

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

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF WISCONSIN-MADISON

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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Introduction

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

Founded in 1848, UW-Madison is a member of the University of Wisconsin System (UW-System). Serving more than 43,000 students, UW-Madison offers over 130 undergraduate majors, nearly 150 master's degree programs and 120 doctoral degree programs. The university is organized into the Graduate School and 20 other schools and colleges, including the College of Agricultural and Life Sciences, the School of Business, the School of Education, the College of Engineering, the Law School, the School of Music, the School of Nursing, the School of Pharmacy, the School of Social Work, the School of Veterinary Medicine and the School of Medicine and Public Health (SMPH).

The SMPH is home to the Department of Population Health Sciences (DPHS) and nine other basic and applied science departments, in fields such as biomolecular chemistry, medical genetics, neuroscience and oncology; 16 clinical departments, in disciplines such as anesthesiology, dermatology, family medicine, pediatrics, psychiatry and radiology; and 22 research centers and institutes, including the Cardiovascular Research Center, the Center for Urban Population Health, the Institute on Aging, the Population Health Institute and the Stem Cell and Regenerative Medicine Center. In addition to the MPH program, the DPHS houses four other graduate degree programs in epidemiology and population health.

The MPH program was founded in 2005 to prepare students and health professionals for general practice-oriented public health careers. The program director reports directly to the DPHS chair, the MPH Steering Committee, the senior associate dean for academic affairs and the associate dean for public health.

The program was first accredited by CEPH in 2009. This review resulted in a term of five years, with required interim reporting. In 2010 and 2011, the Council accepted the program's interim reports.

Characteristics of a Public Health Program

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

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

These characteristics are evident in UW-Madison's MPH program. The program is located in a regionally-accredited institution, which has remained accredited by the North Central Association of Colleges and Schools (NCA) since 1913. The program and its faculty and students enjoy the same rights, privileges and status as the other professional programs within the DPHS and across the university. MPH faculty also support the program with a wealth of diverse training and experience. Through its strong ties to the practice community and an array of collaborative instructional programs and research and service activities, the program facilitates faculty and student collaborations with other programs and departments across campus and throughout the community.

The program's mission statement emphasizes the importance of instruction, research and service, and its organizational culture embraces core public health goals and values. The program has sufficient physical, human and fiscal resources to offer the MPH degree and has implemented a clear and ongoing process

of evaluation and planning to monitor and improve student performance and ensure that all internal operations continue to support its mission, goals and objectives.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The MPH program has a clear and concise mission statement and supporting goals, objectives and value statements that reflect a collective commitment to advancing instruction, research and service.

The program's vision is to improve health and social justice for the citizens of Wisconsin, the nation and the globe through the professional preparation of an inspired, dynamic and sustainable public health workforce. Its mission is to contribute to the development of a sufficient, competent and diverse public health workforce through excellence in interdisciplinary education, research and community service. The program's core values emphasize the importance of learning, service, discovery, interdisciplinary research, a healthy and supportive work environment, diversity and professional ethics. In support of its mission, the program identifies five goals that relate to learning, service, discovery, workforce development and diversity. Each goal is linked to three to five measurable, outcome-oriented objectives with specific target values and timelines; with the exception of a few process-oriented indicators, many objectives are aligned with multiple more precise measures.

The mission, values, goals and objectives are accessible on the program website, presented in recruitment materials and student handbooks and communicated to incoming students via print and electronic correspondence.

Site visitors determined that the process for developing and revising the program's mission and supporting values, goals and objectives was strategic, iterative and inclusive. The mission, values, goals and objectives were originally developed by the MPH Steering Committee in 2005, with the inception of the program. The Steering Committee solicited input from faculty and staff members, the Curriculum Committee, the Community Advisory Committee and other community partners and external consultants. Although the program did not request feedback from the entire student body, student representatives serving on the aforementioned committees were provided an opportunity to review draft statements and share their comments and suggestions. Following a similarly collaborative process, the program has reassessed its strategic plan on an annual basis and subsequently revised its mission statement in 2008 and 2013. In fall 2013 and spring 2014, an external consultant conducted confidential focus group and

one-on-one interviews with students and primary faculty to solicit their feedback about the program's vision, mission and values.

1.2 Evaluation and Planning.

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

This criterion is met. The MPH program has established protocols for monitoring and evaluating progress against most of its objectives and for assessing the program's effectiveness in achieving its mission and goals. The self-study describes the processes used to measure the program's progress, including the data collection systems, responsible parties and the frequency with which these procedures are conducted.

The evaluation of the program's activities involves several data systems managed by designated staff and other program administrators. The student services coordinator, for example, is responsible for tracking the development of an MPH alumni society as well as the annual number of alumni donations to the program, MPH alumni networking events and student recruitment efforts supported by alumni; and the community engagement coordinator tracks the participation of MPH alumni as field site preceptors. The program director and the deputy director both review annual faculty activity reports to assess 1) faculty research funding and productivity, including the number of faculty-student research partnerships, and 2) faculty service activities.

The self-study presents measurement data for the past four academic years.

On-site discussions with the program director and the deputy director informed the site visit team that evaluation procedures pertaining to three of the objectives, which were established only recently in the fall of 2013, are incomplete and still under discussion. For example, no faculty or staff member has been assigned to monitor and evaluate progress against the second objective under goal four, in which the program expresses its intention to increase its total endowment from private resources. As a result, the corresponding data have yet to be collected.

The deputy director, in consultation with the program director, assumes primary responsibility for monitoring and analyzing the overall results of the program's ongoing evaluation processes, identifying any issues that emerge from the data and formulating plans to ensure goal attainment and continuous quality improvement. The data, along with any proposed policy or procedural changes or action plans, are then shared with the appropriate MPH committee(s) to complete a more thorough examination; all such

proposals must be approved by the Steering Committee prior to implementation. This entire evaluation process occurs at least once each academic year, with more frequent attention given to urgent matters.

The program director, the deputy director, other program staff, faculty, students, the Steering Committee, the Curriculum Committee, the senior associate dean for academic affairs, the associate dean for public health, members of the Community Advisory Committee and other community representatives and partners all contributed to the development of the self-study. The deputy director and other program staff assumed primary responsibility for drafting and revising the majority of the document. Throughout the self-study process, the deputy director provided progress updates to the program's constituents, who were asked to review drafts of the entire document and provide feedback. As validated by on-site discussions with students, community representatives and members of the Community Advisory Committee and the Steering Committee, preliminary drafts of the self-study were posted on the program website, along with an invitation to submit third-party comments and suggestions.

