature review to establish the scope, significance, rationale and refinement of the public health problem chosen.

- Developing a well-defined research question/problem statement and specific aims for the proposed project.

- Developing methodology in alignment with the research question, including target population and recruitment, data collection, project implementation and analytic strategy.

- Identifying public health competencies expected to be developed through the Capstone Project (the range of competencies can be found at the Council of Linkages website. The competencies that each student selects are reviewed with her/his Capstone Project Chair and will differ by student depending on the nature of the chosen project).

By the end of the Capstone Seminar course the student is expected to:

- Complete their Capstone Project Proposal in the format designated in the Capstone Project Guidelines (*ERF 2.5 MPH Capstone Guidelines*);

- Establish a timeline for completion of their project;

- Identify an initial set of core public health competencies (Council of Linkages) to be addressed with their project; and

- Identify a Capstone Committee Chairperson and at least one Committee Preceptor.

  - The MPH Capstone Committee Chairperson is required to have a faculty appointment in JCPH or another college/department at Thomas Jefferson University.

  - Committee Preceptors may be additional JCPH/TJU faculty and/or appropriate professional staff; individuals from community organizations that assist/participate in the student's project.

  - A third member of the Capstone Committee may be selected by the student in communication with his/her Capstone Committee Chair. That individual may be from a community organization or a faculty member and typically provides content or methodology expertise.

PBH 601: Capstone Project

Students register for *PBH 601 Capstone Project* in the term they expect to complete and present their project, unless required to register for these credits simultaneously with *PBH 600 Capstone Seminar* because of financial aid or other considerations (e.g., *One Year Plus* student). Once the student has identified their Committee members and their committee has approved their written proposal, they are permitted to begin working on the project. This includes:

- Determining if their project protocol requires Institutional Review Board (IRB) approval. If so, they complete required IRB documents with their Chair (Principal Investigator) and submit them for review. If IRB approval is not required (many MPH Capstone projects, such as secondary data analyses or public health policy analyses, are exempted for IRB review), students can begin implementing their project.

- Meeting with committee members regularly during the implementation process.

- Presenting their Capstone project within the permitted maximum of three terms after finishing Capstone Seminar. Students who are unable to meet this timeline may be permitted up to two additional terms after consultation and permission from their Committee and Capstone

Coordinator. They are required to register for 1.5 additional Capstone Project credits for each additional term.

- o Often, the Project is not completed in the term in which a student registers for Capstone Project credits. In those cases, the student receives an In Progress (IP) grade. Once s/he completes the Capstone Project requirements, the grade is changed to Pass.

- Writing an academic, properly referenced paper in the designated format which is comprised of:

  - o Rationale and public health significance of the project, based upon a thorough review of the literature and additional research;

  - o Clearly stated research question/problem including specific aims/objectives;

  - o Complete description of the methods to be used for data collection, analysis and interpretation;

  - o Project results, including appropriate use of data tables, graphs, mapping, etc.;

  - o Integrated discussion of the results and their public health significance;

  - o Recommendations for continued research/integration of findings;

  - o Complete list of references in designated format; and

  - o Appendices which include data collection/measurement tools and other materials used for the project (*ERF 2.5 Capstone Presentations*).

- Giving a one-half hour presentation with discussion of their project and results to JCPH faculty and students, Committee members and representatives of the participating community or public organization.

- Recording of the presentation slides and narrative (with student permission) for posting on the University digital commons for dissemination (*ERF 2.5 Capstone Presentations*).

- Evaluation of the overall Capstone Project using the MPH Capstone grading rubric (*ERF 2.5 MPH Capstone Guidelines*). Students are required to have an overall proficient evaluation score (two on a three-point scale) to successfully complete the Capstone Project. See Table 1.2.1 for outcome measures related to evaluation of student Capstone projects.

- Reviewing and revising the initial list of public health competencies addressed by the Capstone Project with the Committee Chair.

- Formally presenting, if possible, the Capstone Project to the precepting organization/agency as a quality improvement process for that agency.

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

This criterion is met.

Strengths

- Robust culminating experience required of all MPH students.

  - A number of Capstone Projects have been published in peer-reviewed journals and/or presented at professional conferences. See Table 1.2.1 for outcome measures related to student dissemination of scholarship, which includes Capstone Projects.

- Clear, easy to access policies and procedures (Capstone Guidelines and Capstone Concept Paper).

- Access to previous student Capstone Project papers and presentations (*ERF 2.5 Capstone Presentations*).

- Reinforcement of public health competencies specific to the student's Capstone Project at beginning and end of the Project.

- Grading rubric which incorporates public health scholarly and practice skills.

- Capstone Project process has a full-time staff person, a research project specialist, devoted to its cause and has developed a rubric or scoring criteria for evaluation of the MPH Capstone Project and its oral presentation.

Challenges

- Maintaining regular communication and tracking student progress after completing *PBH 600 Capstone Seminar* can be problematic as many students either begin medical school or other graduate programs or job positions; or return to medical school, law school or social work school for their final year (dual degree programs).

- The distribution of Capstone Chair responsibilities among TJU and Affiliated is uneven, leading to situations where some faculty have too many Capstones to supervise and others have too few. At present students select their Capstone Chairs; this process may not be tenable in the long run.

- Preparation of faculty to serve as Capstone Chairs is uneven, sometimes leading to "lopsided" quality in Capstone Projects.

- Capstone process can be *document heavy,* creating a management burden on the MPH Capstone Coordinator.

- Use of the Capstone Project rubric for evaluation has been piloted and found to be sound, but needs to be explained to all Capstone Project Committee Chairs going forward; results need to be collected and maintained as a standard measure.

Plans for the Future

- The MPH Program Director, Associate Dean and Capstone Coordinator are currently reviewing the process by which faculty are selected to serve as Capstone Chairs and plan to establish ways to increase the overall pool of faculty eligible to serve as Capstone Chairs. The latter will include

filling the vacant faculty position in biostatistics; encouraging veteran adjunct faculty to seek formal, vetted ranked Adjunct appointments; and reaching out to full-time faculty in other Colleges to find persons with appropriate credentials and expertise.

- Include Capstone Project updates and discussion of successes, challenges and strategies for improvement of the process in the monthly MPH Faculty Meetings.

- Develop more systematic method of tracking student progress after Capstone Seminar. This has already been addressed through the addition of a full-time Capstone Project Coordinator and the inclusion of an Administrative Assistant in the process. Additionally, revisions have been made to the tracking document.

- Introduce "training sessions" for Capstone Chairs to assure that they are conversant with Capstone Guidelines and with use of the new Capstone rubric; this is now possible with the addition of a full-time Capstone Project Coordinator.

- Investigate availability of improved documentation management systems. This has already been initiated by the University's Office of the Registrar. The *Degree Works* program went live in January 2016. See *ERF 2.4 Degree Works* and Criterion 2.4.e for more information.

Criterion 2.6 Required Competencies

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

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

In 2014-2015 the MPH program reviewed the expanded June 2014 Public Health Foundation Council of Linkages competencies and determined that it would use these to assess MPH courses and the core curriculum.

Course syllabi were revised to assure (1) that all graded assignments are linked to specific Council of Linkages competencies; (2) there is consistency across all courses with respect to higher order learning objectives based on Bloom's Taxonomy (*ERF 2.3 MPH Course Syllabi*); and (3) that all assignments have appropriate grading rubrics. A crosswalk detailing which competencies were mapped to each course can be found in *ERF 2.6 Complete Competency Crosswalk*. MPH program instructional objectives were revised (see Table 1.2.1) to include enhanced learning methodologies such as experiential learning and service learning. Faculty were encouraged to explain to students how assignments and learning methodologies prepare them for future public health practice.

Students completing Clerkship and Capstone identify Council of Linkages competencies suitable to their individual experiences (see *ERF 2.4 MPH Clerkship Handbook* and *ERF 2.5 MPH Capstone Guidelines*). Students report that they have learned many skills from their Clerkship experiences (see *ERF 2.4 MPH Clerkship Evaluation Report, 2009-2014*). Clerkship Preceptors and Capstone Committee Chairs assist students in finalizing these competencies*.*

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

The MPH Program has identified seven overarching program competencies that reflect the mission, program goals, and instruction, research and service objectives of the program. These program competencies now serve as basis of the capstone evaluation (see Criterion 2.5).They were developed by the Associate Dean, the MPH Program Director and the Director for Online Learning & Faculty Development, with input from other MPH faculty as part of the Middle States Self-Study and JCPH Strategic Planning.

Under each of the program competencies, the MPH program identified June 2014 Public Health Foundation Council of Linkages competencies that are linked to all core courses in the program (see Table 2.6.1). Specific Council of Linkages competencies were chosen to illustrate the program competencies because they reflect the vital skills needed by MPH graduates and can be linked to each course within the program. The crosswalk described in Criterion 2.6.a informed the selection of Council of Linkages course competencies.

Program Competency	Council of Linkages Competencies
Fluency of Content Knowledge • General for the program • Specific to the capstone	• Describes factors affecting the health of a community (e.g., equity, income, education, environment) • Describes public health applications of quantitative and qualitative data • Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making • Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs) • Recognizes the contribution of diverse perspectives in developing, implementing and evaluating policies, programs, and services that affect the health of a community • Describes the effects of policies, programs, and services on different populations in a community • Describes the programs and services provided by governmental and nongovernmental organizations to improve the health of a community • Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, Journal of Public Health Management and Practice, Morbidity and Mortality Weekly Report, The World Health Report) to support decision making • Describes the structures, functions and authorizations of governmental public health programs and organizations • Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness) • Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels
Critical Thinking	• Interprets quantitative and qualitative data • Describes implications of policies, programs and services • Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
Research Methodology & Information Literacy	• Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the

	health of a community
	• Selects valid and reliable data
	• Uses quantitative and qualitative data
	• Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
	• Recognizes the limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
Communication	• Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
Technical Proficiency	• Uses information technology in accessing, collecting, analyzing, using, maintain, and disseminating data and information
Contribution to the Discipline/Profession	• Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)

In order to evaluate graduates of the program, a simplified set of competencies were developed to better measure graduates' skills. Both recent alumni (OIR *Recent Graduate Survey)* and employers (*Employer Survey*) receive surveys with these simplified competencies based on professional skills (*ERF 1.2 Longitudinal Surveys*). Questions relate to skills such as critical thinking, problem solving, decision making, professional writing, assessment, planning, and applying research to practice. See Criterion 2.7.e for more details.

2.6.c   A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

- Table 2.6.1 depicts courses to each of the Council of Linkages competencies embedded under the seven overarching program competencies. Mapped courses are ones which have at least one graded assignment that covers the competency. It does not address the breath of coverage of a specific competency that may be cited in multiple assignments in a course.

- Table 2.6.1 categorizes competencies as **(P) primary to learning a skill** or **(R) reinforcing a skill previously covered in an earlier course.**

- Table 2.6.1 includes *PBH 600 Capstone Seminar* because it covers a core set of competencies in the assessment, communication, and public health sciences domains.

- Table 2.6.1 does not include competencies for *PBH 650 Clerkship* and *PBH 601 Capstone Project* as these vary based on student experience and project (see Criterion 2.6.a)

Table 2.6.1 Courses and activities through which competencies are met

Program Competencies			US Healthcare Organization & Delivery (HPL 500)	Introduction to Public Health (PBH 501)	Behavioral & Social Theories in Public Health (PBH 502)	Basic Public Health Statistics (PBH 504)	Fundamentals of Epidemiology (PBH 506)	Fundamentals of Environmental Health (PBH 507)	Public Health Policy & Advocacy (PBH 509)	Health Research Methods (PBH 510)	Health Communication & Social Marketing (PBH 511)	Qualitative Research Methods (PBH 512)	Dimensions of Global Health (PBH 514)	Cultural Humility & Competence (PBH 515)	Special Populations in Environmental Health (PBH 517)	Program Planning & Evaluation (PBH 520)	Capstone Seminar (PBH 600)	Adv. Social & Behavioral Theory & Intervention (PBH 602)	Advanced Statistics (PBH 605)	Advanced Epidemiology (PBH 606)	GIS Mapping (PBH 609)	Other Learning Experience[38] (OTHER)
Fluency of Content Knowledge • **general for the program** • **specific to the capstone**																						
	#	**Council of Linkages Course Competencies**																				
	1A1/1B1/1C	Describes factors affecting the health of a community (e.g., equity, income, education, environment)		P	P		P	P	R		R	R	R	R	R	R	R	R		R	R	R

Program Competencies			HPL 500	PBH 501	PBH 502	PBH 504	PBH 506	PBH 507	PBH 509	PBH 510	PBH 511	PBH 512	PBH 514	PBH 515	PBH 517	PBH 520	PBH 600	PBH 602	PBH 605	PBH 606	PBH 609	OTHER
1A9	Describes public health applications of quantitative and qualitative data			P	R	P	P					P				P	R				P	
1A14	Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making			P		R			P							R					R	R
2A6	Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)		P	P					P		P					P	R	R			R	R
4A4	Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community			P										P		P						R
4A6	Describes the effects of policies, programs, and services on different populations in a community								P					R	P	R						R

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Program Competencies		HPL 500	PBH 501	PBH 502	PBH 504	PBH 506	PBH 507	PBH 509	PBH 510	PBH 511	PBH 512	PBH 514	PBH 515	PBH 517	PBH 520	PBH 600	PBH 602	PBH 605	PBH 606	PBH 609	OTHER
5A1	Describes the programs and services provided by governmental and nongovernmental organizations to improve the health of a community		P	R									R		R						
6A4/6B5	Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, Journal of Public Health Management and Practice, Morbidity and Mortality Weekly Report, The World Health Report) to support decision making	P	P	R			R		P			R		R	P		R		R		R
7A1	Describes the structures, functions, and authorizations of governmental public health programs and organizations	P												P							
7B2	Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)						P	P													R

Program Competencies			HPL 500	PBH 501	PBH 502	PBH 504	PBH 506	PBH 507	PBH 509	PBH 510	PBH 511	PBH 512	PBH 514	PBH 515	PBH 517	PBH 520	PBH 600	PBH 602	PBH 605	PBH 606	PBH 609	OTHER
	8A2/8B2	Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels		P					P				R		R							R
Critical Thinking																						
	1B10	Interprets quantitative and qualitative data		P		P						P	R			P		R	R	R	P	
	2A7	Describes implications of policies, programs, and services	P	P	R			R						R		P	R	R			R	R
	6B6	Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)		R		P				P		P						R		R	R	
Research Methodology & Information Literacy																						
	1A2	Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community		R			P			P		P	R				R	P	R	P	P	P

	Program Competencies	HPL 500	PBH 501	PBH 502	PBH 504	PBH 506	PBH 507	PBH 509	PBH 510	PBH 511	PBH 512	PBH 514	PBH 515	PBH 517	PBH 520	PBH 600	PBH 602	PBH 605	PBH 606	PBH 609	OTHER
1A5	Selects valid and reliable data		R		P				P		P	R						R			
1A10	Uses quantitative and qualitative data				P				P		P	R			R	R		R		P	
1B2/1C2	Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community				P				P								R	R	R	P	
6A5	Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)		P		P	P			P		P				P			R	R	R	
Communication																					
3A2/3B2/3C2	Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)		P	P			R						R		P	R	R			R	R
Technical Proficiency																					

Program Competencies			HPL 500	PBH 501	PBH 502	PBH 504	PBH 506	PBH 507	PBH 509	PBH 510	PBH 511	PBH 512	PBH 514	PBH 515	PBH 517	PBH 520	PBH 600	PBH 602	PBH 605	PBH 606	PBH 609	OTHER
	1A4/1B4/1C4	Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information			R	P				P		P	R						R			
Contribution to the Discipline/Profession																						
	3A5/3B5/3C5	Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)					P			P							P		R	R	R	P	R

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

- Council of Linkages competencies are primarily covered in each core course (see Table 2.6.1).

- Council of Linkages Competencies from each of the eight domains are represented in the program competencies indicating the breadth of public health knowledge and skills that students in the JCPH MPH program obtain prior to graduation. All courses (with the exception of *PBH 601* and *PBH 650*) can be linked to competencies to the program's overarching competencies.

- Five domains of the Council of Public Health Linkages – **Analytical/Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills** and **Public Health Science Skills –** have the largest focus in the MPH curriculum based on the number of courses with at least one competency in that domain. The matrix also provides an indication of the depth of competencies within specific domains across various courses. An example is *PBH 520 Program Planning and Evaluation* which has the largest number of competencies of any course, in such domains as Analytical/Assessment Skills and Policy Development/Program Planning Skills.

- As noted in Criterion 2.1, a major result of the competency review is the planned expansion of *PBH 520* from a one-term to a two-term course to accommodate the large number of competencies.

  - The course competency matrix will also be used by the MPH Curriculum Subcommittee in Spring 2016 to review core MPH courses to assure complementarity and reinforcement of competencies taught in courses taken prior to *PBH 520*.

  - Another discussion will focus on MPH Clerkship and Capstone competencies to assure that they reinforce competencies addressed in specific MPH courses.

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

In 2014-2015 the MPH Accreditation Committee developed instructional, research, and service objectives and determined that all MPH courses, Clerkship experiences and Capstone project should have specific "skill-based" competencies that are generic for each course but flexible and tailored for individual Clerkship and Capstone projects. It was decided that the June 2014 Public Health Foundation Council of Linkage competencies fulfilled this need. The faculty reviewed and revised their course syllabi using a standard course syllabus template.

- Emphasis was placed on enhancing the quality of learning objectives within each course and directly linking all graded assignments to one or more Council of Linkages competencies.

  - It was also recommended that courses use rubrics for all graded course assignments.

- The updated MPH course syllabi were introduced in 2015-2016, and students were introduced to the new syllabi format and course competencies during the initial meeting of each course.

- The MPH Clerkship Handbook was revised in July 2015 (previous revision was September 2013) by the MPH Clerkship Coordinator and MPH Program Director with the help of MPH faculty *(ERF 2.4 MPH Clerkship Handbook).* The revision includes a process in which students select competencies for their final Clerkship paper and share them with their Preceptor.