1.3 Institutional Environment.

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

This criterion is met. UW-Madison has been continuously accredited by the North Central Association of Colleges and Schools since 1913; the most recent review for reaccreditation occurred in 2009 and resulted in a 10-year term. The university responds to over 30 specialized accrediting agencies in fields such as art, audiology, chemistry, engineering, interior design, medicine, nursing and law.

UW-Madison comprises the Graduate School and 20 other schools and colleges. The MPH program is housed in the Department of Population Health Sciences, an interdisciplinary department within the School of Medicine and Public Health, alongside several Master of Science (MS) and Doctor of Philosophy (PhD) degree programs in epidemiology and population health. The SMPH is also home to nine other basic and applied science departments, in fields such as biomolecular chemistry, medical genetics, neuroscience and oncology; 16 clinical departments, in disciplines such as anesthesiology, dermatology, family medicine, pediatrics, psychiatry and radiology; and 22 research centers and institutes, including the Cardiovascular Research Center, the Center for Urban Population Health, the Institute on Aging, the Population Health Institute and the Stem Cell and Regenerative Medicine Center.

The MPH program director, along with the directors of the other DPHS programs, report directly to the department chair. The MPH program director also reports to the MPH Steering Committee, the senior associate dean for academic affairs and the associate dean for public health. The department chair, the senior associate dean for academic affairs and the associate dean for public health each report to the SMPH dean, who in turn reports to the provost and vice chancellor for academic affairs. The provost

reports to the chancellor, who in turn reports to the UW system president. Ultimately, the Board of Regents is the highest authority in the chain of governance.

Decisions related to budget and resource allocation occur at the program, department, school and university levels. State appropriations are allocated by the provost's office to the SMPH. In consultation with the dean, the senior associate dean for finance exercises budgetary authority over the school and supervises decisions related to the allocation of resources to its various departments and programs. In consultation with the Steering Committee, the DPHS administrator and the senior associate dean for finance, the MPH program director and the deputy director negotiate a program budget based on an estimate of all projected expenses.

The program director and the deputy director initiate all faculty and staff recruitment, appointments and promotions, with input from the Steering Committee and oversight from the DPHS administrator and the department chair. All primary faculty hiring and advancement requests and recommendations must also be submitted for review and approval by the DPHS Executive Committee, consisting of tenured department faculty members; the SMPH Human Resources Department; and the appropriate Divisional Committee in the Office of the Secretary of the Faculty.

In consultation with the Community Advisory Committee, the Steering Committee oversees the development and establishment of academic standards, policies and curricula. Curricular or course changes must also be reviewed and approved by the MPH, DPHS and SMPH curriculum committees and the Office of the Secretary of the Faculty.

1.4 Organization and Administration.

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

This criterion is met. Maintaining an organizational structure with clear lines of authority and responsibility, the MPH program facilitates interdisciplinary collaboration in learning, research, service.

The program director is responsible for overall leadership and oversight of instructional quality and delivery, faculty recruitment and collaboration, student admissions and student affairs and services.

The deputy director reports to the program director and serves as the program's chief operating officer. She manages program staff, monitors the program's governance structure and accreditation status and oversees curriculum development, program evaluation, student recruitment and admissions and other daily programmatic operations and activities. The deputy director also serves as the director of public

health education and training; in this capacity, she reports to the DPHS chair and organizes and manages all of the department's public health workforce development programs.

The administrative assistant reports to the deputy director and maintains student records and information pertaining to each student's academic standing. In addition to managing the program's listservs and disseminating weekly email updates, she plans and organizes the program's symposia, graduation receptions, student orientations and other special events. The administrative assistant is typically the first point of contact when students express interest in the program.

The student services coordinator reports to the deputy director. Her responsibilities include academic advising and managing student recruitment efforts and admissions procedures. She assists students with course selection, transfers and waivers; monitors students' academic progress and degree completion; and publishes information to keep students abreast of the program's policies and procedures.

The community engagement coordinator reports to the deputy director and guides students in the development of their fieldwork and capstone projects. A full 50% of this position is supported through MPH program funding

The student assistant reports to and assists the administrative assistant and the deputy director with various clerical functions.

Most primary faculty report directly to the DPHS chair, and each secondary faculty member reports to the chair of his or her home department.

The MPH program embraces and facilitates interdisciplinary learning, research, service and collaboration by drawing upon faculty from across the health sciences. Many faculty members affiliated with the program hold joint appointments with the DPHS, other SMPH departments or schools across the university and the UW system. The Steering Committee, further described in Criterion 1.5, includes several secondary faculty members from various departments, schools and research centers: the Department of Biostatistics and Medical Informatics, the Department of Family Medicine, the School of Nursing, the School of Pharmacy, the School of Veterinary Medicine, the Law School, La Follette School of Public Affairs and the Nelson Institute for Environmental Studies. The department-, college-, and university-level committees on which MPH faculty participate also provide a forum for interdisciplinary collaboration, strategic planning and decision-making.

As reflected in its strategic plan, the program encourages faculty to partner with other departments and schools across campus and with organizations throughout the community. The organizational location of

the MPH program is conducive to interdisciplinary learning, research and service and facilitates faculty and student collaboration across various disciplines, including medicine, pharmacy, veterinary medicine, law, business, social work, public affairs, urban planning and nursing. As a member of the DPHS and the SMPH, the program shares the same building as the MS and PhD degree programs in epidemiology and population health and remains in relatively close proximity to the Health Sciences Learning Center; the departments of family medicine, oncology, biostatistics and medical informatics, surgery, pediatrics and human oncology, among others; the schools of nursing and pharmacy, for example; and various research centers and institutes, including the Population Health Institute, the Global Health Institute, the Wisconsin Office of Rural Health, the Institute for Clinical and Translational Research and the Collaborative Center for Health Equity, which all offer formal opportunities for interdisciplinary investigation.

The involvement of faculty in collaborative research and service activities complements and enhances their instruction of students and serves as a platform for faculty to introduce the importance of interdisciplinary collaboration into the classroom. The SMPH dean, the associate dean for public health and the DPHS chair all identified the collaboration of secondary faculty from many different departments and schools as a one of the program's most unique strengths; in fact, the dean highlighted the program's success in interdisciplinary collaboration as a prototype for future initiatives across campus.

In partnership with schools and departments across campus, the program offers several joint degree programs and a menu of over 90 interdisciplinary elective courses that expose students to various public health perspectives and promote students' cross-disciplinary understanding of the field. Students have the opportunity to select from a vast array of approved electives in fields such as epidemiology, health policy and administration, methods, biostatistics, global health, communication, environmental health, cultural competence and community health. Students may also submit proposals for alternative electives in other fields, though such requests must be reviewed and approved by the Curriculum Committee. The program offers joint degrees in medicine, veterinary medicine, public affairs, pharmacy, law, physical therapy and nursing. Details pertaining to each joint degree program are outlined in Criterion 2.11.

1.5 Governance.

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

This criterion is met. The MPH program demonstrates a clear governance structure, with broad representation and defined roles and responsibilities, and allows for the involvement of faculty, staff, students, community partners and other program constituents in the daily operation of the program. Five standing committees participate in policy development and decision-making, program planning and

evaluation, budget and resource allocation, student recruitment and admissions and curriculum development, among other functions.

The Steering Committee, which convenes at least six times each academic year, is responsible for program oversight and governance and serves as the final decision-making authority for all programmatic policies, procedures and changes. With oversight from the senior associate dean for academic affairs, the associate dean for public health and the DPHS chair, the committee coordinates general policy development. In consultation with the Community Advisory Committee, the Steering Committee oversees the development and establishment of academic standards, policies and curricula. The committee also oversees student admissions and budget and resource allocation. Membership includes the program director, who serves as the chairperson, the deputy director, the associate dean for public health, the senior associate dean for academic affairs, the DPHS chair, one MPH student, one state health department official, seven program faculty members and one faculty representative from the Department of Biostatistics and Medical Informatics.

The Curriculum Committee consists of the program director, the deputy director, the vice chair of the DPHS, one MPH student and five program faculty members, one of whom serves as the chairperson. The student services coordinator provides staff support. Curriculum Committee members, the majority of whom teach core courses or represent dual degree programs, are appointed by the Steering Committee. The committee meets monthly to 1) review and approve recommended curricular or course changes, including proposals for elective courses, credit transfers and course waivers, 2) review and respond to student concerns and employer needs and 3) identify any gaps or duplications in the curricula and determine if corrective actions, such as curricular or competency revisions, are necessary.

The Admissions Committee, which meets two to three times each year during the admissions process, is charged with admitting diverse and qualified cohorts of students who meet the established admissions criteria. The program director and nine faculty members, one of whom serves as the chairperson, are appointed by the Steering Committee. The student services coordinator provides administrative support.

The Community Advisory Committee advises the program on its community engagement and workforce development efforts and assists in the recruitment of students and potential field experience sites. In addition to the program director and one MPH student, membership includes five administrative staff from offices, programs, departments and institutes across campus, as well as 13 community representatives from a variety of local, state and national public health agencies. Several members are also alumni of the program, and others have served as field experience preceptors. The committee is chaired by one of the community representatives and staffed by the community engagement coordinator. Committee members are appointed by the Steering Committee and meetings are held twice a year.

The Promotions Committee meets on an as-needed basis and is responsible for monitoring and evaluating student progress and academic status, reporting the corresponding results to MPH faculty with recommendations for modifications, proposing plans for remedial action or the termination of students who fail to meet program and university expectations and responding to any related petitions from students. As with all of the aforementioned committees, the following members are appointed by the Steering Committee: the senior associate dean for academic affairs, the associate dean for public health and three other MPH faculty, one of whom serves as the chairperson. The student services coordinator provides staff support.

In addition to supporting the governance of the program, all primary faculty are active in other program-, department-, school- and/or university-level committees. The self-study presents information about the standing and ad hoc committees on which MPH faculty serve, including the Epidemiology Faculty Group, the DPHS Student Admissions Committee, the DPHS Executive Committee, the Global Health Institute Advisory Board, the SMPH Educational Policy Council and the UW-Madison Conflict of Interest Committee. Many faculty members hold several committee appointments within the DPHS and across campus.

Advocating for students' needs and providing feedback on matters related to the curriculum and other program requirements, students serve as active voting members on the Steering Committee, the Curriculum Committee and the Community Advisory Committee. Each student representative is nominated by the MPH Student Organization (MPHSO) and appointed by the Steering Committee, though participation is voluntary. The MPHSO, which serves as the voice of the entire student body, was established to enhance student involvement in program governance and policymaking and other academic and administrative affairs, to facilitate networking among students and to provide leadership opportunities through service on departmental committees. The organization also supports the planning of student-led research projects, social events and community service activities. The MPHSO president and other students interviewed on site indicated that the program maintains transparent communication with students, values and frequently solicits their input and is very receptive and responsive to their needs, concerns and suggestions pertaining to academic and administrative issues.

1.6 Fiscal Resources.

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

This criterion is met with commentary. Despite the reduction of the program's fiscal resources since the last accreditation review, the program asserts that the funding it has secured remains adequate and supportive of the program's mission, goals and instructional, research and service activities.

As stated in Criterion 1.3, state appropriations are allocated by the provost's office to the SMPH. In close consultation with the Steering Committee, the DPHS administrator and the senior associate dean for finance, the MPH program director and the deputy director negotiate a program budget based on an estimate of all projected expenses. The budgeting and resource allocation process begins in February of each year and is typically concluded as the new fiscal year begins on July 1.

The self-study identifies several types of in-kind contributions that represent significant program resources. State appropriations, which are not directly administered by the program, serve as one type of in-kind contribution. The time and effort adjunct and other secondary faculty spend in teaching and mentoring MPH students are uncompensated by program funds; the participation of at least 64 other "volunteer" faculty is, therefore, considered another form of in-kind support.

Table 1 presents the program's budget for the last four years, in addition to the planned budget for the current academic year. The budget primarily covers personnel costs, including partial salary support for the program director (30%), the deputy director (60%) and primary faculty (10% each).