- MPH Capstone Guidelines were revised in July 2015 to stipulate the manner in which competencies would be determined for both *PBH 600 Capstone Seminar* and *PBH 601 Capstone Project* (see *ERF 2.5 MPH Capstone Guidelines*). The Capstone Guidelines also introduce students to the seven overarching program competencies via the evaluation rubric.

- As described in Criterion 2.6.b, the MPH program introduced alumni surveys that include an assessment of core skills relevant to public health practice.

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

MPH faculty assess changing practice and research needs in a variety of ways:

- Through professional development and continuing education opportunities including webinars and attendance at national, regional and local meetings and conferences such as the American Public Health Association, the Association of Prevention Teaching Research (APTR) Council of Public Health Programs, the Association of Schools and Programs for Public Health (ASPPH), the Society for Public Health Education (SOPHE), the College of Physicians of Philadelphia, Public Health Section, among others.

- Community meetings, including input from the MPH Community Advisory Board (CAB), Clerkship and Capstone Preceptors.

- Participation in Boards, Committees and Associations.

- Published reports and articles.

This information is used during course/program review sessions by the MPH faculty and MPH Curriculum Subcommittee.

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

This criterion is met.

Strengths

- The MPH program has a clear set of competencies for its instruction, Clerkship experience and Capstone Projects.

- All MPH courses have a set of student competencies directly linked to specific graded learning experiences and assignments for all courses.

- An analysis of Council of Linkages competencies shows that MPH courses focus on primarily five of the eight domains.

- Program competencies were developed through a process involving faculty, alumni and students.

Challenges

- The extent of mastery of a particular competency is measured indirectly through faculty assessments of graded assignments and subsequent course grade, and thus do not fully measure a specific skill learned and practiced by the student.

- Student mastery of competencies via the MPH Clerkship experience and MPH Capstone Project are subjective and self-assessed by the student, and reviewed by the Preceptor and Capstone Committee Chair.

Plans for the Future

- Continuous review of competencies based on student, faculty, and preceptor input.

- Increased experiential and service learning opportunities embedded in MPH courses, thereby enhancing the focus on practice of public health skill competencies.

- Improved dissemination of end-of-program and 12 month post-graduation surveys to improve response rates. See Criterion 1.2.

- Work with MPH alumni to determine optimal ways to survey employers to assess student skills/competencies in public health practice. The Academic Projects Coordinator has contacted several MPH alumni to coordinate the dissemination of a MPH Employer Survey. Additional efforts are being planned.

Criterion 2.7 Assessment Procedures

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

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

Procedures used for monitoring and evaluating student and alumni progress in achieving competencies are described in Criterion 2.6. These procedures include:

- **Courses** are mapped to competencies based on Council of Linkages using graded assignments and course grades.

- **Clerkships** are self-assessed by students and assessed by student's Clerkship Preceptor and then reviewed by the MPH Clerkship Coordinator (see *ERF 2.4 MPH Clerkship Handbook* and *ERF 2.4 MPH Clerkship Evaluation Report, 2009-2014).*

- **Capstone Seminar** competencies are assessed by the student (see *ERF 2.5 MPH Capstone Guidelines* and the Capstone Seminar syllabus in *ERF 2.3 MPH Course Syllabi)* and by the Capstone Seminar Instructor and the Capstone Coordinator.

- **Capstone Project** competencies are determined and assessed by the student and her/his Capstone Committee Chairperson (see *ERF 2.5 MPH Capstone Guidelines).* Project assessment uses a three-point scale with *3* for *Distinguished*, *2* for *Proficient* and *1* for *Substandard.* Students must receive an average score of 2.0 to pass the Capstone requirement.

2.7.b   Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.

Table 2.7.1. Students in MPH Degree, By Cohorts, Entering Between 2010-11 and 2014-15

	Cohort of Students	2010-11	2011-12	2012-13	2013-14	2014-15
2010-11	# Students entered	36				
	# Students withdrew, dropped, etc.	2				
	# Students graduated	0				
	Cumulative graduation rate	0.0%				
2011-12	# Students continuing at beginning of this school year	34	34			
	# Students withdrew, dropped, etc.	1	0			
	# Students graduated	7	0			
	Cumulative graduation rate	19.4%	0.0%			
2012-13	# Students continuing at beginning of this school year	26	34	37		
	# Students withdrew, dropped, etc.	1	1	0		
	# Students graduated	13	10	0		
	Cumulative graduation rate	55.6%	29.4%	0.0%		
2013-14	# Students continuing at beginning of this school year	12	23	37	25	
	# Students withdrew, dropped, etc.	0	1	1	0	
	# Students graduated	5	14	14	0	
	Cumulative graduation rate	69.4%	70.6%	38.9%	0.0%	
2014-15	# Students continuing at beginning of this school year	7	8	22	25	34
	# Students withdrew, dropped, etc.	0	0	0	0	1
	# Students graduated	3	4	12	14	0
	Cumulative graduation rate	77.8%	82.4%	70.3%	56.0%	0.0%

Table 2.7.2 Destination of Graduates by Employment Type in 2015

	Year 1 2011-2012	Year 2 2012-2013	Year 3 2013-2014
Employed	7	20	16
Continuing education/training (not employed)	3	2	10
Actively seeking employment	0	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	0	1	0
Unknown	3	9	8
Total	13[39]	31[40]	34[39]

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[39] Data from faculty who have contact with recent graduates and internet search of LinkedIn.

[40] Data from Class of 2013 Recent Graduate Survey, faculty who have contact with recent graduates and internet search of LinkedIn

Table 2.7.3 Outcome Measures Related to Assessment Procedures

	Outcome Measure	Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
		INSTRUCTION GOAL				
FACU	Faculty will embed experiential learning activities into their courses[3]	20% of courses will have an experiential learning component[12] (2.7.b)	24% (N = 4/17) **MET**	24% (N =4/17) **MET**	24% (N =4/17) **MET**	22% (N =2/9) **MET**
STUDENT	Improve level of overall student achievement during the program and post program as measured by GPA and post-MPH employment	80% of students with known employment status not continuing on for additional education will be employed at 12 months post-graduation (2.7.b)	100%[14] (N = 20/20) **MET**	100%[15] (N = 16/16) **MET**	100%[16] (N = 27/27) **MET**	**TBD[10]** (2016-2017)
	Improve student learning outcomes for each course through key components of course evaluations	Students will rate 65% of courses with an average of 4.0 or higher on a five point scale on key components[4] of course evaluations (2.7.b)	56% **NOT MET**	60% **NOT MET**	65% **MET**	67%[17] **MET**
	Improve overall level of student satisfaction with the MPH program	Graduating MPH students will give a mean satisfaction score with the program of at least 3.0 out of a 4.0 point scale (2.7.b)	3.0 **MET**	3.2 **MET**	3.3 **MET**	**TBD[10]** (Fall 2016)
	Increase level of student satisfaction with Clerkship (Practicum) experience	MPH students completing their clerkship will give a mean satisfaction score of at least a 3.0 out of a 4.0 scale. (2.7.b)	3.7 **MET**	3.5 **MET**	3.6 **MET**	**TBD[10]** (July 2016)
PROGRAM	Improve GPA and graduation measures for the MPH program	The average GPA of graduating students will be 3.5 or higher (2.7.b)	3.80 (2012-2013 grads) **MET**	3.85 (2013-2014 grads) **MET**	3.82 (2014-2015 grads) **MET**	**TBD[10]** (Fall 2016)
		75% of students will graduate within 5 years of matriculation (2.7.b)	73% (enrolled 2012-2013) **TBD[20]**	68% (enrolled 2013-2014) **TBD[20]**	9% (enrolled 2014-2015) **TBD[20]**	0% (enrolled 2015-2016) **TBD[20]**

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
	Improve outcomes of the MPH Capstone project through application of a comprehensive assessment rubric	90% of graduating students will score 2.2 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	N/A[21]	N/A[21]	65% (N = 15/23) **NOT MET**	100% (N = 9/9) **MET**
		20% of graduating students will score 2.5 or higher on the revised Overall Capstone Evaluation rubric (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	N/A[21]	N/A[21]	39% (N = 9/23) **MET**	44% (N = 4/9) **MET**
	Continue and enhance ongoing program evaluation	MPH faculty will review at least one key program content area annually for quality, integrity and timeliness and revise accordingly (2.7.b)	Reviewed[24] **MET**	Reviewed[25] **MET**	Reviewed[26] **MET**	**TBD**[10] (June 2016)
RESEARCH GOAL						
STUDENT	Enhance the public health-related research skills of students to do advanced research	25% of graduating student will take 2 or more advanced courses in research skills as their electives (PBH 512, 605, 606, and 609) (2.7.b; 3.1.d)	9% **NOT MET**	29% **MET**	23% **NOT MET**	**TBD**[10] (Fall 2016)
	Enhance the quality of student scholarship	The average score of graduating students' MPH Capstone research projects will be a 2.3 or higher (3 point scale where 1 is substandard; 2 is proficient; and 3 is distinguished) (2.7.b)	N/A[21]	N/A[21]	2.4 (N = 23) **MET**	2.5 (N = 9) **MET**
	Increase student dissemination in public health-related scholarship initiatives	5% of graduated students will publish manuscripts in a peer-reviewed publication within 1 year of graduation (2.7.b; 3.1.d)	10% (N =3 of 31)[28] **MET**	6% (N = 2 of 34)[28] **MET**	3% (N = 1 of 34)[28] **NOT MET**	**TBD**[10] (2017)

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
		15% of graduated students will present (oral presentation, poster) their scholarship at a global, national, regional or local conference during their matriculation or within one year of graduation (2.7.b; 3.1.d)	19% (N = 6/31)[28] **MET**	18% (N = 6/34)[28] **MET**	15% (N = 5/35)[28] **MET**	**TBD[10]** (2017)
SERVICE GOAL						
STUDENT	Increase student participation in public health-related service activities	20% of students will have participated in at least one public health-related service activity (2.7.b; 3.2.d)	19% **NOT MET**	30% **MET**	16% **NOT MET**	31% **MET**
		20% of students will have participated in a College or University committee or task force (2.7.b)	21% **MET**	24% **MET**	24% **MET**	24% **MET**

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

MPH alumni are surveyed twice about employment after graduation – one at 2 months post-graduation
(Employment Survey) and one at 12 months post-graduation (Recent Graduate Survey). Below is a
summary of the responses to the Recent Graduate Survey for 2011-2012 and 2012-2013. The 2013-
2014 Recent Graduate Survey was administered in early September, but the low response rate
prohibited the results from being analyzed (N = 4/14). Results shown for 2013-2014 are from the
Employment Survey (Class of 2014). As described in Criterion 2.6.b, the skills/competencies used in the
survey are a condensed version of Council of Linkages competencies that reflect MPH program and
public health practice. The low response rate for the surveys remains a concern. MPH program
leadership is working with the University Office of Institutional Research (OIR) to find ways to improve
the alumni response rate to these surveys (*ERF 1.2 Longitudinal Surveys*). OIR will be administering a 5
year post-graduation Graduate Survey in 2016.

	2011-2012	**2012-2013**	**2013-2014**
Survey Respondents, N (Response Rate)	4/17 (24%)	12/34 (35%)	21/33 (64%)
Are you currently employed?			
Yes, one full-time position	4 (100%)	8 (80%)	11 (52%)
Yes, one part-time position	--	--	2 (10%)
Yes, two or more part-time positions	--	--	--
No, not presently employed	--	2 (20%)	8 (38%)
Did you encounter any problems in finding a position after graduation?			NA
Yes	3 (75%)	2 (22%)	
No	1 (25%)	7 (78%)	
Overall, how satisfied are you with this position?			
Very satisfied	1 (25%)	2 (29%)	
Satisfied	2 (50%)	5 (71%)	NA
Dissatisfied	1 (25%)	--	
Very Dissatisfied	--	--	
My Jefferson degree has had a great impact on finding employment.			
Strongly agree	NA	2 (25%)	NA
Agree		2 (25%)	
Disagree		3 (38%)	
Strongly Disagree		1 (13%)	
If you are not employed, please indicate the primary reason.			
Do not desire employment at this time	NA	1 (50%)	8 (100%)
Unable to secure employment		--	--
Other		1 (50%)	--

In order to supplement survey responses, data was collected from faculty and online searches. Many students stay connected with trusted MPH faculty members and as a result, faculty were able to provide additional information about graduates' employment status. Social networking sites, such as LinkedIn, provided additional information.

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

To date, only four graduates have taken the Certified Health Education Specialist (CHES) exam; all passed the exam. One graduate has taken and passed the CPH exam.

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

In the 2011-2012 and 2012-2013 Recent Graduate Surveys, alumni rated skills learned from the MPH program 3.0-3.6 on a 4 point scale (4 = excellent) for 16 performance questions (*ERF 1.2 Longitudinal Surveys*). As stated in [Criterion 2.7.c](#), the 2013-2014 Recent Graduate Survey was not analyzed due to the low response rate. Leadership in the MPH program is currently working with OIR to increase response rates.

In February 2016 employers of JCPH graduates from the past three years were contacted with an electronic survey (see *ERF 2.7 Employer Survey)*. The questionnaire asked direct supervisors to rate alumni's professional skills and provide suggestions on how to better prepare our graduates for public health practice. An optional in-person or telephone meeting was made available for respondents to gather additional information.

- Thirteen employers completed the survey (41% response rate).

- Employers rated 14 professional skills highly at a 3.2 or above out of a 4.0 scale.

- Employers were particularly impressed with our graduates' abilities to conduct, participate in or apply research to practice (3.7/4), work as part of a team (3.8/4) and work interprofessionally (3.8/4). Responses to the open-ended question reaffirmed that employers were looking to hire employees with the skills listed on the survey. Employers also recommended new hires have improved program planning and evaluation skills.

- Two interviews were conducted with employers. Employer A's comments reinforced the need to provide students with the skills to conceptualize an entire program including developing objectives and implementation plans to achieve those objectives. Employer B hired a more recent graduate of the program and lauded the alum's application of public health knowledge, survey design, research methods, and management skills.

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

This criterion is met.

Strengths

- Graduation rates meet the national guidelines of a minimum of 70%.

- Employment rates for the most recent graduate class, 2014-2015, are at 100%, well above the national guidelines minimum of 80%.

- Assessment processes have been updated for MPH instruction (courses), the MPH Clerkship experience, and the MPH Capstone Project (both written and oral).

- Thomas Jefferson University is unique in that it has been conducting a Longitudinal Survey of its medical school alumni since the 1940s and of all other health professions (nursing, PT, OT, etc.) since the 1970s. The MPH program was added to these surveys in the mid-2000s when it graduated its first group of students. The Longitudinal Surveys for the MPH program are organized and deployed through the Office of Institutional Research (OIR) (*ERF 1.2 Longitudinal Surveys*).

Challenges

- The longitudinal *Recent Graduate Survey* developed by OIR was originally developed for health professions students and is not always appropriate for MPH graduates, especially as related to competencies.

- OIR also conducts an annual *Employer Survey*, but as it is sent to all employers of TJU grads, questions aren't always appropriate for employers of MPH graduates. Responses specific to the MPH program cannot be separately analyzed.

- Generally, alumni and employer response rates to these surveys are low, hindering the compilation of this important information.

Plans for the Future

- Work with OIR to refine Longitudinal Survey questions to gather data more appropriate for assessment of the MPH program and its competencies. Several meetings/discussion with OIR have taken place. See Criterion 1.2.e.

- Collaborate with students, alumni, and the MPH Community Advisory Board (CAB) to explore additional tools and ways to assess public health practice skills and competencies. This is especially important because many MPH graduates go on to medical and other health sciences graduate programs following receipt of the MPH degree and may have experience in applying these skills in public health practice settings.

- Provide additional communication and mentoring for interested MPH students and graduates regarding the CHES and CPH credentialing examinations. These examinations were discussed with a select group of students during a Fall 2015 student meeting.

Criterion 2.8 Bachelor's Degrees in Public Health

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

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

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

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (e.g., 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

The JCPH MPH program does not offer bachelor's degrees in public health.

Criterion 2.9 Academic Programs

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.

The only degree offered by the JCPH MPH program is the Master in Public Health.

Criterion 2.10 Doctoral Degrees

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

The MPH program at JCPH does not offer a doctoral degree program.

Criterion 2.11 Joint Degrees.

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

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

The JCPH MPH program is offered in five joint degree programs. Please refer to Criterion 2.1.a.

JD/MPH with the Family Health Law & Policy Institute at The Delaware Law School at Widener University
MD/MPH with Thomas Jefferson University Sidney Kimmel Medical College
DO/MPH with the Philadelphia College of Osteopathic Medicine (PCOM)
PharmD/MPH with the Jefferson College of Pharmacy
MSS/MPH (MSS stands for a Master of Social Services which is equivalent to a Masters of Social Work [MSW]), with the Graduate School of Social Work and the Social Research at Bryn Mawr College

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

JD/MPH

In 2007, the JCPH MPH program partnered with The Family Health Law & Policy Institute at the then-Widener School of Law to establish a joint degree program. The joint degree was revised in 2014. In 2015, the Widener University School of Law became the Delaware Law School at Widener University. Students in the joint degree program receive both a JD and MPH after a total of four years. Clarifications on transferable credits and the approval process of *public health-related* JD field experiences by the MPH Clerkship Coordinator were made in 2016 (effective April 1, 2016) (see Criterion 2.4a).

- Widener law students take a year's leave of absence after completing their first two years of law school and matriculate into the JCPH MPH program during their third year.

  - During the third year they complete required MPH courses and the MPH Clerkship.

  - During the fourth year they return to Widener University to complete their final year of legal education and complete the MPH Capstone Project.