Table 1. Sources of Funds and Expenditures by Major Category, 2009-2010 to 2013-2014					
	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Source of Funds					
State Appropriations	\$400,000	\$400,000	\$450,000	\$450,000	\$450,000
University Funds	\$186,687	\$341,366	\$457,479	\$449,834	\$460,119
Grants and Contracts	\$401,826	\$190,388	\$0	\$0	\$0
Endowment	\$15,000	\$5,000	\$12,500	\$5,000	\$2,500
Total	\$1,003,513	\$936,754	\$919,979	\$904,834	\$912,619
Expenditures					
Faculty Salaries and Benefits	\$123,356	\$123,356	\$111,039	\$115,132	\$113,908
Staff Salaries and Benefits	\$394,984	\$341,302	\$307,407	\$309,702	\$307,661
Operations	\$61,536	\$58,096	\$27,033	\$20,000	\$29,550
Travel	\$8,627	\$9,000	\$12,000	\$5,000	\$9,000
Total	\$588,513	\$531,754	\$457,479	\$449,834	\$460,119

State appropriations and university funds represent the two largest sources of income and, collectively, constitute nearly 100% of the program's total revenue. University funds increased substantially, from \$187,000 in 2009-2010 to \$460,000 in 2013-2014; despite the persistent economic challenges faced by the university, state appropriations increased by \$50,000 during the same time frame. The program's overall financial resources, however, have decreased significantly over the last five years. All remaining grant and contract funding, which had been provided by the Wisconsin Partnership Program as foundation money to help transition and expand the original School of Medicine to the current interdisciplinary School of Medicine and Public Health, expired in 2010-2011. Endowment money, which

is provided in the form of scholarships for students pursuing the joint MD/MPH degree, has decreased by 83% over the last five years.

The program has not identified funding to offset recent reductions in its endowments, grants and contracts. The fact that all income and indirect cost recovery funds generated from external research, service and training awards are directed to the DPHS and the home departments of secondary faculty limits the program's financial growth. No academic program at UW-Madison may capture tuition recovery, unless it has reached an agreement with the university and the school in which the program is housed. Current regulations stipulate that the MPH program must recruit a larger student body—at least 50 students—before it may collect tuition dollars. As indicated in Criterion 4.3, the program enrolled only 42 students in fall 2013 and thus, tuition and fees are not incorporated into the budget. Essentially, the program can influence its funding by increasing student enrollment.

With several in-kind sources of funding, the program's expenditures appear to drastically differ from the total amount of funding it receives. The SMPH allows the program to carry over any excess funds for use in the next fiscal year.

The program does not currently participate in independent fundraisers and has not solicited support from the UW Foundation, the university's official fundraising and gift-receiving organization; however, the program plans to collaborate with the Foundation to coordinate future fundraising activities.

The program identifies two measures by which it assesses the adequacy of its fiscal resources: 1) endowment from private resources and 2) program expenditures per student. By July 1, 2018, the program aims to increase its total endowment from private sources by 50% over its current level. At the time of the site visit, annual expenditures per student exceeded \$4,800; the program seeks to increase this amount to at least \$5,000 by 2018.

The commentary relates to the sustainability of the program's financial infrastructure and resources. The self-study specifically identifies the need for additional funding in order to reach the enrollment target that will enable the program to capture tuition. Although the university only requires the program to increase the size of its student body before it can become eligible to receive tuition dollars, additional funding is needed to enhance student recruitment efforts and hire additional qualified faculty to accommodate a growing student body and maintain an appropriate student-faculty ratio. The associate dean for public health confirmed that the program faces a growing financial pressure to expand its student body; the SMPH dean and the associate dean agreed that focusing the program's attention on increasing the sheer size of the student body in order to secure additional fiscal resources, however, may compromise the quality of applicants admitted to the program.

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The program exhibits an adequate faculty and staff complement and sufficient physical resources to ensure the continuity of the MPH and corresponding joint degree programs and meet its commitments to students and other constituents.

At the time of the site visit, the program employed a total of six primary faculty, who dedicate 100% of their time to public health instruction, research and service; and 64 secondary faculty, who dedicate an average of 25% of their time to the program. The primary faculty complement has remained relatively consistent over the last four years. With six full-time faculty dedicating all of their time to public health teaching, research and service, the program well surpasses the minimum expectation for the size of the primary faculty complement.

The program is supported by nine staff members, including the program director, the deputy director, the student services coordinator, the community engagement coordinator, an administrative assistant and an hourly student assistant, who perform many daily administrative operations. Responsibilities involve, among other functions, academic advising, payroll, fiscal reporting and grants management. The self-study reports that staff members support the program in amounts ranging from 10% to 100% of their time. The high level of dedicated staff support is one of the program's greatest strengths.

The program occupies four offices on the seventh floor of the Wisconsin Alumni Research Foundation (WARF) building. In close proximity to the other DPHS programs, these offices provide workspace for the program director, the deputy director, the student services coordinator, the administrative assistant and other staff. Within the suite of offices, there is a conference room, which is frequently used for staff meetings. In the past year, the MPH program has obtained additional office space in the Health Sciences Learning Center (HSLC), located less than 0.5 miles away from the WARF building, to increase the accessibility of staff members to students and facilitate collaboration with other health professions programs. The community engagement coordinator and the student services coordinator, for example, share office space on the second floor of the Ebling Library, the main library in the HSLC.

The SMPH plans to expand office capacity in the HSLC in the next five years, once the nursing program relocates to a newly designated facility; after the transition, the program hopes to secure office space for its entire staff and move out of the WARF building. Conversations with the dean, however, suggested that the program and the SMPH have not reached a consensus on moving forward with this arrangement. The dean's priority appears to be creating additional classroom space in the HSLC, and thus plans to reconfigure administrative offices are still under discussion.

The WARF building contains one 25-seat classroom, one 20-seat classroom, numerous conference rooms and one common area where students may study or complete small group work. Both classrooms are equipped with built-in projection capabilities and screens. Classrooms, conference rooms and common areas are shared with other DPHS programs, though reservations can be made to secure space for MPH students during designated time frames.

The majority of the program's instructional space is located in the HSLC, along with additional student lounge space that is shared with other health sciences students. Students may reserve conference rooms in HSLC or the Ebling Library.