- JD students may take any of the following courses in the revised JD program. Credits assigned to each course are indicated below:

  - *Foundations of Health Care Law* (4 credits)

  - *Public Health Law Seminar* (2 credits)

  - *Medical-Legal Partnership: Poverty Law* (1-3 credits; flexible)

  - *Medical-Legal Partnership: Externship* (1-3 credits; flexible)

- o *Bioethics Seminar* (2 credits)

- o *Domestic Violence*(2 credits)

- o *Elder Law* (2 credits)

- o *Food & Drug Law* (2 credits)

- o *Pharmaceutical Regulations* (2 credits) (see *ERF 2.11 JD Joint Degree* for more details)

- JD/MPH students who receive a grade of B or higher may transfer up to nine (9) credits earned in these courses to the MPH program.

  - o These credits fulfill the 9-credit elective requirement of the MPH program.

  - o In reciprocation, JCPH MPH students may transfer up to nine (9) MPH credits into the Delaware Law School curriculum should they matriculate into that program after completion of the MPH degree.

- The Family Health Law & Policy Institute recently established new practice requirements for the law degree: *Delaware Civil Clinic, Veteran's Law Clinic*, or *Medical/Legal Partnership*. The MPH program vetted these new practice components and grants three additional MPH credits to JD/MPH students who take at least two of these practice experiences to fulfill the MPH Clerkship requirement. See Criterion 2.4.a for more information.

JD/MPH Course	JCPH MPH Equivalent
Student completes any of the following courses: *Foundations of Health Care Law* *Public Health Law Seminar* *Medical-Legal Partnership: Poverty Law* *Medical-Legal Partnership: Externship* *Bioethics Seminar* *Domestic Violence* *Elder Law* *Food & Drug Law* *Pharmaceutical Regulations*	3 MPH Elective Courses for nine credits
Must choose at least two: *Delaware Civil Clinic* *Veteran's Law Clinic* *Medical/Legal Partnership*	*PBH 650 MPH Clerkship* (minimum of 120 hrs.)

- For admission to the joint program, JD/MPH applicants must complete the standard MPH application before the end of their second year of law school and must meet all MPH admissions criteria. LSAT exam scores may be substituted for the GRE requirement.

- To date, four students have enrolled in the JD/MPH dual degree program.

Copies of relevant Delaware Law School Family Health Law & Policy Institute's course summaries and syllabi can be found in *ERF 2.11 JD Joint Degree*.

MD/MPH

In 2007-2008 TJU's Jefferson Medical College (now Sidney Kimmel Medical College [SKMC]) and the MPH program (then housed in the Jefferson College of Graduate Studies) developed a five-year joint MD/MPH degree program that was introduced in 2008-2009.

- SKMC students obtain a one-year leave of absence following their third year of medical school in order to enroll in the MPH program. They complete a formal MPH application before the end of their third year. They must meet all MPH admissions criteria; MCAT scores are substituted for the GRE. Any medical school financial aid is suspended during this time. During the fourth year they complete all required MPH courses and the MPH Clerkship. Students return to SKMC for their final (fifth) year of medical school and complete the MPH Capstone Project during this time. They receive both MD and MPH degrees after a total of five years.

- To date, 5 students have enrolled in the MD/MPH dual degree program.

- As part of the joint program, SKMC students are eligible to transfer up to nine (9) credits (equivalent to three courses) into the MPH program. These credits are awarded for (1) *Introduction to Community Medicine (ICM)*, which includes 72 lecture hours on public and community health themes plus more than 12 hours of small group discussions (six credits) and (2) the choice of an additional 3-credit elective. For the additional elective, students can select experiential 4-6 week courses directly related to public health (Indian Health, Refugee Health, Obesity, Mazzoni Center serving LGBT youth and adults, Homeless Populations, and Advocacy and Community Partnerships, among others) (see *ERF 2.11 MD Joint Degree*).

MD/MPH Course	JCPH MPH Equivalent
ICM I and II	2 MPH elective courses for six credits

4th Year MD electives
   Advocacy and Community Partnerships
   Community Medicine
   Homecare
   Homeless Care
   Indian Health Service
   Obesity
   Refugee Health
	1 MPH elective course for three credits

College within a College Option

In 2010 Jefferson Medical College (now SKMC) received five year funding from the federal Health Services Resource Administration (HSRA) to infuse public and population health curricula into medical education.

- The MPH Program Director and MPH faculty worked with Affiliated MPH faculty (J. Plumb; R. Brawer) from the Center for Urban Health, a division of Thomas Jefferson University Hospital, to develop this pilot model as a population health elective program for SKMC students.

- Titled *Population Health College within a College (CwiC)*, it consists of two MPH courses (*PBH 501 Introduction to Public Health* and *PBH 502 Social & Behavioral Foundations of Public Health*) re-formatted to fit into the medical school class schedule.

- Interested SKMC students can select this elective experience in the second semester of their first year and continue their participation throughout their four years of medical school.

- They receive a special commendation upon graduation as well as a Dean's Letter for their academic files.

Copies of the list of topics covered in ICM with highlighted public health topics; summaries of the public health-related fourth year elective field experiences and their assessment form; sample of small group discussion topics and reflection papers; a schematic of the Population Health College within a College program; and additional information on the *Population Health College within a College* are in *ERF 2.11 MD Joint Degree*.

DO/MPH

Introduced in 2015-2016, the DO/MPH is a collaboration between the JCPH MPH program and the Philadelphia College of Osteopathic Medicine (PCOM).

- The DO/MPH joint degree program is similar to the MD/MPH program with SKMC in that PCOM DO students take a leave of absence from their medical studies to complete MPH courses in one academic year between their third and fourth years at PCOM. They complete the MPH Capstone research project and a special public health-related Clerkship experience, when they return to PCOM to finish their final year of medical education. DO students apply to the MPH program before the end of their third year of medical school and must meet all MPH admissions criteria; MCAT scores can be substituted for the GRE.

- To date, one student has enrolled in the DO/MPH dual degree program.

- A review of the DO curriculum by the JCPH Committee on Curriculum and Academic Policy (CAP) determined that there was sufficient equivalence to allow DO students to transfer 12 DO credits into the MPH program to fulfill the MPH nine (9) credits elective and clerkship requirements. The PCOM DO courses vetted for MPH elective credits include:

  - *DO 238A, 238B, 238C Preventive and Community-Based Medicine*

  - *DO 233: Life Stages: Geriatrics and Pediatrics*

  - *DO 311: Medical Law*

- PCOM developed a special fourth year clerkship experience for DO/MPH students entitled *Applying Public Health and Clinical Competencies in the Chronic Care Management of Special Needs Patients.* This special experience meets MPH Clerkship requirements. See Criterion 2.4.a for more information.

DO/MPH Course	JCPH MPH Equivalent
DO 238A, 238B, 238C Preventive and Community-	3 MPH Elective Courses for nine credits

Based Medicine DO 233: Life Stages: Geriatrics and Pediatrics DO 311: Medical Law	
Applying Public Health and Clinical Competencies in the Chronic Care Management of Special Needs Patients	*PBH 650 MPH Clerkship* (minimum of 120 hrs.)

See *ERF 2.11 DO Joint Degree* for supporting documentation including course summaries, DO course syllabi, and the articulation agreement establishing the joint degree program.

PharmD/MPH

The PharmD/MPH joint program was introduced in 2014 as a collaboration between JCPH and its MPH program and the Jefferson College of Pharmacy (JCP) and its PharmD program.

- Unlike the other joint degree programs, PharmD students complete their entire four-year program before they complete remaining MPH credits. They apply to the MPH program within three years of graduation from the PharmD program. They must meet all MPH admissions requirements; PCAT (Pharmacy College Admissions Test) scores may be substituted for the GRE.

- To date, only one student has enrolled in the PharmD/MPH dual degree program.

- The JCPH/JCP articulation allows PharmD students to transfer up to twelve (12) PharmD credits into the MPH program as equivalent to nine (9) MPH course credits and 3 credits for the Clerkship experience. PharmD students must receive a grade of B or better in the elective courses and a Pass for the Pharmacy field experiences. See Criterion 2.4.a for more information on the Pharmacy field experience.

PharmD Course	JCPH MPH Equivalent
PHRM 511 Biostatistics	*PBH 504 Basic Public Health Statistics*
PHRM 519 Healthcare Delivery System	*HPL 500 US Healthcare Organization & Delivery*
PHRM 551 Pharmacoeconomics & Health Outcomes	MPH elective course for three credits
PHRM 522/PHRM 680	*PBH 650 MPH Clerkship* (minimum of 120 hrs.)

Copies of PharmD course and field experience summaries and syllabi, along with the Articulation agreement between JCPH and JCP, can be found in *ERF 2.11 PharmD Joint Degree.*

MSS/MPH

In 2013 JCPH and its MPH program collaborated with Bryn Mawr College and its Graduate School of Social Work and Social Research (GSSWSR) to establish a joint degree program in public health and social services (social work) - MSS/MPH (because it is a pioneer in this field, Bryn Mawr's program continues to use the term "social services," the original name for social work, in its degree designation).

- MSS/MPH applicants complete the standard MPH application and meet all MPH admissions criteria. There are two options for completing the MSS/MPH program:
  - MSS students take a leave of absence from the MSS program after the first year of their program to enroll in the MPH program. In this second year they complete all required MPH courses. They return to the MSS program in the third year to complete

coursework for the MSS and to finish their Capstone Project for the MPH degree. Students graduate with both degrees at the end of the third year.

- o Bryn Mawr students enroll in the MPH program after completing their MSS degree. They may take up to five years to complete the MPH degree from the date of their MSS graduation. This accommodates both full-time students and working students who wish to take courses on a part-time basis.

- To date, one student has enrolled in the MSS/MPH dual degree program.

- MPH faculty determined that the MSS courses and field experiences listed below are equivalent to JCPH MPH courses/experiences. This equivalency enables MSS students to transfer 12 MSS credits (3 courses and Field Education practicum) into the MPH program. MSS students must have a grade of B or better in the transferred courses and a Passing grade for their Field Education (practicum). For more information about the Field Experience practicum, see Criterion 2.4.a.

GSSWSR MSS Courses	JCPH MPH Equivalent
B503/B504 Research Informed Practice I/II	PBH 510 Health Research Methods
B517 Social Policy Foundations and B508 Community Strategies and Assessment: Advocacy and Action	PBH 509 Public Health Policy & Advocacy
B540 Multiculturalism and Diversity: Advanced Perspectives	PBH 515 Cultural Humility & Competence
B541/B542 Field Education III,IV (practicum)	PBH 650 MPH Clerkship (minimum of 120 hrs.)

- The program with Bryn Mawr College is reciprocal in that MPH students interested in earning an MSS degree from Bryn Mawr GSSWSR can do so after completion of their MPH courses. To be eligible to sit for the social work licensing exam and to comply with national social work requirements, MPH students can transfer a maximum of nine (9) credits or three MPH courses into the MSS program.

JCPH MPH Courses	GSSWSR MSS Equivalent
PBH 510 Health Research Methods	B503 Research Informed Practice I
PBH 504 Basic Public Health Statistics	B504 Research Informed Practice II

1 MPH course
    PBH 509 Public Health Policy & Advocacy
    PBH 511 Health Communication & Social Marketing
    PBH 512 Qualitative Research Methods
    PBH 514 Dimensions of Global Health
	1 elective credit

Copies of applicable MSS course syllabi and field experience summaries, along with the Articulation Agreement between JCPH and GSSWSR are in *EFR 2.11 MSS Joint Degree.*

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

This criterion is met.

Strengths

- The MPH joint degrees recognize the interprofessional nature of public health training and practice and serve as an incentive for MPH applicants to obtain a second complementary graduate degree for career enhancement.

- The MPH joint degrees symbolize important interdisciplinary and interprofessional partnerships within Jefferson – Sidney Kimmel Medical College (SKMC) and Jefferson College of Pharmacy (JCP) – and collaboration with three local universities (Widener, PCOM, and Bryn Mawr).

- Mixing students from law, medicine (allopathic and osteopathic), pharmacy, and social work in MPH courses increases interprofessional diversity of perspectives and backgrounds and enhances collaborative learning.

- In articulating courses, MPH faculty and leadership have reviewed courses from the articulating program to assure that they are equivalent to MPH courses in content, quality and competencies.

- Regular communication occurs between administration and faculty of both institutions involved in the joint degree. The persons responsible for this supervision include the MPH Program Director and Clerkship Coordinator, among others.

Challenges

- Communication between both joint degree institutions can be challenging due to differing schedules and work responsibilities.

- Lack of scholarship funding makes the joint programs a "hard sell," thereby limiting the number of students who enroll.

Plans for the Future

- Regular meetings between participating institutions will be established beginning in Spring/Summer 2016 to discuss public health instruction, research and service embedded in the joint programs.

- Establish scholarships for each of the joint degree programs through strategic collaboration with the Jefferson Office of Institutional Advancement. To date, scholarships are provided for the MD/MPH (Joseph Gonnella Scholarship) and MSS/MPH programs. As indicted in Criterion 1.6, development of a formal Strategic Development Plan for JCPH in conjunction with the University Office of Institutional Advancement is a top priority of JCPH leadership for 2015-2017.

Criterion 2.12 Distance Education or Executive Degree Programs

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

The MPH program at JCPH does not offer distance education in or an Executive Degree Program.

Criterion 3.0 Creation, Application and Advancement of Knowledge

Criterion 3.1 Research

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

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

NOTE: The MPH program includes research as part of its broader definition of *scholarship.* In defining scholarship, the MPH program uses the **Boyer Model**: Scholarship of Discovery (basic research; new knowledge); Scholarship of Integration; Scholarship of Engagement or Application; and Scholarship of Teaching and Learning. MPH faculty "research" incorporates these other forms of scholarship. For more information on the Boyer model of Scholarship, see *ERF 3.1 Boyer Model*.

MPH Program Research Activities

Policies, Procedures and Practices in Support of Research

- **Protected Time:** JCPH policy stipulates that 20% of faculty time is "protected" to allow for personal research, scholarship and service (see *ERF 4.2 Faculty Handbook*).

- **Annual Faculty Performance Review:** The Annual Performance Review, conducted by the Dean/Associate Dean, contains specific reference to research/scholarship. It is not possible to get a positive annual performance evaluation without demonstration of research or scholarship. See Criterion 1.2 for details about the Annual Performance Review.

- **Faculty Promotion Guidelines:** It is not possible for a faculty member to be promoted without demonstration of research/scholarship. See *ERF 4.2 Faculty Handbook* for appointment and promotion guidelines*.*

- **Mentorship**: When hired, the Associate Dean for Academic Affairs works with the new faculty member to provide an experienced research mentor.

- **Faculty Research Committee**: As part of its responsibilities, the Research Committee oversees a robust monthly seminar series related to research, research methods, grantsmanship, and funding sources. See *ERF 4.2 Lunch and Learn* for list of these seminars.

- **Research Administration Center of Excellence (RACE)** and **Office of Research Administration (ORA)** assist researchers in applying for grants, distributing awarded funds and completing financial reports.

- **Office of Human Research** assists in designing safe study protocol and providing IRB approval.

- **Research Support Services and Resources through Scott Memorial Library**:

  o Free grant writing services (for governmental and foundation-specific grants).

- o Writing and consulting services and trainings.

- o Searchable databases such as PIVOT, a database of funding sources.

- o Downloadable research software, citation software.

- o Large collection of full-text peer reviewed journal articles.

- o Training workshops in quantitative and qualitative research skills and corresponding software.

- **Center for Teaching & Learning's** Graphics & Illustration and Medical Media Services provides services to prepare appropriate graphics, posters and presentations.

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

Faculty members from JCPH have undertaken many community-based research activities with local, state, national and international agencies and organizations. Over half (52%) of the research activities over the last three years are/have been community-based. See Table 3.1.1.

- **N. Chernett**: Geriatric patient education funded by U.S. Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) focuses on glaucoma and programming at a local geriatric education center.

- **A. Leader:** Funding from the U.S. Department of Defense (DOD), Pennsylvania Department of Health, American Cancer Society, and Merck Inc. for prevention research on breast cancer, prostate cancer, HPV, and Hepatitis C. Dr. Leader's work actively engages adolescents, adults and seniors.

- **J. McAna**:

    - o Funding from the Italian government to study patterns of patient care among residents of two regions in Italy.

    - o With A. Crawford: Funding from Eli Lilly Inc., Centers for Medicare and Medicaid Services (CMS) and Novo Nordisk to study quality of care issues and the impact of electronic medical records (EMR) on organizational outcomes.

- **R. McIntire**

    - o With A. Leader: Funding from U.S. Department of Defense (DOD) to study neighborhood-based correlates of prostate cancer in Philadelphia.

    - o Partners with the Philadelphia Department of Public Health (PDPH) on a project to measure smoking behavior in Philadelphia city parks and in private vehicles.

- **M. Romney**:

- Works with community-based organizations on joint research projects with funding from Robert Wood Johnson Foundation (RWJF) and Weinberg Foundation to study the establishment of medical-legal partnerships that provide legal services for patients, especially those with disabilities.

- Engaged in a multi-year community research initiative on health literacy as the chief evaluator for hospital education and system initiatives and community-based peer education health literacy initiatives.

- **R. Simmons:**

  - Co-leads a multi-year community research initiative on health literacy in Pennsylvania, conducting training and evaluation of peer-led community-based health literacy training programs for seniors and other community members that has included training in Spanish-speaking countries.

  - Part of a CDC-funded glaucoma education program for seniors.

  - Worked on a HRSA-funded project to infuse public health into medical education through Jefferson's Sidney Kimmel Medical College.

  - Worked with M. Romney on a value-based health insurance program with the Greater Philadelphia Business Coalition on Health.

  - Collaborated with J. Plumb and R. Brawer on numerous community-based research partnership initiatives.

- **R. Brawer:**

  - Evaluator for a Kellogg Foundation-funded urban food and fitness alliance partnering with the Health Promotion Council of Southeastern Pennsylvania.

  - Evaluated City of Philadelphia's Healthy Corner Store "Heart Smarts" Program.

  - Funding from NIH and HRSA to study an intervention to prevent cognitive decline in African Americans with mild cognitive impairment and to implement a medical-legal partnership for patients at Thomas Jefferson University.

  - Funded initiatives from the CDC, Federation of Neighborhood Centers, and numerous organizations in such areas as "hot-spotting" of high health care utilizers, food insecurity, health education and promotion, coalition and partnership development, refugee health, urban gardening and creation of a Community Health Worker (CHW) certificate program (see Criterion 3.3).

  - Lead developer and evaluator of Thomas Jefferson University's Community Benefit program.

  - Engages public health alumni and students in conducting Jefferson Hospital's Community Health Needs Assessment and Community Health Improvement Plan as a requirement of the Affordable Care Act.

- **J. Plumb:**

  o   As Director of Jefferson's Center for Urban Health, conducts community-based research on homeless populations, immigrants and refugees, incarcerated populations, seniors, food insecurity, patient satisfaction.

  o   Provides workforce development through numerous community and clinically based population health training programs involving prenatal care and health literacy.

  o   Developed and directs with R. Brawer, the HRSA-funded *Population Health College within a College* (CwiC), a scholarly elective of Jefferson's Sidney Kimmel Medical College that infuses public health courses and field experiences in a four-year scholarly elective for Jefferson medical students (see Criterion 2.11 for more details).

  o   Engaged in global health research and practice, creating the JeffHEALTH initiative in Rwanda to provide training experience for Jefferson students, including public health students.

- **M. LaNoue**:

  o   Funding from the Patient Centered Outcomes Research Institute (PCORI) to perform concept mapping to engage patients and evaluate patient outcomes.

  o   Funding from Department of Health & Human Services (DHHS) to evaluate a mindfulness intervention for mothers in drug treatment.

  o   Funding from HRSA to explore barriers to cancer screening among women with mental health issues.

3.1.c   A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

See *ERF 3.1 Table 3.1.1 Research Activity from 2012 to 2015*. Please note that many research initiatives are listed as receiving "departmental funding". This indicates that the faculty member completed the research as part of their regular duties and was compensated as part of their salary. And estimate of FTEs was given, but no award amount.

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 (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.

Table 3.1.2 Outcome Measures Related to Research

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
RESEARCH GOAL						
FACULTY		100% of Primary, JCPH and Affiliated faculty will be actively engaged in at least one scholarship activity (3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
	Increase the number of faculty who are engaged in public health-related scholarship initiatives	50% of Primary faculty will serve as an external reviewer for a public health-related manuscript in a peer-reviewed journal or on a proposal review committee (study section) (3.1.d; 4.1.d)	50% **MET**	40% **NOT MET**	60% **MET**	80% **MET**
		75% of Primary Faculty will provide students with opportunities to engage in scholarship (3.1.d)	75% **MET**	40% **NOT MET**	80% **MET**	**TBD**[10] (June 2016)
	Increase the ability of faculty to develop public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will attend at least one faculty development activity related to scholarship (1.6.d; 3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
	Increase faculty dissemination of public health-related scholarship	100% of Primary faculty will contribute to at least one peer-reviewed publication (3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)
		100% of Primary faculty will present (oral presentation or poster) their scholarship at a global, national, regional or local conference or webinar (1.6.d; 3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)
STUDEN	Enhance the public health-related research skills of students to do advanced research	25% of graduating student will take 2 or more advanced courses in research skills as their electives (PBH 512, 605, 606, and 609) (2.7.b; 3.1.d)	9% **NOT MET**	29% **MET**	23% **NOT MET**	**TBD**[10] (Fall 2016)

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
PROGRAM	Increase student dissemination in public health-related scholarship initiatives.	5% of graduated students will publish manuscripts in a peer-reviewed publication within 1 year of graduation (2.7.b; 3.1.d)	10% (N =3 of 31) **MET**[28]	6% (N = 2 of 34)[28] **MET**	3% (N = 1 of 34) **NOT MET**[28]	**TBD**[10] (2017)
		15% of graduated students will present (oral presentation, poster) their scholarship at a global, national, regional or local conference during their matriculation or within one year of graduation (2.7.b; 3.1.d)	19% (N = 6/31)[28] **MET**	18% (N = 6/34)[28] **MET**	15% (N = 5/35)[28] **MET**	**TBD**[10] (2017)
	Increase public health-related scholarship capacity.	Ensure that at least 4 of the ongoing scholarship activities/events are public health-related (3.1.d)	4+ **MET**	4+ **MET**	4+ **MET**	**TBD**[10] (June 2016)
	Provide support to students for public health-related scholarship opportunities.	Increase financial support to allow students to disseminate scholarship (1.6.d; 3.1.d)	$500.00[19]	$1,246.50 **MET**	$3,569.85 **MET**	**TBD**[10] (June 2016)

There are no outcome measures related to research under the Instruction or Service Goals.

3.1.e   Description of student involvement in research.

- MPH students have been actively engaged in faculty research on 23% of funded and unfunded projects (see Table 3.1.1).

- MPH students in *PBH 520 Program Planning & Evaluation* work on components of Thomas Jefferson University Hospital's Community Health Needs Assessment and Improvement Plans with data collection, analysis, and translation of results to the hospital, university and various community stakeholders.

- MPH students in *PBH 606 Advanced Epidemiology* collect data on observed smoking behavior (and smoking-related litter) in parks to learn proper epidemiological data collection skills. The methodologies used and study research questions were designed through a partnership with Smoke Free Philadelphia, an initiative of the Philadelphia Department of Public Health. Data collected is used to monitor smoking behavior and assess the impact of the Philadelphia Smoke Free Park ordinance. Collecting epidemiological data for this project gives students a valuable experience with planning and implementing (and reflecting upon) an epidemiological research project.

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

This criterion is met.

Strengths

- MPH faculty are encouraged to engage in research, specifically community-based research, and are provided the appropriate financial resources and protected research time.

- MPH faculty have strong relationships with community-based organizations and other academic institutions. Faculty are able to make connections to increase student participation in research and have been able to develop research opportunities for themselves with many collaborating organizations.

- The University provides robust resources to assist faculty and students with their research, from development to dissemination.

Challenges

- Student engagement in research initiatives outside of their MPH Capstone research project is limited because many students work full-time or take the intensive one-year plus program prior to going to medical school.

- Knowledge of student involvement in research is limited to their participation in faculty research projects. Many one-year plus students are involved in research in other Colleges of TJU but this information has not been compiled.

Plans for the Future

- The MPH Faculty Committee and MPH Curriculum Subcommittee are discussing ways to more fully engage students in short-term community-based research projects, e.g., embedding such initiatives in courses; linking MPH Clerkship and Capstone projects to actual public health research initiatives; and more direct engagement with community-based organizations.

- As of 2015-2016 the MPH program co-sponsors a local annual initiative – Community Driven Research Day – with other universities and small community-based organizations that sponsor public health research initiatives. This project enables MPH faculty and students to provide mentoring and financial support for one or more public health community-based research initiatives. On February 3, 2016, the MPH program participated in its first annual Community Driven Research Day. Jefferson had several faculty representatives and five MPH students that participated. Research collaborations will begin in Summer 2016. This will be an ongoing annual event.

- JCPH faculty are planning several population health research projects for 2016 that engage both healthcare systems and public health. One or more of these projects seeks to analyze the social, environmental and behavioral factors that influence population health. This will provide additional research opportunities for MPH faculty and students.

- Assessment of student involvement in non-Capstone research initiatives at Thomas Jefferson University outside of the MPH program was performed in Spring 2016. Additional communications with students are tentatively scheduled for once per semester. The Assistant Dean for Student Affairs is responsible for connecting with students and keeping tracking of responses.

Criterion 3.2 Service

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

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

The JCPH MPH program strongly supports public health service initiatives to advance public health practice. MPH program faculty have distinct public health practice expertise and strong service priorities that are demonstrated over many years in a wide variety of settings. In addition:

- The **MPH Program Service Mission Statement** is to *Foster a Culture that Embeds Service in All Aspects of the Public Health Experience – Education, Research and Practice.*

- Faculty, students, and the MPH program as a whole have distinct service goals and measurable objectives for these goals.

  - These objectives include faculty leadership on TJU/JCPH/MPH committees and task forces and public health community initiatives.

  - MPH students are encouraged to participate in community service initiatives beyond the required MPH Clerkship experience. The MPH Program supports SAPHE, the MPH student service organization especially for this purpose.

  - The MPH program as a whole provides service opportunities for workforce development, support of the MPH student organization for service activities, and input from our MPH Community Advisory Board (CAB) on service outreach to the community. See *ERF 1.5 MPH Community Advisory Board (CAB)*.

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

Professional and community service is stipulated in the faculty promotion process. One cannot be promoted unless one fulfills the service requirement. See Application and Promotion Guidelines in the JCPH Faculty Handbook (*ERF 4.2 Faculty Handbook*).

The annual Faculty Performance Evaluation also stresses service. One cannot receive a favorable performance evaluation (and merit-based salary increases) without the demonstration of service. See *ERF 3.2 Faculty Performance Evaluation Template*.

3.2.c   A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing

education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

See *ERF 3.2 Table 3.2.1 Faculty Service from 2012 to 2015*.

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

Table 3.2.3 Outcome Measures Related to Service

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
INSTRUCTION GOAL						
FACU	Faculty will embed service learning activities into their courses[3]	20% of courses will have a service learning component[13] (3.2.d)	12% (N = 2/17) **NOT MET**	12% (N = 2/17) **NOT MET**	12% (N =2/17) **NOT MET**	11% (N =1/9) **NOT MET**
SERVICE GOAL						
FACULTY	Increase faculty participation and leadership in global, national, state, and/or local public health- related boards, committees, task forces and other community organizations	75% of Primary, JCPH and Affiliated faculty will be actively involved in national, state and/or local public health-related service activities (3.2.d; 4.1.d)	83% **MET**	100% **MET**	100% **MET**	100% **MET**
		50% of Primary faculty will have served in a leadership capacity in national, state and/or local public health-related service activities (3.2.d; 4.1.d)	75% **MET**	60% **MET**	80% **MET**	60% **MET**
		25% of Primary faculty will have engaged in a funded or unfunded workforce development service activity in a global, national, state, and/or local public health setting (3.2.d; 4.1.d)	50% **MET**	40% **MET**	60% **MET**	40% **MET**
STUDEN	Increase student participation in public health-related service activities	20% of students will have participated in at least one public health-related service activity (2.7.b; 3.2.d)	19% **NOT MET**	30% **MET**	16% **NOT MET**	31% **MET**
PROGRA	Provide opportunities for workforce development	Ensure that at least 3 of the ongoing service activities/events address community and/or public health workforce development needs (3.2.d)	3+ **MET**	3+ **MET**	3+ **MET**	**TBD[10]** (June 2016)

There are no outcome measures related to service under the Research Goal.

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

The MPH program promotes a wide range of public health-related community service opportunities for MPH students beyond the required practice experience (Clerkship). MPH students are strongly encouraged to participate in these and other public health community service activities. Examples of MPH student service initiatives over the past three years include:

- **SAPHE** (see Criterion 1.5.e) – the student public health association includes students from other TJU Colleges. SAPHE is an official TJU student service organization and engages MPH students in several projects each year. Projects over the past three years include:

    - Working with Jeff HOPE to provide preventive health education and care to homeless populations.

    - Volunteering and serving meals at homeless shelters.

    - Ebola fundraiser to raise funding for Non-Governmental Organizations (NGOs) in West Africa.

    - Public Health Week activities – students serving as historical public health walk guides, symposium on maternal and child health services.

    - American Heart Association Walk.

    - Raising of America Early Childhood Education film event which donated food to homeless shelters.

- Jeff HEALTH – Rwanda summer health education project in collaboration with the TJU SKMC student.

- OXFAM Hunger project raising awareness and funds for stamping out hunger.

- Active Minds student organization organizes programs on mental health education and awareness.

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

This criterion is met with commentary.

The MPH program strongly promotes public health community service on the part of faculty, students, and alumni. Faculty and program objectives have been met over the past three years. Although students have been actively engaged in community service initiatives, the program has not assessed the extent of student participation or the range of student community service activities. With the addition of a full-time Assistant Dean for Student Affairs, the MPH program will now be able to monitor and measure as well as promote MPH student participation in service initiatives.

Strengths

- Strong involvement of MPH faculty as leaders of local, state, national and international public health service initiatives.

- Strong encouragement and support of faculty by TJU/JCPH leadership to engage in public health community and professional service. Strong Promotion Guidelines related to service and a comprehensive Annual Faculty Performance Review policy are evidence of this strong commitment.

- Active engagement of MPH students in local and international public health-related service activities.

- New faculty role of Assistant Dean for Student Affairs provides mechanism for support and encouragement of student service.

Challenges

- Monitoring, measuring and assessment of MPH student engagement in community service activities since this information is not routinely collected at this time.

Plans for the Future

- The Faculty Committee for Student Affairs is currently working to develop a feasible assessment process for MPH student community service activities not related to the MPH Clerkship experience. The Assistant Dean for Student Affairs has communicated with MPH students to track student activities.

Criterion 3.3 Workforce Development

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

- **NOTE:** Public health is both integral and fundamental to the JCPH definition of population health. It is not always possible to separate the College's workforce development initiatives from those of the MPH program – they are complementary and often completely integrated.

- **NOTE:** JCPH is committed to providing continuing education and training to the traditionally defined public health workforce, but has expanded its definition to include *current and future healthcare providers, including medical students.* This population is in need of public health education, but has historically not been the target of traditional public health workforce development.

  o Since population health means putting public/community health together with healthcare delivery, it is imperative that workforce development in public and population health address healthcare providers, both current and future.

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

JCPH assesses continuing education and workforce development needs of the community in the following ways:

1. Community Health Needs Assessment - 2013

Findings of the Thomas Jefferson University Hospital (TJUH) required Community Health Needs Assessment (CHNA) for non-profit hospitals directly impacted JCPH/MPH decisions with respect to content and audience for workforce development programming.

- More than 60 interviews were conducted with individuals representing health care and community-based organizations that have knowledge of the health and underlying social conditions that affect health of the people in their neighborhood and broader community.

  o Interviews were conducted by a qualitative public health researcher from TJUH's Center for Urban Health, a collaborative entity with the JCPH MPH program.

  o Findings of the survey were placed in five domains: *Chronic Disease Management; Access to Care; Healthy Lifestyle Behaviors & Community Environment; Internal Organizational Structure;* and *Healthy Screening/Early Detection.* Twenty-three (23) priority health issues were identified and scored *Most Important*, *Important* and *Less Important.* The following seven were scored most important and influenced JCPH/MPH workforce programming. A review of the events and activities in Criterion 3.3.b demonstrates that the majority of topics covered by these events were related to chronic care management (diabetes, heart disease, stroke, hypertension, asthma), obesity, care coordination, health education, and workforce diversity.

Domain	Priority Health Needs/Issues	Ranking Score	Priority Level
Chronic Disease Management	Chronic Disease Management (diabetes, heart disease, hypertension, stroke, asthma)	20.5	Most Important
Chronic Disease Management	Obesity	20.0	Most Important
Access to Care	ED Utilization/Care Coordination	19.5	Most Important
Access to Care	Health Education, Health Services & Regular Source of Care	19.0	Most Important
Access to Care	Language Access, Health Literacy & Cultural Competence	19.0	Most Important
Healthy Life Style Behaviors & Community Environment	Smoking Cessation	18.5	Most Important
Internal Organizational Structure	Workforce Development & Diversity	18.0	Most Important

- A summary of the report (organizations interviewed and results) can be found in *ERF 3.3 Summary of Organizations Interviewed for CHNA.* For the full CHNA report, go to http://hospitals.jefferson.edu/~/media/pdfs/general/in-the-community/community-health-needs-2013.pdf.

2. **Health Care Improvement Foundation (HCIF)**

In 2010 Jefferson Hospital's Center for Urban Health (see Criterion 3.3.e) and faculty of the JCPH MPH program collaborated with the Health Care Improvement Foundation (see Criterion 3.3.e) to initiate the Southeastern Pennsylvania (SEPA) Regional Enhancements Addressing Disconnects (READS) health literacy project with hospitals and community organizations in the five county region of southeastern Pennsylvania.

3. **Jefferson Survey of Health/Healthcare Workforce Future Needs**

In 2014-2015 Jefferson completed a comprehensive and detailed scan of workforce needs in health/healthcare. The results of this multi-year analysis resulted in the decision to establish a **non-credit Certificate for Community Health Workers** (see Criterion 3.3.b). Information about the Jefferson workforce analysis and details concerning the decision to prepare community health workers can be found in *ERF 3.3 Certificate for Community Health Workers*. MPH faculty members R. Brawer and R. Simmons, and an adjunct faculty member developed the content and competencies for the program.

4. **Population Health Survey**

In preparation for the design and development of its Master of Science degree program in Population Health, JCPH sent a survey to 8,003 health/healthcare professionals in the JCPH national data base and to 40 authors of recently published articles in population health to determine workforce needs with respect to content and skills required for this program (see *ERF 3.3 Population Health Curriculum Development Study f*or copy of the survey and its results). Seven hundred and nineteen persons responded to the survey.

- Although intended primarily for preparation of the MS in Population Health, the survey results were used to determine content, format and audience for JCPH's non-credit continuing education Population Health Academy (see Criterion 3.3.b).

3.3.b   A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/ continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (i.e., optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.

1. **JCPH Population Health Colloquia**

Since its inception in 2008*, JCPH has offered an annual **Population Health Colloquium** that draws public health, population health and disease management professionals from around the country to a 3-day conference in Philadelphia, PA. The conference – and its pre-conference events – attracts 600-800 people annually and presents sessions on all aspects of public/population health and disease prevention/management. Many sessions include public health content or deal with under-represented populations. See *ERF 3.3 Population Health Colloquium* for more information.