The program does not require lab space.

At least 115 desktop workstations, located on the second floor of the HSLC and throughout the Ebling Library, are open to all UW-Madison students, faculty and staff. About 40 laptop computers are available for checkout, along with other electronic equipment such as headphones, a digital camera and a camcorder. MPH students also have private access to a computer and printer station in the program's WARF office. The Division of Information Technology (DoIT) is a campus-wide resource that provides a help desk and 24-hour technical assistance to students, administrators, faculty and staff.

MPH students enjoy a wide range of electronic and print resources, remote library access and an extensive suite of services provided by the Ebling Library. Electronic resources include over 4,300 journals, 500 books and 70 databases in the health sciences, and more than 150 public health-specific journals. Students have access to more interdisciplinary resources in the university's General Library System, which offers over 20,000 electronic journals, 650 databases and seven million print books. Library Express is the university's document-delivery service, and allows for free interlibrary loans and document-delivery services. A designated library liaison to the MPH program conducts tutorials each semester to guide students in utilizing and navigating the libraries' online research databases, performing literature searches and preparing bibliographies.

Program faculty and staff report that classroom, office and student meeting space are currently adequate. Students are particularly satisfied with the library resources, study rooms and student lounge space in the HSLC.

The commentary relates to the adequacy of the faculty complement. The student-faculty ratio based on primary faculty FTE was 15:1 at the time of the site visit, though the proportion has steadily decreased from 17:1 over the last three years. While the student-faculty ratio based on total faculty FTE, 4:1, appears acceptable, many part-time and adjunct faculty hold appointments in other departments across

the university or in community-based organizations. On-site discussions with students revealed that the availability of secondary faculty—especially those with FTEs as low as five to ten percent—is typically limited to the scheduled classroom period, as such faculty must return to their home departments to engage in their primary responsibilities. As a result of secondary faculty members' competing commitments, students have limited access to faculty for the clarification of course materials and assignments, mentoring and career advising and thus rely heavily on teaching assistants.

Despite current economic challenges that may hinder the recruitment of faculty members entirely dedicated to the MPH program, the program plans to solicit extramural funding to hire additional primary faculty and reduce the corresponding student-faculty to 10:1 or less. Expanding the primary faculty complement will be especially important if the program is successful in increasing student enrollment.

1.8 Diversity.

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

This criterion is partially met. The MPH program demonstrates a commitment to cultivating diversity and cultural competence, yet lacks an established strategic, program-specific diversity promotion plan to guide the program in enhancing the overall climate of diversity in which its faculty, staff and students interact.

The self-study identifies one goal for achieving diversity and cultural competence within the program: to engage diverse faculty, staff and students to work toward health equity and social justice, without discrimination in the world community. The program's progress towards achieving this goal is measured through five objectives related to the race or ethnicity of program faculty, staff and students; the geographic representation of incoming students; and the diversity-related research, teaching and training activities that support the program. These objectives are reinforced by the university's mission and strategic plan to enhance the overall climate of diversity across campus.

The program identifies African Americans, American Indians, Hispanics (Mexicans, Puerto Ricans and Cubans), Asians (Cambodians, Vietnamese, Laotians and Hmong) and the indigenous peoples of Hawaii, Alaska and the US Territories as underrepresented in its faculty, staff and student bodies. The university's definition of its underrepresented populations and the population distribution within the state of Wisconsin and across the nation, have prompted the program to focus its attention on these particular ethnic groups. Minority student enrollment, approximately 21% at the time of the site visit, has only slightly increased over the last four years, though the program has exceeded its target of 8%. The fraction of minority students also appears greater than that of the statewide minority population. Despite the growth of the minority faculty population (nearly 6%), the program has yet to reach its target of 8%. The program has

not hired any minority staff over the last four years, reflecting a lack of progress towards its target of 8%. As a result, the program's faculty and staff complement does not reflect the diversity of its student body or the surrounding communities it serves.

The program seeks to increase the proportion of newly admitted international students and students from states outside of Wisconsin. At the time of the site visit, less than 5% of newly admitted students were recruited from other states, and only 2.4% were international students; the proportion of both groups has significantly decreased, by over 50%, over the last four years, reversing the program's progress towards its target of 33%. The program also seeks to ensure that at least 80% of campus-based research centers and institutes partner with the program in one or more research, teaching and/or training initiatives to address an area of health equity or social justice in a population defined by race or ethnicity, gender, age or socioeconomic status. The self-study indicates that all of the program's campus-based research partners have contributed to this objective during each of the last four years.

The program supports the attainment of its diversity goal and corresponding objectives with policies that create a climate free of harassment and discrimination, including university policies that prohibit sexual harassment and discrimination, enforce equal employment opportunity and affirmative action and require the provision of accommodations for individuals with disabilities. At the department level, one primary faculty member serves on the DPHS Work Environment Committee, which is charged with ensuring a climate for working and learning in a diverse setting; membership also includes staff and students. In collaboration with the MPH Student Organization, the program developed an MPH Code of Conduct, which further enforces professional and ethical behavior in education, service and research endeavors to cultivate a supportive working and learning environment. The Code is introduced to students during orientation, referenced in the student handbook and many course syllabi and reviewed annually by the Student Organization.

Diverse faculty, staff, student and community representation on the Steering Committee, the Curriculum Committee and the Community Advisory Committee provides ongoing opportunities for the involvement of minorities in program governance and helps to ensure that diversity and cultural considerations remain integrated into the program's strategic planning and decision-making processes.

The program prioritizes efforts to recruit, admit, retain and graduate a diverse student body, and create a welcoming and inclusive learning environment. In accordance with university policies, the program admits students regardless of race, color, national origin, sex, disability or age. The Admissions Committee developed a set of policies and procedures in the fall of 2006 to support a diverse student body, and, along with the Steering Committee and the student services coordinator, continues to review the program's student recruitment plan, on an annual basis.

Student recruitment practices include encouraging historically disadvantaged and underrepresented students of color to apply for enrollment. The student services coordinator attends graduate school and health professions fairs that target underrepresented populations throughout Wisconsin and across the Midwest region; such events provide opportunities to introduce prospective students to the program and its unique degree offerings. Online and print materials are designed to reflect the diversity of the student body and highlight the experiences of minority MPH students. A limited number of teaching and research assistant positions and Advanced Opportunity Fellowships serve as additional recruitment tools.