Date	#
March 7-9, 2016	659
March 23-25, 2015	753
March 17-19, 2014	628
March 13-15, 2013	421
March 27-29, 2012	389

The March 2016 Population Health Colloquium represents the 16th annual event. Prior to 2009, the Colloquia were offered through the Department of Health Policy of Jefferson Medical College.

2. **Population Health Training Program**

The annual Population Health Colloquium (see above) offers a **Training Program** in the form of an optional continuing professional education course within the conference. The purpose of the Training Program is to give participants an understanding of the systems and tools necessary to work successfully with population health models, processes, staffing, training, patient engagement, and reporting. The Training Program requires completion of pre-course readings in addition to attendance at a special pre-conference session and the successful completion of an online examination following the conference. Participants receive a certificate of completion. See *ERF 3.3 Population Health Training Program* for more information.

3. **JCPH Monthly Population Health Forums**

The monthly forums offer continuing education credits (CME, CNE, CPE). A complete list of Forum topics, speakers and numbers attending can be found in *ERF 3.3 Population Health Forums*. A few examples of public health-related presentations are listed below.

- Stephen B. Thomas, PhD, Professor at the Health Services Administration and Director of the Maryland Center for Health Equity at the School of Public Health at the University of Maryland presented Less Talk, *More Action: Accelerating Innovative Strategies to Eliminate Racial & Ethnic Health Disparities* (December 19, 2012).

- Janet Currie, PhD, Professor of Economics & Public Policy and Director of the Center for Health & Wellbeing at the Woodrow Wilson School of Public and International Affairs at Princeton University presented *Health Before Birth: Why It Matters & What Can Be Done* (February 12, 2014).

- Joseph A. Ladapo, MD, PhD from the Department of Population Health at NYU Langone Medical Center presented *Reducing the Population Health Burden of Cardiovascular Disease* (September 10, 2014).

- Mariana Chilton, PhD, MPH, Associate Professor at the Drexel University School of Public Health presented *Politics, Poverty & Hunger: The Population Health Impact* (January 14, 2015).

- Wayne H. Giles, MD, MS Director of the Division of Population Health, Centers for Disease Control and Prevention, *Population Health Readiness* (September 9, 2015)

- James Buehler, MD, MPH, Former Philadelphia Health Commissioner, Drexel University School of Public Health, *What does Population Health Mean for Public Health?* (February 10, 2016)

4. **Grandon Society Lectures (23rd, 24th & 25th)**

DATE	TITLE	PRESENTER	#
May 2, 2013	Healthcare Transformation: Is the Geisinger Model Scalable, Generalizable?	*Glenn D. Steele, Jr. MD, PhD* President & CEO Geisinger Health System	234
May 8, 2014	A Strategic Framework for Fixing Healthcare	*Thomas H. Lee, MD, MSc* Chief Medical Officer Press Ganey Associates, Inc	228
May 7, 2015	Building a Culture of Health in America	*Risa Lavizzo-Mourey, MD, MBA* President and CEO Robert Wood Johnson Foundation	262

5. **CwiC (College within a College) Program**

As described in Criterion 2.11.b CwiC enables Jefferson medical students to complete six credits of public health coursework during their four years of medical education. These courses are *PBH 501 Introduction to Public Health* and *PBH 502 Social & Behavioral Foundations of Public Health*.

6. **MD/MPH and DO/MPH Dual Degree Programs**

See [Criterion 2.11.b](#) for description/information on these programs. Like the CwiC initiative, above, the MD/MPH, DO/MPH and PharmD/MPH dual degree options represent the MPH program's commitment to educating the future healthcare workforce in basic concepts of public health.

7. Population Health Academy

Through case studies and applications to their own workplace, participants review and analyze key areas of Population Health; three of the sessions (*) involve public health practice or focus on public health foundations such as epidemiology and social and behavioral foundations of health:

- U.S. Health Care Organization and Administration: A Rapidly Evolving Environment*

- Overview of Population Health: Moving from Volume to Value*

- Health Economics & Population Health: It's All about the Risks

- Data Analytics: Roadmaps for Population Health

- Healthcare Quality and Safety: Improving Outcomes

- Putting it all Together: Managing the Care Continuum – Past, Present & Future*

Dates	# Attending
March 12 – May 7, 2014 (5 biweekly Wednesdays)	5 (pilot)
July 28 – August 1, 2014	33
October 12 – 17, 2014	31
October 22 – November 19, 2014 (5 consecutive Wednesdays)	29
January 15 – February 12, 2015 (5 consecutive Wednesdays)	25
April 27 – May 1, 2015	29
July 27 – 31, 2015	42
October 12 – 16, 2015	31
October 26 – 30, 2015	42

More information about the Population Health Academy curriculum is in *ERF 3.3 Population Health Academy.*

8. Center for Urban Health (See [Criterion 3.3.e](#))

9. MPH –Sponsored Speakers/Symposia

These events are initiated and developed by MPH faculty and students (usually through the MPH student organization, SAPHE). These offerings do not offer continuing education credit.

Year	Presentation	#
2013-2014	Obesity Prevention *Shiriki Kumanyka, PhD, MPH, President-Elect, AHA*	30
	Southeastern Pennsylvania Health Literacy Annual Conference of Hospitals & Community Organizations	62
	Public Health Education and Prevention Evidence-Based Practices	19

2014-2015	*James McKenzie, PhD, MPH, MCHES, Penn State Hershey*	
	Global Public Health Careers Webinar *Panel of six MPH alumni* *Doesn't include participants who viewed archived version post-presentation	70 (est)*
	Disparities and Racism in Health (Open Discussion) *Camara Jones, MD, MPH, PhD, President-Elect, APHA*	15
	Hospital-Based Community Health Needs Assessments and Improvement Plans *Delaware Valley Health Care Association*	24
	Training in Health Literacy (two sessions) *Rickie Brawer, PhD, MPH and James Plumb, MD, MPH*	40
	Preparing for CHES and CPH Certification Examinations *MPH Student/Alumni Discussion*	6
2015-2016	Health Literacy Month *Symposium*	40
	Screening of America: Child Care and Early Childhood Education and Its Impact on Health and Education (viewing and discussion of documentary film on early childhood education) *Open discussion*	50
	HIV/AIDS and Seniors *Symposium with Philadelphia Corporation on Aging*	14

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

1. Graduate Certificate in Public Health

The JCPH Certificate in Public Health program is a for-credit post-baccalaureate program consisting of six core courses (18 credits) required for the MPH program. Admissions requirements are identical to those of the MPH program. In the past three years, three students have enrolled in the Certificate program. While intending to provide a less time-consuming option for public health education, the Certificate program has attracted zero to two persons for each of the past 3 years. Cost and lack of availability for federal financial aid are the primary reasons for low enrollments.

Certificate courses (18 credits)

- PBH 501: Introduction to Public Health (3c)

- PBH 502: Behavioral and Social Theories in Public Health (3c)

- PBH 504: Basic Public Health Statistics (3c)

- PBH 506: Fundamentals of Epidemiology (3c)

- PBH 507: Fundamentals of Environmental Health (3c)

- PBH 509: Public Health Policy and Advocacy (3c)

2. Community Health Worker Certificate

Offered through Jefferson's new Institute of Emerging Health Professions in response to the Jefferson Health/Healthcare Workforce Future Needs survey (see Criterion 3.3a), the Community Health Worker

(CHW) Certificate program connects community members to health care and social services. The content and competencies for the program were developed by three JCPH MPH faculty members (R. Brawer, R. Simmons and an adjunct).

- The CHW initiative is a part-time one-year on-campus/online program with ten modules, including a 120 hour field experience.

- The curriculum includes:
    - o CHW roles and responsibilities
    - o Health literacy skills
    - o Communication skills
    - o Capacity building
    - o Health & social service systems
    - o Client advocacy
    - o Medical terminology
    - o Interpersonal skills
    - o Cultural Competencies

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

- JCPH supports a staff of 5.5 FTEs, that is responsible for conceiving, developing, coordinating and evaluating the College's major workforce and continuing education activities listed in Criterion 3.3.b. The majority of these activities, e.g., Population Health Colloquia, Training Programs, Forums, Grandon Lectures, are offered through the College's Center for Population Health Innovation (CPHI).   Sessions that offer continuing education credits (CME, CNE, CPE) follow established practices, policies, procedures and evaluation methods established by external CE accreditors and adopted by the University.

- The Population Health Academy was conceived, developed, offered and evaluated by the JCPH Academic Leadership Group and JCPH faculty, including all full-time MPH faculty. Because this event offers CE credits, extensive formal evaluation is conducted, including pre- and post-testing. Information concerning the evaluation process can be found in *ERF 3.3 Population Health Academy*.

- MPH sponsored presentations and symposia are conceived and developed by MPH faculty and staff, most often with student input. They are evaluated by numbers attending and informal feedback.

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

1.   Center for Urban Health

The MPH program and faculty (J. Plumb, R. Brawer, and R. Simmons) work closely with the Center for Urban Health of Thomas Jefferson University Hospital to provide continuing education/workforce development programming.

- The Center aims to improve the health and well-being of Philadelphia citizens both young and old by marshaling the resources of Thomas Jefferson University (Department of Family & Community Medicine, SKMC and MPH program of JCPH) and TJU Hospitals to partner with community organizations and neighborhoods.

- The Center's goal is to improve the health status of individuals and targeted communities/neighborhoods through the ARCHES Project, which focuses on six themes:
    - **A**ccess and Advocacy
    - **R**esearch, Evaluation and Outcomes Measurement
    - **C**ommunity Partnerships and Outreach
    - **H**ealth Education, Screening and Prevention Programs
    - **E**ducation of Health Professions Students and Providers
    - **S**ervice Delivery Systems Innovation

- The Center's partners include schools, homeless shelters, senior centers, faith-based communities and other broad-based organizations that recognize neighborhood economic, social and physical environments as underlying determinants of health and disease.

- The Center undertakes extensive assessments in partnership with community-based organizations to create programs that reflect community need, voice and culture:
    - Blood Pressure Plus Program
    - Breast Health Awareness Programs
    - Career Sense Network
    - The Convergence of Law and Medicine
    - Diabetes Education Programs
    - Health Empowerment Centers (HEC)
    - Nutrition Programs
    - Nutrition Education & Access to Fresh Fruits and Vegetables Project
    - Healthy Habits
    - Reducing Stroke and Prostate Cancer in African American Men
    - Southeastern Pennsylvania (SEPA) Regional Enhancements Addressing Disconnects (READS) in Cardiovascular Health Communication

For more information about the Center for Urban Health, see *ERF 3.3 Center for Urban Health.*

2. Health Care Improvement Foundation (HCIF)

The Health Care Improvement Foundation (HCIF) is an independent nonprofit organization that drives high-value health care through stakeholder collaboration and targeted quality improvement initiatives.

- TJU and TJUH, specifically, the Center for Urban Health and the JCPH MPH program, have been engaged in a multi-year community-based research and program grant funded by the PA Dept. of Health to improve health literacy policies and programs in hospitals and community-based organizations serving seniors, ethnically diverse cultures (many who speak limited English) throughout the five county area of SE Pennsylvania. This project has now been expanded into a new statewide coalition called the Health Literacy Coalition of Pennsylvania.

  - JCPH MPH faculty (R. Brawer, J. Plumb, R. Simmons and M. Romney) are actively involved in training and evaluation for this initiative, now in its sixth year of funding, and serve on its Steering Committee.

- The MPH program also works with HCIF on an initiative funded through the Hospital Association of Pennsylvania (HAP) on collaboration for developing hospital community benefit initiatives representing the Jefferson Health System.

More information about HCIF can be found in the *ERF 3.3 Health Care Improvement Foundation.*

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

This criterion is met with commentary.

Given the strong and direct connection between public health and population health, and given that the Jefferson public health program is located within a College of Population Health, it is often difficult – or not necessary – to make a distinction between public health programming and population health programming. Public health content is embedded in the College's continuing education and workforce development programming. In addition, because of its population health focus, the College's workforce programming targets current and future healthcare providers as key audiences for its workforce development initiatives.

Strengths

- The Jefferson College of Population Health has a strong commitment to continuing education/workforce development in population health – and public health is fundamental and integral to population health. Through the Center for Population Health Innovation (CPHI), the College supports a staff of 5.5 FTEs whose responsibilities are earmarked for specialized continuing education and workforce development initiatives, including the awarding of CME, CNE and CPE credits. High attendance – and repeat attendance – at these events and activities indicates their positive impact on the community.

- The Jefferson College of Population Health has a strong commitment to targeting workforce populations that traditionally have not been the recipient of public health content and skills, namely, current and future healthcare providers, including medical students. This is seen in its

major workforce development initiatives aimed at the health/healthcare community at large (e.g., annual Population Health Colloquium and Training Program; monthly Population Health Forums; Grandon Lectures; Population Health Academy) and its focused efforts to provide future healthcare providers a foundation in public health (e.g., CwiC; MD/MPH and other dual degree programs; consulting role to revise the medical school curriculum to include public health/population health material and competencies).

- In addition to strong workforce development training initiatives by individual faculty, the MPH program and its faculty have a long history of successful collaboration with the Center for Urban Health and the Health Care Improvement Foundation where four JCPH faculty serve on the Steering Committee.

- The MPH program has access to extensive information concerning workforce development needs through the Community Health Needs Assessment, the JCPH Population Health Survey, Jefferson's Survey of Future Workforce Needs, and research provided through the Center for Urban Health and the Health Care Improvement Foundation, close collaborators of the MPH program.

Challenges

- With the exception of the Population Health Academy, until recently major JCPH continuing education and workforce development programming (Colloquia and the Population Health Training Program; Forums; Grandon Lectures, etc.) were not part of the College academic or governance structures. Hence, MPH and JCPH faculty, students and Community Advisory Board historically had little involvement in the development, oversight or evaluation of this programming. With the formal establishment of the Center for Population Health Innovation (CPHI) and its Faculty Advisory Board, this discrepancy has been removed. The challenge will be to establish policies and procedures going forward that assure a smooth transition to this new structure and governance and that also allow for greater emphasis on the inclusion of public health content and contemporary issues into the programming.

Plans for the Future

- Establish policies and procedures for CPHI that assure direct involvement of public health faculty and the inclusion of public health content in CPHI activities. As this document goes to press, the first meeting of the CPHI Faculty Advisory Board is scheduled for May 4, 2016.

Criterion 4.0   Faculty, Staff and Students

Criterion 4.1 Faculty Qualifications

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

4.1.a   A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1.

Table 4.1.1 Primary Faculty Who Support Degree Offerings of the Program (Spring 2016)

Specialty Area	Name	Title/ Academic Rank	FTE or Time to the program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH - General	Amy Leader	Assistant Professor	0.5	DrPH, MPH	DrPH – George Washington University; MPH – George Washington University	DrPH – Public Health MPH – Public Health	Fundamentals of Social & Behavioral Theory; Advanced Social & Behavioral Theory; Qualitative Research; Capstone Seminar; Capstone Chair	Behavioral science; cancer prevention and control; health communication; adolescent health
	John McAna	Capstone Coordinator	0.75	PhD, MA	PhD – University of Pennsylvania MA – City College of New York	PhD – Epidemiology MA – Biology/Ecology	Capstone Seminar; Capstone Project	Epidemiology; outcomes research; health services research; cost and utilization analysis; quality measurement and provider evaluation
	Russell McIntire	Assistant Professor	1.0	PhD, MPH, Certificates	PhD – Indiana University; MPH – Indiana University; Certificates – Drexel University	PhD – Health Behavior MPH – Public Health; Certificates – Epidemiology and Biostatistics	Fundamentals of Epidemiology, Advanced Epidemiology, Advanced Social & Behavioral Theories, GIS Mapping; Capstone Chair	Epidemiology; social and behavioral theory; geographic information systems; tobacco control; community health
	Jennifer Ravelli	Assistant Director of Student Affairs, Clerkship Coordinator	0.8	MPH	MPH – Hahnemann University	Health Education	Clerkship	Food insecurity; community health; public health education
	Martha Romney	Assistant	1.0	JD, MPH,	JD – Antioch	JD – Law	Policy & Advocacy;	Bioethics; public

	Name	Title	FTE	Degree	Institution	Field	Courses	Interests
		Professor		MS	School of Law MPH – Drexel University MS – Columbia University	MPH – Public Health MS – Nursing	Cultural Humility & Competence; Capstone Seminar; Capstone Chair	health law, policy and advocacy; employer health coalitions and employee health and wellness; obesity; disparities in cancer; medical-legal partnerships; cultural humility and competence in health care
	Robert Simmons	Program Director, Public Health Associate Professor	1.0	DrPH, MPH	DrPH – UCLA; MPH – Loma Linda University	DrPH – Community Health Sciences; MPH – Health Education	Introduction to Public Health; Policy & Advocacy; Capstone Chair	Public health; health education; health promotion; global health; chronic disease prevention and control; health literacy; public health policy and advocacy; Latino/a health

4.1.b   Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program. See CEPH Data Template 4.1.2.

Table 4.1.2 Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.) (Spring 2016)

Specialty Area	Type	Name	Title/Academic Rank	Title & Current Employer	FTE	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
Spring 2016								
General	JCPH	David Delgado	Program Director, Population Health Sciences	JCPH Program Director, Population Health Sciences, Thomas Jefferson University	0.4	PhD, MPH	PhD – Health Services (Minor in Epidemiology) MPH – Health Administration and Planning	Health Research Methods
	Affiliated	Marianna LaNoue	Adjunct	Assistant Professor, Family & Community Medicine; Director, Greenfield Research Center, Thomas Jefferson University; Associate Fellowship Director, Family & Community Medicine; Director, Summer Assistanceship Program, Family & Community Medicine; Assistant Professor, JCPH	0.14	PhD, MS	PhD – Experimental Psychology (Major: Quantitative Psychology) MS – Experimental Psychology	Basic Public Health Statistics, Advanced Public Health Statistics; Capstone Chair
	Other	Sanford Barth	Lecturer	Consultant	0.12	PhD, MA	PhD – Health Economic Policy MA – Health Care Administration	US Healthcare Organization & Delivery
		Richard Pepino	Lecturer	Deputy Director, Community Outreach Education Core, Center of Excellence in Environmental Toxicology (CEET); Appointed Board Member, Lancaster County Lead Coalition Board; Lecturer, University of Pennsylvania; Lecturer, JCPH	0.24	MSS, MS	MSS – Science Education; MS – Biology	Fundamentals of Environmental Health

See *ERF 4.1 Curriculum Vitae* for more details.

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

MPH full-time and Affiliated faculty, as well as the part-time (adjunct/Lecturer) faculty, are strong in practice experience. See *ERF 4.1 Practice Experience* for more information.

- **Full-Time Faculty:** Prior to becoming faculty most of the Primary MPH faculty had significant practice experience outside of the academic world. For example, Martha Romney, JD, MPH, MS, RN held positions as an attorney, and as a director at Glaxosmithkline. Such experiences have informed Professor Romney's curricula in *PBH 515 Cultural Humility & Competence* and *PBH 509 Public Health Policy & Advocacy*. One Primary faculty member, Amy Leader, DrPH, MPH, currently holds an adjunct research position in the Department of Medical Oncology in Sidney Kimmel Medical College at TJU. Her work in HPV vaccination rates with pre-teens has provided valuable real-life examples for her courses.

- **Affiliated and Adjunct Faculty:** All non-primary (Affiliated and Other) faculty hold positions outside of JCPH. For example, Rickie Brawer, PhD, MPH, MCHES leads the Hospital's Community Health Needs Assessment (CHNA) effort, bringing these experiences to the classroom when she teaches *PBH 520 Program Planning & Evaluation*. It is during this course that students practice how to perform the tasks necessary to complete a CHNA. Dr. Brawer can provide examples of challenges she has encountered and how she has worked to resolve them.

- **Guest Lecturers:** MPH faculty invite a diverse group of guest lecturers to present to students for the sole purpose of introducing students to applications of public health knowledge. All of the guest lecturers are experts in their own fields and provide unique insights into how public health expertise is utilized. For example, Steven Alles, MD, MS, MFA, Manager of Bioterrorism and Public Health Preparedness at the Philadelphia Department of Public Health has talked with students in *PBH 501 Introduction to Public Health* about his work with the city of Philadelphia. Most recently, his presentation included an in-depth look at how the City prepared for and managed Pope Francis's visit.

JCPH has a prefixed track (*Adjunct* Assistant Professor, *Adjunct* Associate Professor, *Adjunct* Professor) for part-time public health practitioners who teach in the MPH Program. Full details, including Guidelines and Application for Adjunct prefixed appointments, can be found in *ERF 4.2 Faculty Handbook.*

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

Table 4.1.3 Outcome Measures Related to Faculty Qualifications

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
INSTRUCTION GOAL						
FACULTY	Enhance instructional viability through recruitment of new full-time faculty in core areas of public health (e.g., epidemiology; biostatistics; behavioral health theory)	Increase full-time MPH faculty to at least five .5 FTEs (1.6.d; 1.7.i; 4.1.d)	4 **NOT MET**	5 **MET**	5 **MET**	5 **MET**
		Maintain maximum student/faculty ratio by headcount of 8 to 1 (1.7.i; 4.1.d)	2.69 **MET**	3.00 **MET**	3.88 **MET**	6.09 **MET**
	Improve the quality and integrity of course design by Primary, JCPH (<0.5 FTE), Affiliated and Other faculty	100% of course syllabi will have student learning objectives and Council of Linkages competencies[1] linked to graded assignments (4.1.d)	**N/A**[9]	**N/A**[9]	100% **MET**	100% **MET**
		50% of courses will have grading rubrics for all student written and oral assignments (4.1.d)	18% **NOT MET**	27% **NOT MET**	50% **MET**	67% **MET**
	Solidify faculty teaching portfolios as the primary method of self-evaluation and determination of professional goals with respect to teaching and learning	75% of Primary faculty will have a Teaching Portfolio (4.1.d)	75% **MET**	80% **MET**	80% **MET**	**TBD**[10] (June 2016)
	Improve quality of instruction by both Primary, JCPH (<0.5 FTE), Affiliated and Other faculty	75% of all MPH faculty will achieve average minimum scores of 4.0 on the basic indicators[2] of quality instruction (4.1.d)	80% **MET**	63% **NOT MET**	80% **MET**	82% **MET**[17]
		100% of Primary, JCPH, and Affiliated faculty will have annual performance review with respect to their instruction (4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
		100% of Other faculty will be reviewed following each course they teach (4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
	Incorporate ongoing faculty development with respect to teaching and learning into the academic fabric of the College	100% of Primary and JCPH faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD**[10] (June 2016)
		50% of Affiliated faculty will participate annually in an internal or external faculty development activity/event related to instruction (4.1.d)	50% **MET**	50% **MET**	50% **MET**	**TBD**[10] (June 2016)
		50% of Primary and JCPH faculty will participate in more than one faculty development activity/event related to instruction (4.1.d)	100% **MET**	100% **MET**	71% **MET**	**TBD**[10] (June 2016)
	Enhance the scholarship of teaching and learning as it specifically applies to public health through faculty attendance and/or participation in local, regional, national and international conferences	75% of Primary, JCPH and Affiliated faculty will participate in at least one local, regional, national, or international conference regarding public health instruction annually (4.1.d)	83% **MET**	89% **MET**	80% **MET**	**TBD**[10] (June 2016)
		25% of Primary and JCPH faculty will present on a topic related to public health instruction at a local, regional, national, or international conference or webinar each year (4.1.d)	25% **NOT MET**	67% **MET**	43% **NOT MET**	**TBD**[10] (June 2016)
RESEARCH GOAL						
FA	Increase the number of faculty who are engaged in public	100% of Primary, JCPH and Affiliated faculty will be actively engaged in at	100% **MET**	100% **MET**	100% **MET**	100% **MET**

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Outcome Measure	Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
health-related scholarship initiatives	least one scholarship activity (3.1.d; 4.1.d)				
	50% of Primary faculty will serve as an external reviewer for a public health-related manuscript in a peer-reviewed journal or on a proposal review committee (study section) (3.1.d; 4.1.d)	50% **MET**	40% **NOT MET**	60% **MET**	80% **MET**
Increase the ability of faculty to develop public health-related scholarship initiatives	100% of Primary, JCPH and Affiliated faculty will attend at least one faculty development activity related to scholarship (1.6.d; 3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
Increase faculty dissemination of public health-related scholarship	100% of Primary faculty will contribute to at least one peer-reviewed publication (3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD[10]** (June 2016)
	100% of Primary faculty will present (oral presentation or poster) their scholarship at a global, national, regional or local conference or webinar (1.6.d; 3.1.d; 4.1.d)	100% **MET**	100% **MET**	100% **MET**	**TBD[10]** (June 2016)
SERVICE GOAL					
FACULTY — Increase faculty participation and leadership in College University committees and task forces	100% of Primary and JCPH faculty will serve on at least two College committees (4.1.d)	100% **MET**	100% **MET**	100% **MET**	100% **MET**
	50% of Primary faculty will serve on at least one University committee or task force (4.1.d)	75% **MET**	60% **MET**	80% **MET**	100% **MET**
Increase faculty participation and leadership in global, national, state, and/or local public health- related boards,	75% of Primary, JCPH and Affiliated faculty will be actively involved in national, state and/or local public health-related service activities	83% **MET**	100% **MET**	100% **MET**	100% **MET**

Outcome Measure	Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
committees, task forces and other community organizations	(3.2.d; 4.1.d)				
	50% of Primary faculty will have served in a <u>leadership capacity</u> in national, state and/or local public health-related service activities (3.2.d; 4.1.d)	75% **MET**	60% **MET**	80% **MET**	60% **MET**
	25% of Primary faculty will have engaged in a funded or unfunded workforce development service activity in a global, national, state, and/or local public health setting (3.2.d; 4.1.d)	50% **MET**	40% **MET**	60% **MET**	40% **MET**

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

This criterion is met.

Strengths

- 91% of all Primary, JCPH and Affiliated MPH faculty are prepared at the doctoral level; 86% of the part-time (adjunct/Lecturer) faculty are trained at the doctoral level.

- In keeping with the JCPH/MPH Strategic Plan, the MPH program has sufficiently increased its full-time core faculty since the previous Self-Study in 2008. The core faculty represent strengths in epidemiology (including GIS mapping), quantitative and qualitative research methods, behavioral and social foundations of public health, public health policy and advocacy, cultural humility and competence, public health ethics, and program planning and evaluation.

- MPH full-time and Affiliated faculty, as well as the part-time (adjunct/Lecturer) faculty, are very strong in practice experience.

- Because of its location within the Jefferson College of Population, which, in turn, is part of a large health sciences university ("Health is all we do!"), the MPH program is able to draw upon faculty from the many disciplines that comprise public health and population health. The MPH faculty include full-time JCPH members committed specifically to the MPH program; additional full-time JCPH faculty who support key areas of the public health curriculum on a dedicated basis; Affiliated faculty (full-time TJU faculty from other Colleges/Departments credentialed in public health) who also serve the program on a regular basis; and part-time (adjunct/Lecturer) faculty drawn from the regional public health workforce. All teach in the areas in which they were trained and/or practice.

- Key core MPH faculty and all Affiliated and part-time (adjunct/Lecturer) faculty remain active in public health practice and maintain ongoing practice links with public health agencies at local, state, national, and international levels.

Challenges

- Challenges have already been identified in other sections.

Plans for the Future

- Continuing the search for an additional full-time MPH faculty member trained in statistics, preferably someone with excellent teaching skills in this area. The goal is to have someone in place by September 2016 (see Criterion 1.7.j). JCPH/MPH faculty will engage in a new strategic planning process for the College/Program in 2016. This process will identify additional faculty for the MPH program as it moves forward. Preliminary discussions of MPH faculty and College leadership indicate that priorities for future hiring in public health should focus on specialists in programming planning/evaluation and community research experience.

- Encourage more MPH part-time (Lecturer) faculty to apply for ranked prefixed appointments (i.e., Adjunct Assistant Professor, Adjunct Associate Professor, and Adjunct Professor) in JCPH. This process enables the MPH program to review their credentials and experience in greater detail and helps to involve them more seriously in the program and its students.

- Given the increasing numbers of students, especially full-time rather than part-time, the next Strategic Planning Cycle (due to commence in 2016) will analyze the situation to include recommendations for hiring new MPH faculty and will provide a timeline and budget information to accommodate this.

Criterion 4.2 Faculty Policies and Procedures

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

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

A faculty handbook is available in *ERF 4.2 Faculty Handbook*.

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

Faculty development is supported in the following ways:

- JCPH employs a **full-time person (staff) as Director of Online Learning and Faculty Development**. PhD prepared and with years of experience in faculty development with respect to teaching and learning, the director (Juan Leon) is available to work with MPH faculty (full-time, Affiliated and part-time) on the construction/improvement of their syllabi, course design, teaching tools/methods, and teaching delivery. Several MPH faculty have worked directly with Dr. Leon to improve course design, instructional methods, and in-course student assessments to improve teaching quality. Dr. Leon has also worked with the MPH Program Director on revisions to the MPH student course evaluations which are being implemented during 2015-2016 using an online format including course-specific questions and improved analysis of student feedback to enhance instructional quality (see *ERF 4.2 Juan Leon Biography* for more information*).*

- The **University Provost's Office has an entire division devoted to faculty development** and sponsors a **full complement of workshops and seminars related to faculty development** that span the entire academic year. These sessions relate specifically to teaching and learning or research and grant writing/funding.

- The University Committee on Faculty Development is composed of representatives from all six TJU Colleges. Dr. Leon, JCPH Director of Online Learning and Faculty Development, represents JCPH on this Committee.

  - The Committee is responsible for creating and implementing an annual cycle of faculty development opportunities that constitute 40-50 distinct workshops. Part-time (adjunct/Lecturer) MPH faculty are invited to participate in these workshops (see *ERF 4.2 Faculty Development Workshops* for more information).

  - The Committee also sponsors **two annual Faculty Development Conferences**, one in January related to research development and one in June related to Teaching & Learning. MPH faculty submit proposals to present at these conferences which are reviewed and selected by the Committee. All TJU faculty – full-time and part-time – are invited to submit and participate in these conferences (see *ERF 4.2 Faculty Development Conference Agenda).*

- As part of the **annual Faculty Performance Review** in June (see [Criterion 4.2.c](#)), the Associate Dean for Academic and Student Affairs surveys MPH faculty as to their development needs for the upcoming academic year with respect to external meetings and conferences. This information is fed into the annual budgeting process. Faculty complete a form that summarizes the event or activity and the amount of funding requested. Part-time (adjunct/Lecturer) faculty may also apply for funding consideration (see *ERF 4.2 Conference Request Form).*

- The JCPH Research Committee develops and sponsors a robust series on faculty development related to research that is incorporated under the heading "Lunch and Learn" (see *ERF 4.2 Lunch and Learn*).

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

Annual Performance Review

Prior to the start of each academic year, full-time MPH faculty, both non-prefixed and prefixed (Research; Adjunct), meet with the Dean and Associate Dean for Student and Academic Affairs for an Annual Performance Review.

This meeting reviews activities, accomplishments and goals from the previous year and establishes goals for the new academic year. The purpose of the review is to help the program build and maintain an academic culture that fosters faculty stability and vitality; encourages and rewards competency-based instruction; actively supports and acknowledges scholarship in all forms – discovery, integration, engagement, and teaching/learning; and promotes and values leadership and service on behalf of the profession, the College and the community.

At least seven days prior to the scheduled meeting, the faculty member provides the Associate Dean with information and documents/materials pertaining to the following and in the designated order:

- Summary of activities and accomplishments of previous year
    - Teaching/instructional activities (include courses taught and in development; capstone/dissertation supervision; student mentoring) (may be provided through Teaching Portfolio)
    - Scholarship/research (grant funded and unfunded; in preparation or under review)
    - Publications (peer reviewed; non-peer reviewed; in preparation/in review/rejected)
    - Presentations
    - Service activities to profession, College, University, community
    - Faculty development programs or activities related to teaching and learning and/or research (both internal and external)
    - Other (i.e., administrative responsibilities, etc.)
- Summary of previous year's academic and professional goals
    - To what degree were these goals achieved?

- What factors facilitated their achievement?
  - What factors impeded their achievement?
- Organization goals around activity categories listed above
- Long term career and/or promotion goals
- Mentorship plan for the coming year
- Self-assessment with respect to the University's Core Values
- Assistance needed from College/University to meet immediate and long term goals
- Other comments

All faculty include an updated CV with their submission, in official University format, and highlight additions from the previous year. Instructional faculty must also include the latest edition of their Teaching Portfolio (see Criterion 4.2.d).

The Associate Dean summarizes the results of the meeting, noting any remedial measures that need to be taken during the upcoming year. If remediation is noted, a follow-up meeting is usually scheduled for the following December.

Appointment and Promotion Guidelines

JCPH has formal Guidelines with respect to appointment and promotion of faculty. Faculty considering promotion are reviewed in conjunction with these Guidelines that require attainment of certain levels of competence/achievement in instruction, scholarship, and service. See *ERF 4.2 Faculty Handbook* for these Guidelines.

Teaching Portfolios demonstrate teaching effectiveness for promotion, tenure, new position, teaching awards, and grants. See Criterion 4.2.d for more information.

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

Course Evaluations

Prior to 2015-2016, confidential student course evaluations were distributed at the penultimate class of each term. In 2015-2016 electronic evaluations replaced the hand-written ones (see *ERF 1.2 Course Evaluations* for both the hand-written and electronic versions). The new electronic course evaluations allow MPH faculty to add course-specific questions. This will provide additional information for faculty to review and to make course improvements as appropriate. It will also allow for the development of an abridged formal mid-course evaluation that will allow faculty to make mid-course adjustments when necessary.

The evaluations are reviewed by the Associate Dean for Academic and Student Affairs and the MPH Program Director. If the review reveals areas of concern, a meeting is scheduled with the instructor and a plan of action is established to resolve issues prior to the next offering of the course.

Teaching Portfolio

All full-time MPH, JCPH and prefixed Adjunct faculty are required to prepare, maintain and update a Teaching Portfolio. A Teaching Portfolio is a self-reported factual description of an instructor's teaching strengths and accomplishments. It provides structure for self-reflection about teaching in general and areas of improvement in particular. It is reviewed by the Associate Dean at the Annual Faculty Performance Review each June.

The Teaching Portfolio

- Applies to all forms of student interaction: classroom teaching, laboratory and field instruction, advising, thesis supervision.

- Is highly personalized, includes *selected* information, presents solid evidence, is not exhaustive, and is always a work in progress.

- Contains material prepared by the instructor, material from others, products and outcomes of teaching/student learning and optional additional items including:

    o Summary of teaching responsibilities

    o Statement of teaching philosophy

    o Teaching methodologies, objectives, and strategies

    o Description of course materials and their support of learning objectives

    o Efforts to improve teaching

    o Student ratings on diagnostics questions

    o Professional evaluations of teaching

    o Products/Outcomes of teaching

    o Teaching awards and recognition

    o Short and long term teaching goals

See *ERF 4.2 Faculty Handbook* for detailed information about the Teaching Portfolio.

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

This criterion is met.

Strengths

- The MPH program takes faculty evaluation and development very seriously.

    o These activities are considered a top priority in the Associate Dean's job description.

    o JCPH employs a full-time staff person devoted to faculty development.

- o The University maintains an extensive roster of ongoing development activities; MPH faculty are encouraged to attend.

- o MPH faculty actively participate in the two annual TJU Faculty Development Conferences.

- o MPH faculty undergo a rigorous Annual Faculty Performance Review process, complete with a mandatory Teaching Portfolio.

- o JCPH Appointment and Promotion Guidelines establish clear standards of required competencies and achievements with respect to instruction, scholarship and service.