Program staff connect current minority students with campus-based resources and services that support their successful matriculation through the program. The International Student Services (ISS) Office, for example, promotes a vast array of programs and activities for students from various cultural and ethnic backgrounds. Tutoring services are available for international students who may benefit from additional training and exposure to the English language.

The program participates in university-wide efforts to promote and retain a diverse faculty and staff, ensure equity and transparency in the recruitment process and create a welcoming and inclusive working environment. The program adheres to university rules and regulations regarding 1) equal opportunity in recruitment and employment, without regard to age, sex, handicap, race, color, sexual orientation, national origin or ancestry and 2) affirmative action, which is designed to expand employment opportunities for qualified women and minorities. Faculty and staff vacancies and new positions are advertised in periodicals that target diverse and underrepresented professionals. The university recently launched a strategic hiring initiative, in which additional funding was provided for the recruitment or retention of minority faculty. SMPH Office of Human Resources personnel approve and monitor the program's faculty and staff recruitment procedures to enhance the likelihood of attracting a diverse candidate pool.

Diversity and cultural competence are well-integrated into the curriculum. All students are required to take the Social and Behavioral Sciences for Public Health course, which highlights health disparities, the built environment and cultural sensitivity. The field experience exposes students to culturally and ethnically diverse workplace environments, in which students must demonstrate their diversity and cultural awareness. The majority of courses that address and build competency in diversity and cultural considerations, however, are electives, leaving the level of student exposure to related concepts and competencies dependent on each student's chosen plan of study.

The first concern relates to the lack of an established strategic, program-specific diversity promotion plan to guide the program in achieving its diversity goal and objectives. The only plan currently in place is the

student recruitment plan, described above. Rather than define a comprehensive set of program-specific initiatives aimed at recruitment and retention and outline a program-wide diversity plan to support all of its underrepresented populations, the program consistently refers to the DPHS and UW-Madison missions, goals and strategic plans to enhance the overall climate of diversity across campus.

The second concern relates to the currency of one of the program's diversity-related objectives. While student diversity rates have been consistently high (ranging from 20% to 25%) over the last four years, the program's target for student diversity in 2018 remains extremely low (8%). Rather than respond to the current trend by adapting its previous expectations and challenging the program to maintain, or even surpass, the high rates of student diversity, the program appears to set low expectations for the growth of student diversity in the next four years.

The third concern relates to the program's faculty and staff recruitment efforts, which appear largely passive. The program's efforts to recruit minority faculty and staff, in particular, are limited to the distribution of electronic and paper announcements and any other minimum requirements set by the university.

The program director acknowledged the aforementioned deficits and affirmed his commitment to revisiting the program's diversity-related objectives, to eventually developing a program-specific diversity plan and to implementing more rigorous efforts to increase the diversity of program faculty and staff. As indicated in the self-study and confirmed in conversations with the program director, the program may benefit from actively promoting the SMPH Centennial Scholars Program, which recognizes and provides salary support for highly qualified minority faculty who demonstrate an exceptional commitment to scholarly work in health care, medical research, population health and related fields, as a faculty recruitment tool.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met with commentary. As illustrated in Table 2, the program offers a generalist MPH degree and joint MPH degrees with medicine, veterinary medicine, public affairs, pharmacy, law and physical therapy.

In addition to coursework in the five core public health knowledge areas (15 credits, as outlined in Criterion 2.3), students must complete five credits of additional required coursework, a field experience

(six credits), a capstone project (non-credit requirement), one of 10 three-credit methods courses and 13 credits of approved electives. The additional required coursework includes a three-credit course on public health principles and practice and two, one-credit seminars, one providing an introduction to public health and one accompanying the fieldwork. The methods course is intended to enhance students' mastery of program planning and evaluation, epidemiology, biostatistics and health policy and management. Elective courses are intended to strengthen students' knowledge in one or more of the following areas: epidemiology, health policy and administration, methods, biostatistics, global health, communication, environmental health, cultural competence and community health.

Table 2. Instructional Matrix		
	Academic	Professional
Master's Degrees		
Generalist		MPH
Joint Degrees		
Public Affairs		MPA/MPH
Medicine		MD/MPH
Veterinary Medicine		DVM/MPH
Pharmacy		PharmD/MPH
Law		JD/MPH
Physical Therapy		DPT/MPH

Many courses are offered during evening hours and several are delivered in an online or hybrid format, which accommodates students' work schedules and responds to the increasing public demand to integrate education and modern technology. The flipped courses involve a combination of in-person and online instruction and introduce students to new content, through online lectures and presentations, before they enter the classroom and in between scheduled classes. In-person classroom time is primarily reserved for more interactive classroom activities and the practical application of the knowledge and skills students glean from the online material. The fact that all of the core courses are recorded and archived is also helpful to students.

The SMPH dean, the senior associate dean for academic affairs and the associate dean for public health all emphasized their strong support of expanding the program's online course offerings for distance-based learners, as well as the new chancellor's interest in educational innovation across campus.

Students who met with site visitors appreciate the multidisciplinary nature of the program and the flexibility the curriculum offers students to individualize and tailor their programs of study to their specific interest areas, through a vast array of elective courses. Site visitors reviewed the list of approved electives and discussed the process for approving electives with faculty and Curriculum Committee

members. As indicated in the self-study and confirmed in on-site discussions, MPH competencies are addressed in all of the approved elective courses.

The commentary refers to the two-fold challenge of approving such an extensive list of elective courses (90 total) and allowing students to complete nearly one-third of their programs of study through electives, many of which are offered by other departments outside the MPH program: 1) the curriculum becomes less defined and relatively open-ended and 2) ensuring that all students are thoroughly and consistently prepared in public health, as a defined field, becomes all the more difficult. The program's efforts to encourage interdisciplinary scholarly work and accommodate students' individual interests appear to take precedence over the need for stronger curricular definition.

2.2 Program Length.

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

This criterion is met. One semester credit is defined as 15 hours of classroom instruction. The MPH degree requires 42 semester-credit hours. Over the last three years, the program has not awarded an MPH degree to a student with fewer than 42 credits.