Challenges

- While the faculty evaluation process is very strong for full-time MPH faculty, it is somewhat strong for Affiliated and prefixed Adjunct MPH faculty, but not consistently strong for part-time Lecturer ("adjunct") faculty. Bringing part-time faculty into the process presents difficulties with respect to their willingness to be evaluated when they do not have a strong commitment to the College or MPH Program.

Plans for the Future

- A primary MPH faculty goal is to incorporate all MPH Affiliated and Adjunct (Lecturer) faculty in a formal evaluation process that includes the preparation of Teaching Portfolios.

- As discussed in Criterion 1.2.e, the MPH program plans to evaluate course design using the *Quality Matters* rubric.

Criterion 4.3 Student Recruitment and Admissions

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

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

The MPH program recruits students in two ways: (1) SOPHAS and (2) specific JCPH strategies intended for local as well as national applicants. See *ERF 4.3 Recruitment Materials* for more information.

SOPHAS

As a member of the Association of Schools and Programs of Public Health (ASPPH), the MPH program maintains an updated profile in the SOPHAS data base that includes reference to its 3-term academic year and its *One Year Plus* format (i.e., because of the trimester system, students are able to complete all coursework, including Clerkship, for the MPH degree in one academic year; the Capstone project is completed in the following year). This arrangement appeals to pre-professional students with a glide or gap year that are looking for graduate educational opportunities prior to medical or law school. Students identified through SOPHAS are encouraged to attend an on-site or online MPH information session.

JCPH Strategies
- The MPH program hosts an onsite information session at least five times per year (two in the fall and three in the spring/summer terms).

- The University hosts a campus-wide information session twice a year (once in the fall and once in the spring) and has special break-out sessions for all University programs, including MPH.

- The MPH program hosts both live and pre-recorded online information sessions throughout the academic year.

- The University Office of Admissions mails an "invitation to apply" letter to all applicants of Sidney Kimmel Medical College (SKMC) who have been denied admission to that College (this pool is a primary source of JCPH MPH applicants interested in the *One Year Plus* MPH option).

- JCPH maintains a listing in Peterson's, a national database for academic programs.

- The College places advertisements in local newspapers: Philadelphia *Inquirer* and *Metro*

- MPH leadership (Program Director; Associate and Assistant Deans) and MPH Admissions Coordinator attend graduate fairs recommended by the University Office of Admissions, the internal processing division for SOPHAS applications.

- MPH and JCPH leadership attend certain national conferences for the specific intention of recruiting students.

- The MPH program maintains an active, up-to-date website and publishes a brochure available as a PDF or printed copy (*ERF 1.3 MPH Program Brochure*).

- The MPH program uses SPECTRUM, an applicant management system, to enhance communication with potential students.

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

Admissions Considerations

- Earned baccalaureate degree with approximate GPA of 3.0

- One of the following:

  - Competitive score on the GRE or other graduate entrance examination

  - Graduate degree or at least 9 credits of earned graduate coursework with grade of B or higher earned at an accredited institution

  - GPA of 3.3 or higher and specified coursework with grade of "B" or higher from a Jefferson-affiliated college or university

  - Competency in basic statistics (recommended)

  - Previous volunteer experience in a community or health setting (recommended)

Application Requirements

- Completion of online application form

- Payment of application fee

- Official transcripts from all graduate and undergraduate institutions attended

- TOEFEL test information (if applicable)

- GRE or equivalent

- Three letters of recommendation

- Personal statement explaining interest in public health and future goals

- Interview in person or by phone

Once an application is received, the applicant receives an email acknowledging receipt of the application with information about the required documentation for a completed application. An application is not considered complete – and therefore is not reviewed – until all documentation (transcripts, GRE scores, letters of recommendation, TOEFL information, personal statement) has been received.

JCPH has rolling admissions and applicants may apply at any time. JCPH accepts admission to the MPH program in both the fall and spring terms. For fall (September) matriculation, completed applications

must be received by July 15; for spring (January) admission, by November 15. Students are usually notified of acceptance/rejection within three weeks of receipt of the complete application.

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

- *ERF 4.3 Recruitment Materials*

- JCPH Website, http://www.jefferson.edu/university/population-health/degrees-programs/public-health.html

4.3.d   Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2013 to 2016

		Year 1 2013-2014	Year 2 2014-2015	Year 3 2015-2016[41]
General	Applied	90	160	203
	Accepted	44	83	113
	Enrolled	25	34	39

4.3.e   Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

Table 4.3.2 Student Enrollment Data from 2013 to 2016

	Year 1 2013-2014		Year 2 2014-2015		Year 3 2015-2016	
	HC	FTE	HC	FTE	HC	FTE
Degree & Specialization						
MPH – General	57	13.6	62	16	67	23.11

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

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[41] Fall 2015 and Spring 2016 data only

Table 4.3.3 Outcome Measures Related to Student Recruitment

Outcome Measure		Target	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Fall 2015
INSTRUCTION GOAL						
PROGRAM	Strengthen admissions criteria for the MPH program	The average GPA of Fall MPH applicants is at least a 3.3 out of a 4.0 scale (minimum of 3.0) (4.3.f)	3.3 **MET**	3.3 **MET**	3.4 **MET**	3.3 **MET**
		The average GRE verbal score of Fall MPH applicants[5] will be at or above the 60th percentile (minimum 50th percentile) (4.3.f)	59th percentile **MET**	67th percentile **MET**	74th percentile **MET**	71st percentile **MET**
		The average GRE quantitative score of Fall MPH applicants[5] will be at or above the 50th percentile (4.3.f)	44th percentile **NOT MET**	44th percentile **NOT MET**	64th percentile **MET**	56th percentile **MET**
		The average GRE writing score of Fall MPH applicants[5] will be at least a 3.5 (minimum is 3.0) (4.3.f)	4 **MET**	3.5 **MET**	4 **MET**	4 **MET**
	Increase availability of merit scholarships for top MPH applicants	20% of newly enrolled MPH students will receive partial merit scholarships (1.6.d; 4.3.f)	**N/A[18]**	**N/A[18]**	29% **MET**	**TBD[10]** (July 2016)
	Evaluate admissions criteria to determine which ones are most indicative of positive outcomes (i.e., course performance; graduation)	Correlate current students' admissions criteria with outcome measures (4.3.f)	Correlated **MET[22]**	Correlated **MET[22]**	**TBD[23]** (2016-2017)	**TBD[10,23]** (2017-2018)

There were no outcome measures related to Student Recruitment under the Research and Service Goals.

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

This criterion is met.

Strengths

- JCPH uses SOPHAS, which has broadened the MPH applicant pool as well as its quality.

- JCPH has its own Admissions Coordinator.

- The personal interview enables the program to gather additional information about students and to establish a personal relationship prior to matriculation.

Challenges

- Students often find the SOPHAS application process cumbersome.

- Rolling admissions makes it difficult to determine entering class size until shortly before the start of the fall or spring terms, thus potentially impacting course schedules and faculty assignments.

Plans for the Future

- Review the functions of the Admissions Coordinator to determine optimal use of this position.

- Review recruitment policies regarding mailing invitations to apply to denied SKMC applicants.

- Discuss the implications of enrolling a higher percentage of *One-Year Plus* students and make adjustments to the program, faculty and curriculum accordingly.

Criterion 4.4 Advising and Career Counseling

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

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

- The **Assistant Dean for Student Affairs** is the primary academic advisor for all students in the MPH program. Her role is to address student academic concerns and to provide the academic resources to help students succeed (see *ERF 1.4 Roles and Responsibilities of MPH Program Administrators* for her formal job description). The Assistant Dean holds a MPH degree and is well-versed in the MPH curriculum and works in collaboration with the MPH Program Director and MPH faculty to provide advice and support for students.   Her role as Advisor begins prior to matriculation, with the formal **interview** that is required of all applicants. She meets with or is in contact with each student prior to each term. Because of the relatively small number of students in the MPH program, and because MPH and CPH leadership considers quality academic advising to be key to student success, the MPH program has centralized this function in the Assistant Dean. Faculty do not serve as academic advisors for the MPH program, but serve as mentors and resources for public health career development, research and practice.

- A **New Student Orientation** is held twice a year (September and January). The Assistant Dean for Student Affairs coordinates this event that involves the JCPH Dean, Associate Dean, MPH Program Director and MPH faculty. She reviews University and Program policies and procedures at the Orientation and shows students where this information can be found on the online Student Community, the MPH program's primary vehicle for communicating with its students.

- The University's Registrar's Office instituted *Degree Works*, a new academic advising software to help students plan their academic careers. The software went live in January 2016. All MPH students and the Assistant Dean for Student Affairs have access to this web-based planning software. *Degree Works* provides both students and advisors with real-time curriculum and course completion information and also identifies any outstanding requirements needed for graduation (see *ERF 2.4 Degree Works*).

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

MPH students have access to many career counseling services: The Jefferson Career Development Center, Leadership Live, SAPHE, and the online Student Community. The use of student ePortfolios provides a novel, but effective tool that enhances career viability.

Career Development Center

Thomas Jefferson University maintains a fully-staffed **Career Development Center**. Its mission is to provide comprehensive career services that empower students and alumni of JCPH and other TJU Colleges to develop personally rewarding careers in the health/healthcare industry. To achieve this mission, it

- Educates job seekers to effectively present themselves as candidates for employment such that the skills learned can be replicated throughout one's professional career.

- Creates partnerships with employers, alumni, faculty, staff, administrators, and the greater community that provide career development opportunities for students.

- Provides resources and information to constituents regarding employment market trends and contemporary issues in hiring.

- Promotes ethical practices by all parties involved in the job-search and hiring process.

Career Counseling

The Center offers individual appointments in-person and over the phone on the following topics:

- Job search strategies (including positions locally, nationwide, and internationally)

- Resume, CV, and cover letter reviews

- LinkedIn profile reviews (and help with using LinkedIn as part of the job search)

- Informational Interviewing – how to use networking to learn about organizations and find opportunities

- Mock Interviews – Counselors will practice interview questions with students and provide feedback

- Career Inventories/Assessments – MBTI, Strong Interest Inventory

- Personal Career Planning

- Special topics (e.g., disclosing a disability to an employer, overcoming potential barriers to employment, career changing, returning to workforce, etc.)

Career Resources

- **On the web**

  o Symplicity, an online career management system

    ▪ Students & alumni post resumes/CVs, search for jobs and find employer contacts

    ▪ Employers post job openings and search for candidates

  o Jefferson Career Center Network on LinkedIn

- **In person**

- o Career Resource Library

  - Regional and industry-specific employer guides, plus trade publications

  - Resources on special topics such as overcoming barriers to employment; disability and the job search

  - Guides on working/volunteering abroad

- **Workshops & Webinars**

  - o Topics include: Resume Writing, Job Search Strategies, Interviewing Skills, Evaluating & Negotiating Job Offers, and LinkedIn Basics, MBTI & Leadership, Interviewing from the Manager's Perspective, as well as field-specific programs

- **Career Fairs & Events**

  - o Two annual career fairs held on-campus – one each fall and spring semester

  - o Annual Philadelphia Non-Profit Career Fair via consortium of regional universities

  - o Participating College for Campus Philly's annual Opportunity Fair

  - o Employer Luncheon Series

  - o Etiquette Dinner for all programs/majors

Leadership LIVE

Leadership LIVE is a series of workshops, and special event and community service opportunities designed to further leadership development skills. The curriculum focuses on six core areas: diversity, integrity, personal and professional development, principles of leadership, service and teamwork. The program is open to all matriculated students. The Assistant Dean for Student Affairs s is a member of the development committee and helps to develop program offerings.

SAPHE

The Jefferson Student Association for Public Health Education (SAPHE) sponsors programs that support public health and career development. The Assistant Dean for Student Affairs is as the Advisor for this program.

Student Community

The JCPH online Student Community lists job postings, internships, and volunteer opportunities.

Student ePortfolios

ePortfolios, developed by students from their very first day in *PBH 501 Introduction to Public Health*, allow them to produce an electronic document on Blackboard that introduces them to career development using a public health tailored template. In the ePortfolio they post their public health career goals, paid and volunteer experience in public health, major written and oral work from their

classes, service initiatives, including but not limited to the MPH Clerkship paper, leadership activities, and research activities, including their Capstone research project (see *ERF 4.4 ePortfolios*).

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

Graduates are surveyed at the time of graduation and again 12 months after graduation about their satisfaction with advising and career counseling services at the University level.

- The past 5 years have shown a trend of increasing satisfaction with the University's Career Development Center. The mean satisfaction rating in 2010-2011 was 2.5 (out of a 4.0 scale; N = 6) compared to a mean satisfaction of 3.2 in 2014-2015 (N = 19).

- The latest survey of alumni one year after graduation shows that 63% were satisfied with the Career Development Center (N =5/8) and 56% were satisfied with career planning and employment services (N = 5/9) provided at Jefferson.

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

- Students are strongly encouraged to complete course evaluations. With the change to electronic format, JCPH uses an outside vendor for the administration and processing of these evaluations. Regular (polite) reminders are sent to students to complete the evaluations. Students are encouraged to express any concerns about the course, program or instructor via these evaluations.

- Students are encouraged to contact the Assistant Dean for Student Affairs with any concerns or complaints. Students are counseled appropriately depending upon their issue.

- The JCPH **Grade Appeal Policy** and **Student Grievance Policy** are published in the online Student Community, the official communication network of the MPH program. Both the MPH Program Director and Assistant Dean for Student Affairs hold regular meetings (fall and spring terms) with students to solicit any concerns. See *ERF 4.4 Grade Appeal and Student Grievance Policies*.

- To date, no MPH student has filed a complaint or grievance concerning the MPH program or College of Population Health. The MPH program (and the College as a whole) has never had a Grade Appeal since its inception in 2008.

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

This criterion is met.

Strengths

- The MPH program provides personalized academic advising and support through the Assistant Dean for Student Affairs and mentorship and career counseling through MPH faculty and administration.

- The University provides comprehensive career counseling services through its Career Counseling Center. Leadership LIVE is especially popular with MPH students.

Challenges

- The Career Counseling Center sponsors Job Fairs, but only recently has started to include potential public health employers in these events.

Plans for the Future

- The Assistant Dean for Student Affairs is working with the Career Development Center to provide career services and job fairs specific to or inclusive of MPH students. They are focusing their efforts on the Spring 2016 career fair, which was scheduled for March 21, 2016.

Electronic Resource File

Additional Documents

- Third party comments
    - 2015 DRAFT JCPH MPH Self-Study
    - Third Party Comments Weblink
    - Third-Party Comments

Criterion 1

- 1.2 Course Evaluations
    - Blank Evaluations
        - MPH online course evaluations, Fall 2015
        - MPH Paper course evaluation with 1 Instructor
        - MPH Paper course evaluation with 2 Instructors
        - Student Course Eval Questions Coordination Worksheet for ONLINE evals
    - Evaluation Results and Analysis
    - 2012-2015 Course and Instruction Quality Measures updated 2.12.2016
    - Fall 2015 Course Evaluation Indicators
    - Fall 2015 Course Evaluations
        - Brawer_2015_Fall_PBH_520_Program_Planning__Evaluation
        - Cohen_2015_Fall_PBH_520_Program_Planning__Evaluation
        - Henize_2015_Fall_PBH_511_Health_Comm__Social_Marketing
        - LaNoue_2015_Fall_PBH_504_Basic_Public_Health_Stats
        - Leader_2015_Fall_PBH_502_Behav__Social_Theories_5
        - Leader_2015_Fall_PBH_502_Behav__Social_Theories_in_PH
        - McAna_2015_Fall_PBH_600_Capstone_Seminar
        - McIntire_2015_Fall_PBH_506_Fundamentals_of_Epidemiology
        - McIntire_2015_Fall_PBH_506_Fundamentals_of_Epi_5
        - Pilling_2015_Fall_PBH_514_Dimensions_of_Global_Health
        - Plumb_2015_Fall_PBH_514_Dimensions_of_Global_Health
        - Romney_2015_Fall_PBH_515_Cultural_Humility__Competence
        - Simmons_2015_Fall_PBH_501_Introduction_to_Public_Health

- o Quality Course Indicators 2012-2013

- o Quality Course Indicators 2013-2014

- o Quality Course Indicators 2014-2015

- o Quality Course Indicators 2015-2016

- o Quality Instruction Indicators 2012-2013

- o Quality Instruction Indicators 2013-2014

- o Quality Instruction Indicators 2014-2015

- o Quality Instruction Indicators 2015-2016

- 1.2 Evaluation Process

- 1.2 Longitudinal Surveys

  - o Employer

    - RESULTS 2013 Employer Survey Results

    - RESULTS 2014 Overall Combined Employer Survey Results

    - SURVEY 2015 Employer Survey

  - o Employment

    - RESULTS 2012-2013 Employment Survey Results

    - RESULTS 2013-2014 Employment Survey Results

    - RESULTS 2014-2015 Employment Survey results

    - SURVEY 2013 Employment Survey

    - SURVEY 2014 Employment Survey

    - SURVEY 2015 Employment Survey

  - o Exit

    - RESULTS 2012-2013 Exit Survey Results

    - RESULTS 2013-2014 Exit Survey Results

    - RESULTS 2014-2015 Exit Survey Results

    - SURVEY 2012-2013 Exit Survey

    - SURVEY 2013-2014 Exit Survey

    - SURVEY 2014-2015 Exit Survey

  - o Faculty

    - SURVEY 2013 Adjunct Faculty Survey

- - SURVEY 2013 Faculty Survey

  - SURVEY 2014 Adjunct Faculty Survey

  - SURVEY 2014 Faculty Survey

  - Matriculant

    - RESULTS 2013 Matriculant Survey Results

    - SURVEY 2012 Matriculant Survey

    - SURVEY 2013 Matriculant Survey

    - SURVEY 2014 Matriculant Survey

  - Office of Institutional Research Weblink

  - Recent Graduate

    - RESULTS 2011-2012 Recent Graduate Survey Results

    - RESULTS 2012-2013 Recent Graduate Survey Results

    - SURVEY 2012-2013 Recent Graduate Longitudinal Survey

    - SURVEY 2013-2014 Recent Graduate Longitudinal Survey (1 year post graduation)