The program permits credit transfers and course exemptions and substitutions, though such requests are thoroughly reviewed on a case-by-case basis. The student services coordinator, the Curriculum Committee and the instructor of the course in question review the syllabi of each proposed substitute course and verify that the appropriate content and competencies are addressed before deeming it acceptable to count for MPH credit. Only graduate-level courses completed within the past five years and assigned passing grades of "B" or higher are considered for approval. Students may not transfer more than 12 credits. No credit is awarded for waived courses; when a course waiver is approved, the student must substitute a higher-level course for the required units. Waivers for core courses are rarely granted.

2.3 Public Health Core Knowledge.

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

This criterion is met. Students must complete coursework that allows them to attain knowledge about the five core areas of public health. This expectation is achieved through the successful completion of the courses identified in Table 3.

All of the core course syllabi provided to site visitors explicitly list the learning objectives associated with each course and reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	BMI 511 – Introduction to Biostatistical Methods for Public Health	3
Epidemiology	POP HLTH 797 – Introduction to Epidemiology	3
Environmental Health Sciences	POP HLTH 650 – Principles of Environmental Health for Public Health Practice	3
Social and Behavioral Sciences	POP HLTH 786 – Social and Behavioral Sciences for Public Health	3
Health Services Administration	POP HLTH 785 – Health Systems, Management and Policy	3

2.4 Practical Skills.

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

This criterion is partially met. The program requires all students to complete a six-credit, 400-hour field experience. Conducted after the completion of at least three core courses, the field experience may be completed in one semester or extended across multiple semesters.

The field experience is planned, organized, supervised and strategically designed to provide an opportunity for students to apply their acquired knowledge and skills to a specific project in an area of public health practice. The field experience also serves to extend students' learning experiences beyond the classroom and into a professional environment. The program's strong partnerships with the Wisconsin Department of Health Services, the City of Milwaukee Health Department and other community-based organizations facilitate students' connections to and placements in practice settings.

The field experience team consists of the student, the community engagement coordinator and the Capstone Committee, which typically comprises the site preceptor and two tenure-track MPH faculty members. In cases where the capstone project, further described in Criterion 2.5, is not linked to the field experience, at least three faculty members must serve on each Capstone Committee. Students are expected to recruit and appoint a capstone committee chair, or primary faculty advisor, by the end of their first semester.

Students are required to attend a fieldwork seminar prior to selecting their field placements. Serving as an orientation, the seminar is designed to prepare students for their field experiences and outline related policies, procedures and expectations for students and their Capstone Committee members. Faculty who met with site visitors noted that students are also encouraged to attend an annual networking reception, during which students can meet potential preceptors and discuss fieldwork options.

The onus is on the student to select his or her preferred field placement from a list of pre-approved opportunities identified by the program. Students also have the option to select another agency with which to partner and submit a corresponding site proposal to the Curriculum Committee for approval. The Curriculum Committee reviews and approves prospective preceptors and field placements to ensure adequate guidance and supervision, organizational capacity to support students and appropriate projects and deliverables that align with the MPH competencies. Standard preceptor qualifications also include substantial leadership and/or management experience in public health or a related discipline; the program has not established a quantitative expectation for the minimum number of years of experience that a preceptor must demonstrate. Although most preceptors possess a master's degree and/or a terminal degree, the program has not established a minimum degree requirement either. Depending on the committee's decision, the student is either permitted to proceed with his or her field experience proposal or asked to identify an alternative placement.

Prior to the commencement of the field experience, each preceptor meets with the community engagement coordinator to discuss program requirements and expectations and the preceptor's roles and responsibilities. The community engagement coordinator also meets with preceptors at the semi-annual Public Health Symposium, communicates announcements to preceptors via an email listserv and is available throughout the semester to answer questions, discuss any issues that arise and provide ongoing support.

Students are asked to work with their assigned preceptors to complete a project proposal and work plan, in which they identify the proposed learning objectives, the overall goal(s) and specific activities involved in the project, three to four cross-cutting MPH competencies that the experience will reinforce and any deliverables that will be developed. The community engagement coordinator reviews and approves this project proposal before the student may begin the field experience.

The Capstone Committee and the community engagement coordinator remain in constant communication with the assigned student throughout the field experience to provide him or her with ongoing guidance and constructive feedback and discuss, if necessary, any possible modifications to enhance the field experience going forward.

During the field experience, students must maintain a time log, participate in an online discussion board and complete a total of 10 journal entries, in which they reflect on their experiences, the competencies and skills they have developed and how their activities support their long-term career goals. At the conclusion of the field experience, students are required to submit a written summary report of their field experience, including a discussion about the MPH competencies that they attained through the curriculum and mastered through the field experience. Required deliverables also include a final preceptor

evaluation and a final student assessment. Preceptor evaluation forms provide preceptors with an opportunity to evaluate the student's overall performance, including their professional behavior and demonstration of the competencies identified in the project proposal. Similarly, students assess their satisfaction with the preceptor and field placement.

Ultimately, the community engagement coordinator is responsible for conducting a final evaluation of each student's performance and assigning an overall course grade based on the completed assignments and the preceptor evaluation results.

Students with at least five years of full-time professional public health experience prior to entering the program may petition to waive the fieldwork requirement. The request must be submitted by the end of the first semester, along with 1) the student's resume or curriculum vitae that specifies the positions and employment dates that justify the waiver and 2) a 10-page report describing the work experience, the organization, any recommendations for improvement and any lessons learned. No credit is awarded for waived fieldwork; when a fieldwork waiver is approved, the student must substitute other coursework to fulfill credit requirements. The program has not approved any fieldwork waivers in the past three years.

Working students may fulfill the fieldwork requirement at their current place of employment, but only under certain circumstances. To preserve the educational quality and integrity of such a practical experience, students are encouraged and expected to report to someone other than their current supervisor and to work on a completely different project or one in which the student works above and beyond his or her current job responsibilities.

Students who met with site visitors spoke highly of their field experiences and the support provided by their faculty advisors. Similarly, conversations with preceptors indicated that they were quite impressed with the caliber of MPH students, their skills and their quality of their work; as a result, many preceptors have hired several graduates of the program.