- 1.2 Quality Matters Course Design Rubric

- 1.2 Student Communications Survey

- 1.3 JCPH Annual Reports

  - 2011-2012 Annual Report

    - Administrative Staff

    - Community Service

    - Continuing Professional Education

    - Dean's Report

    - Education Report

    - Research

  - 2012-2013 Dean's Report

  - 2014-2015 JCPH Accomplishments

- 1.3 MPH Program Brochure

- 1.3 MSCHE Accreditation Letter 2014

- 1.3 TJU Annual Report 2012-2013

- o   2012-2013 TJU Annual Report (Academic Affairs)

- o   2012-2013 TJU Annual Report Appendix I

- o   2012-2013 TJU Annual Report Appendix II

- 1.4 JCIPE

  - o   JCIPE Newsletter for Spring 2015

  - o   JCIPE Weblink

- 1.4 Roles and Responsibilities of MPH Program Administrators

- 1.5 Committee Memberships

- 1.5 Faculty Candidate Evaluation Form

- 1.5 Faculty Hiring

- 1.5 MPH Accreditation Committee

  - o   April 15, 2015 CEPH Committee Minutes

  - o   December 16, 2014 CEPH Accreditation Committee Meeting

  - o   Feb 18 2016 MPH Accreditation Self-Study Committee Minutes Final

  - o   Feb. 19, 2015 CEPH Accreditation Committee Meeting

  - o   Jan 21, 2015 CEPH Accreditation Committee Meeting

  - o   June 17, 2015 CEPH Self Study Meeting Notes

  - o   Nov 24 2015 MPH Accreditation Self-Study Committee Meeting

  - o   November 25, 2014 CEPH Accreditation Committee Meeting

  - o   Oct 22, 2014 Accreditation Minute

- 1.5 MPH Community Advisory Board (CAB)

  - o   Community Advisory Board Roster updated 9.16.15

  - o   Feb. 10 2014 Minutes

  - o   Sept 16, 2015 Minutes

  - o   Sept 17 2014 Minutes

- 1.5 MPH Curriculum Subcommittee

  - o   Minutes Dec 16 2015 MPH Curriculum Subcommittee Meeting

  - o   Minutes June 8 2015 MPH Curriculum Sub Committee Meeting

  - o   Minutes Oct 5, 2015 MPH Curriculum Subcommittee Meeting

  - o   MPH Curriculum Subcommittee Scope of Work Oct 2015

- 1.5 MPH Faculty Committee

  - o MPH Faculty Committee Scope of Work

  - o MPH Faculty Meeting Minutes Jan 22 2016 Final

  - o MPH Faculty Meeting Minutes March 14, 2016 Final

  - o MPH Faculty Minutes June 18 2015 Final

  - o MPH Faculty Minutes Nov 17 2015

- 1.5 SAPHE Bylaws

- 1.5 Student Handbook

  - o Academic Integrity Policy

  - o Academic Policies and Procedures

  - o Thomas Jefferson University Policies Weblink

- 1.5 Student Roles in Governance

- 1.5 University and College Committee Membership

- 1.7 Classroom Renovation Report

- 1.7 Complete List of Classroom Renovations

- 1.7 CTL Service

- 1.7 Educational Technology Advisory Group

- 1.7 Jefferson Student Email

- 1.7 Scott Memorial Library Collection

- 1.7 Scott Memorial Library Journals

- 1.7 Wireless Access

- 1.8 Anti-Harassment and Discrimination Policies

- 1.8 Campus Climate Survey

  - o RESULTS 2014 Campus Climate Survey Results

  - o SURVEY 2014 Campus Climate Survey

- 1.8 Cultural Competency Domain-Linked Courses

- 1.8 DIMES and Diversity Council

- 1.8 Diversity and Inclusion Steering Committee

- 1.8 Diversity Statement

  - o Steering Committee Executive Members

- o Steering Committee Members

- 1.8 Joseph B. Hill Biography

- 1.8 List of Diversity and Cultural Awareness Programming

  - o 1998 to Spring 2014

  - o Fall 2014 to Fall 2015

- 1.8 MPH Faculty Hiring Policy for Diversity & Inclusion

- 1.8 Philadelphia Science Festival

- 1.8 University Action Council Members (as of Jan 2016)

- 1.8 Recruiting, Admitting, Retaining and Graduating a Diverse Student Body

- 1.8 University Promoted-Student Organizations and Activities

- 1.8 University Strategic Plan for Diversity and Inclusion

Criterion 2

- 2.1 Course Schedule Fall 2012 - Spring 2016

- 2.11 DO Joint Degree

  - o Attachment A PCOM Course Descriptions

  - o Life Stages Pediatrics and Geriatrics

  - o PCOM Articulation Agreement Signed Sept 2014

  - o PCOM Medical Law Syllabus 2015

  - o Preventive and Community Based Medicine Class at PCOM

  - o Substantive Change Letter to CEPH DO_MPH Nov 9 2015

  - o Substantive change Response from CEPH

  - o TJU PCOM DO_MPH Clerkship Chronic Care Management of Special Needs Patients March 2016

- 2.11 JD Joint Degree

  - o Bioethics

  - o Delaware Civil Clinic

  - o Domestic Violence

  - o Elder Law

  - o Food, Drug, Medical Device and Cosmetic Law Course Description

  - o Foundations of Health Law

- o Health Law Issues of Fraud and Abuse

- o Introduction to Public Health Law

- o JD_MPH Widener Brochure

- o JeffersonWidener MOU

- o Pharmaceutical Regulations Course Description

- o Pharmaceutical Regulations Learning Objectives

- o Pharmaceutical Regulations Paper Topics

- o Seminar Violence Against Women

- o Special Topics in Food and Drug Law

- o Toxic Torts

- o Veterans Law Clinic

- o Widener Course descriptions for JD-MPH program May 2015

- • 2.11 MD Joint Degree

    - o Advocacy and Community Partnerships 4th Year Elective SKMC

    - o Community Medicine 4th Year Elective in SKMC

    - o CwiC Program

        - ▪ 2014 Annual CwiC Performance Narrative

        - ▪ Assessment of Student Work in CwiC Program

        - ▪ College Within a College Weblink

        - ▪ CwiC curriculum grid

        - ▪ Y1_CountryHealthProfile_Template

        - ▪ Y1_CwiC-PH_Summer Paper Assignment_2015

        - ▪ Y3_CaseReview_OutlineTemplate

        - ▪ Y4_CapstoneProposalTemplate

    - o Homecare 4th Year Elective in SKMC

    - o Homeless Care 4th Year Elective in SKMC

    - o ICM 1 Year-long Course Outline 2014-2015 MPH related-sessions highlighted

    - o Indian Health Service Elective Information for 4th Year SKMC

    - o MD_MPH Brochure

    - o Obesity 4th Year Elective in SKMC

- Refugee Health 4th Year Elective in SKMC
- Sample Papers from 1st year MD Students
    - Reflection Essay - Culture and Bias in Medicine
    - Reflection Essay - Culture and Diversity in Medicine
    - Reflection Essay - Sexuality and Gender-based Medicine
    - Small Group Instructions - Culture and Bias in Medicine
    - Small Group Instructions - Health Insurance Issues
    - Small Group Instructions - Intimate Partner Violence
    - Small Group Instructions - Race and Culture in Medicine
- Sample Papers from 4th year MD Students
    - Sample Paper 1 - Bullying
    - Sample Paper 2 - Corner Store Initiative
    - Sample Paper 3 - Non-English Speaking Homeless
- SKMC Evaluation Form of Field Experiences

- 2.11 MSS Joint Degree
    - B503_ResearchInformedPractice_I
    - B504_Research_Informed_Practice_II_Spr_2015
    - B508 Community assessment S2015 syllabus with corrected epas and pbs
    - B517_Social_Policy_and_Analysis_withEPAS_spring 2015
    - B540_Multiculturalism and Diversity__Sum15_Final
    - B541_542 Field Education course descriptions
    - BMC GSSWSR course descriptions
    - MSS_MPH Articulation with Bryn Mawr GSSWSR and JSPH Revised March 16, 2016
    - MSS_MPH Bryn Mawr Brochure

- 2.11 PharmD Joint Degree
    - 2016 Elective PharmD Indirect Care APPE Syllabus
    - Fall 2015 IPPE I Service-Learning Syllabus
    - Pharm 551 2015 Pharmacoeconomics and Health Outcomes
    - PharmD MPH Agreement
    - PHRM 511 Biostatistics syllabus_2015

- o PHRM 519 Healthcare Delivery Systems Syllabus 2013
- 2.3 MPH Course Syllabi
  - o HPL 500 - US Health Care Organization & Delivery
  - o PBH 501 - Introduction to Public Health
  - o PBH 502 - Behavioral and Social Theories of Public Health
  - o PBH 504 - Basic Public Health Statistics
  - o PBH 506 - Fundamentals of Epidemiology.rtf
  - o PBH 507 - Fundamentals of Environmental Health
  - o PBH 509 - Public Health Policy & Advocacy
  - o PBH 510 - Health Research Methods
  - o PBH 511 - Health Communication & Social Marketing
  - o PBH 512 - Qualitative Research
  - o PBH 514 - Dimensions of Global Health
  - o PBH 515 - Cultural Humility & Competence
  - o PBH 517 - Special Population in Environmental Health
  - o PBH 520 - Program Planning & Evaluation
  - o PBH 600 - Capstone Seminar
  - o PBH 602 - Advanced Social & Behavioral Theory & Intervention
  - o PBH 605 - Advanced Statistics
  - o PBH 606 - Advanced Epidemiology
  - o PBH 609 - GIS Mapping
- 2.4 Clerkship Sites, 2009-2015
- 2.4 Clerkship Surveys
  - o Preceptor Clerkship Evaluation Survey
  - o Student Clerkship Evaluation Survey
- 2.4 Degree Works
- 2.4 MPH Clerkship Evaluation Report, 2009-2014
- 2.4 MPH Clerkship Handbook
- 2.4 Sample Clerkship Papers
  - o JD_MPH Clerkship Sample Paper #4

- - - o JD_MPH Clerkship Sample Paper #5

  - o MD_MPH Clerkship Sample Paper #3

  - o Sample Clerkship Paper #1

  - o Sample Clerkship Paper #2

- 2.5 Capstone Presentations

  - o JD_MPH Sample Capstone Paper #6

  - o MD_MPH Sample Capstone Paper #3

  - o Sample Capstone Paper #1

  - o Sample Capstone Paper #2

  - o Sample Capstone Paper #4

  - o Sample Capstone Paper #5

  - o Sample Capstone Presentations

- 2.5 MPH Capstone Concept Document

- 2.5 MPH Capstone Guidelines

- 2.6 Complete Competency Crosswalk

- 2.7 Employer Survey

  - o LETTER sent to Employers, accompanying survey

  - o SURVEY Employer Survey of 2012-2015 graduates

  - o RESULTS Employer Survey Report FINAL

Criterion 3

- 3.1 Boyer Model

- 3.1 Table 3.1.1 Research Activity from 2012 to 2015

- 3.2 Faculty Performance Evaluation Template

- 3.2 Table 3.2.1 Faculty Service from 2012 to 2015

- 3.3 Center for Urban Health

  - o Center for Urban Health (CUH) Weblink

  - o Plumb and Brawer, Center for Urban Health Research Projects

- 3.3 Certificate for Community Health Workers

  - o Bureau of Labor Statistics 1 8 15.ppt

  - o Community Health Worker Business Plan

- o Patient Navigator Business Plan

- o TJU Community Health Worker Info Card

- 3.3 Health Care Improvement Foundation

  - o Description of HCIF

  - o SEPA READS Surveys of Hospitals and Community Organizations on Health Literacy_CEPH_11-25-15

  - o 3SEPA-READS 2010-2015 Partners' Report_Executive Summary_Final Graphs

  - o SEPA-READS Work Force Development with HCIF

  - o The Health Care Improvement Foundation Weblink

- 3.3 Population Health Academy

  - o 2015 Population Health Academy Webinar Presentation

  - o Evaluation results from Oct 26-30 Session

    - ACO Special Presentation - Marks Evaluation Results, Oct 26-30

    - Day 1 - Barth Evaluation Results Oct 26-30

    - Day 2 - Harris Results Oct 26-30

    - Day 3 AM - Pelegano Evaluation Results Oct 26-30

    - Day 3 PM - Lieberthal Evaluation Results Oct 26-30

    - Day 4 - Scherpbier Evaluation Results, Oct 26-30

    - Day 5 - Fabius Evaluation Results, Oct 26-30

    - Fall 2015 PHA LOs and Qs 10.2.15

    - Overall Evaluation Survey Results Oct 26-30

    - Pre and Post-Seminar Survey Results Oct 26-30

  - o Population Health Academy Weblink

  - o Spring 2016 LOs 1.07.2016

  - o Surveys and Evaluations Spring 2016 2.8.2016

- 3.3 Population Health Colloquium

  - o Attendees by Organization 2012-2015

  - o Population Health Colloquium 2012-2015 Info

  - o Population Health Colloquium Brochure 2013

  - o Population Health Colloquium Brochure 2014

- o   Population Health Colloquium Brochure 2015

- o   Population Health Colloquium Weblink

- 3.3 Population Health Curriculum Development Study

  - o   Modified Delphi Survey Round 1

  - o   Modified Delphi Survey Round 2

  - o   Survey Results after Round 2 updated 11.17.15

- 3.3 Population Health Forums

  - o   Evaluation Results

    - ▪   2012 FINAL -Tallied results SEPT

    - ▪   2012 FINAL Tallied results NOV

    - ▪   2012 FINAL-Tallied results OCT

    - ▪   2012 FINAL-Tallied results-DEC

    - ▪   2013 FINAL-Tallied results APRIL

    - ▪   2013 FINAL-Tallied results DEC.

    - ▪   2013 FINAL-Tallied results FEB

    - ▪   2013 FINAL-Tallied results JAN.

    - ▪   2013 FINAL-Tallied results JUNE

    - ▪   2013 FINAL-Tallied results MARCH

    - ▪   2013 FINAL-Tallied results MAY

    - ▪   2013 FINAL-Tallied results NOV.

    - ▪   2013 FINAL-Tallied results OCT

    - ▪   2013 FINAL-Tallied results SEPT

    - ▪   2014 FINAL - Tallied results APRIL

    - ▪   2014 FINAL - tallied results NOV.

    - ▪   2014 Final - Tallied results SEPT

    - ▪   2014 FINAL tallied results DEC.

    - ▪   2014 FINAL Tallied results FEB.

    - ▪   2014 FINAL tallied results JUNE

    - ▪   2014 FINAL tallied results OCT

    - ▪   2014 FINAL- tallied results MAY

- 2014 FINAL-Tallied results JAN.

- 2014 FINAL-Tallied results MARCH

- 2015 Final - tallied results APRIL

- 2015 FINAL - tallied results FEB.

- 2015 FINAL tallied results JAN.

- 2015 FINAL tallied results JUNE

- 2015 FINAL tallied results MARCH

- 2015 FINAL tallied results MAY

- Forum Flyers 2012-2015

  - Fall 2012 Population Health Forum flyer

  - Fall 2013 Population Health Forum flyer

  - Fall 2014- Population Health Forum flyer

  - Fall 2015 Population Health Forum flyer

  - Spring 2012 Population Health Forum flyer

  - Spring 2013 Population Health Forum flyer

  - Spring 2014 Population Health Forum flyer

  - Spring 2015 Population Health Forum flyer

- List of Population Health Topics and Presenters

- Marketing

- Population Health Forum Attendance #s 2012-2015

- 3.3 Population Health Training Program

- 3.3 Summary of Organizations Interviewed for CHNA

Criterion 4

- 4.1 Curriculum Vitae

  - Non-Primary Faculty 2015-2016

    - Barth, Sandy

    - Brawer, Rickie

    - Cohen, Chari

    - Delgado, David

    - Henize, Sarah

- - - LaNoue, Marnie

    - - Pepino, Rich

    - - Pilling, Lucille

    - - Plumb, Ellie

    - - Plumb, James

    - - Saberi, Poune

  - o Primary Faculty

    - - Chernett, Nancy

    - - Leader, Amy

    - - McAna, John

    - - McIntire, Russell

    - - Ravelli, Jennifer

    - - Romney, Marty

    - - Simmons, Rob

- 4.1 Practice Experience

- 4.2 Conference Request Form

- 4.2 Faculty Development Conference Agenda

  - o 2015 Faculty Days Program_COMP-rev

  - o 2015 Faculty Days Program_Schedule at a Glance_revised 6-3-15

- 4.2 Faculty Development Workshops

- 4.2 Faculty Handbook

- 4.2 Juan Leon Biography

- 4.2 Lunch and Learn Schedule

- 4.3 Recruitment Materials

  - o JD_MPH Widener Brochure

  - o JSPH MPH Brochure 07 2014

  - o MD_MPH Brochure

  - o MPH Brochure 2013

  - o MPH Open House Metro Ad 05 2014

  - o MPH Open-House digital ad JSPH.jpg

- o   MPH print Ad for MPH information session

- o   MPH Program Brochure

- o   MPH Web Banner Ad at APHA

- o   MSS_MPH Bryn Mawr Brochure

- o   One Year Plus MPH Brochure Insert JSPH

- 4.4 ePortfolios

  - o   ePortfolio grading and submission April 2015

  - o   ePortfolio-MPH-Template Basic Slides.ppt

  - o   MPH Sample Template

  - o   PBH 501 e Portfolio Grading Rubric

  - o   Public Health Profile Example

- 4.4 Grade Appeal and Student Grievance Policies

  - o   Grade Appeal and Grievances

  - o   Grade Appeals and Grievances for the last three years

MPH Degree Program at College of Population Health Weblink