The first concern relates to the sequencing of the field experience. Enrollment in only three of the five core courses, as a prerequisite to fieldwork completion, does not adequately prepare students for an in-depth public health practice experience. The fundamental nature of a practice experience is to provide students with an opportunity to apply their acquired knowledge and skills in a practice setting; after only three courses, students may have limited knowledge and skills to apply.

The second concern relates to the placement of several students over the last two academic years. Three out of 90 students fulfilled the fieldwork requirement by working in the Department of Population Health Sciences, limiting their exposure to settings outside of academia and the MPH program's home

department. One of these students evaluated an intervention to improve the food environment and promote healthy eating; another student collaborated with the UW Population Health Institute in researching state-based childhood obesity prevention approaches; the other initiated a population-based case-control study in pancreatic cancer. Faculty interviewed on site asserted that these students develop valuable skills applicable in practice settings, despite the academic context of their activities.

The third concern relates to the supervision of several students over the last two academic years. MPH faculty served as preceptors for 19 out of 90 students, limiting their exposure to interactions outside of the program. While about half of these students performed fieldwork in community-based organizations, others conducted research surveys and community needs assessments for the SMPH. Faculty indicated that they may serve as preceptors for students who decide to work on certain projects where it may be challenging to identify an outside preceptor.

2.5 Culminating Experience.

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

This criterion is met. All MPH students are required to complete a culminating experience, in the form of a capstone project, during their final semester. The capstone project is designed to assess and ensure each student's ability to integrate, synthesize and apply the knowledge and skills they acquired in their coursework.

Students have the option to integrate their capstone project with their field experience, to prepare their capstone project as an extension of their fieldwork or to work on a different research project altogether. Students also have the opportunity to complete the capstone project after the completion of or in tandem with the field experience. The vast majority of MPH students choose to link their capstone project with their fieldwork. Regardless of a student's decision, the capstone project consists of several distinct components: 1) a scholarly paper or a manuscript submitted to a peer-reviewed journal, 2) an oral presentation at the semi-annual Public Health Symposium and 3) a corresponding oral defense presented to the student's Capstone Committee, described in Criterion 2.4.

In the development of the written report, students are expected to conduct a literature review and discuss the scientific basis for their capstone project, the methodology, their interpretation of the findings and outcomes, the limitations of their research, the lessons learned and the implications for public health research and/or practice. Once the paper is finalized, each student prepares a corresponding oral presentation for delivery at the Public Health Symposium. In addition to Capstone Committee members, faculty, preceptors and students from across the university are invited to attend. The oral presentation is followed by an oral defense—either face-to-face or via teleconference—to the Capstone Committee.

Capstone committees guide students in the development of their capstone projects, from planning to completion, and conduct final evaluations of students' performance based on the completed assignments and requirements listed above.

As validated by site visitors' reviews of student handbooks, syllabi and sample student reports, the capstone project is truly integrative and provides an adequate level of rigor to evaluate each student's knowledge and abilities. Students who met with site visitors spoke highly of their culminating experiences and the support provided by their capstone committees.

2.6 Required Competencies.

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

This criterion is partially met. The program subscribes to a total of 119 core MPH competencies, 70 of which the program refers to as cross-cutting competencies, as opposed to those directly related to the five core areas of public health. Originally adopted by the Curriculum Committee in the fall of 2006, the Association of Schools and Programs of Public Health's (ASPPH) recommended core competencies serve as the framework for the curriculum.

The program introduces and consistently communicates the competencies to students during new student orientations, in student handbooks, on the program website and throughout the Fieldwork Seminar and the Introduction to Public Health Seminar. Although the majority of course syllabi reviewed on site do not list or reference the MPH competencies, all syllabi clearly display the associated learning objectives addressed in each course. An apparent result of the program's effective communication mechanisms, students remained comfortable discussing the competencies in depth with site visitors.

The first concern relates to the program's use of the complete and unaltered lists of ASPPH core competencies as the MPH core competencies. The program has neglected to adapt and/or modify the published competencies to reflect the unique contributions of the program's curriculum and to reduce the number of core competencies to a more effective and manageable system, as appropriate and necessary. Site visitors could not verify that the program conducted a thorough and systematic review of the ASPPH competencies before making the decision to adopt all 119 competencies, word for word; thus it does not appear that the competencies accurately capture the knowledge and skills unique to the program's curriculum.

The second concern relates to the lack of established concentration-specific competencies since the last accreditation review. As indicated in the self-study and confirmed in conversations with the deputy director, the program does not consider the generalist curriculum to represent a concentration or specialization. Therefore, rather than identify a separate corresponding set of generalist-specific competencies, the program appears to use the cross-cutting ASPPH competencies, referenced above, to guide the generalist curriculum beyond the five core public health courses. The ASPPH core competencies are not appropriate, however, for defining generalist-specific knowledge, regardless of the terminology.

The third concern relates to the currency of the program's competencies. According to the self-study and on-site discussions with program administrators, the competencies are reviewed by the Curriculum Committee, the Steering Committee and program faculty. The deputy director asserted that the competencies originally adopted in 2006, however, are still relevant. No significant revisions have been made since the establishment of the program's competencies to ensure relevance and responsiveness to emerging public health practice needs and priorities.

The fourth concern relates to the extent to which the program's constituents have been involved in the development and periodic assessment of the MPH competencies. Outside of those who serve as members of the Curriculum Committee, the Steering Committee, the Community Advisory Committee and the faculty body, and with the exception of the opportunity to provide third-party comments on the entire self-study, there is no indication that feedback was solicited from students, alumni or community partners during the development of the competencies.

The fifth concern relates to the disconnect between the required coursework and some of the programmatic competencies. Several competencies are only introduced and/or reinforced, and are not emphasized in any required course. Although the documentation provided to site visitors indicated that the curriculum covers all of the competencies, site visitors found it difficult to verify that all 119 competencies are thoroughly addressed in 20 credits of required coursework. Since the elective courses vary so widely, it is nearly impossible to assure that all students obtain all of the competencies. The self-study identifies the need to revise several required courses to address gaps in the curriculum.

2.7 Assessment Procedures.

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

This criterion is partially met. The self-study documents a clear plan to evaluate students' competency attainment. The program monitors and evaluates student progress in achieving the expected

competencies through course grades, cumulative grade point average, the field and culminating experiences, employer surveys and self-assessment surveys completed by graduating students.

With competencies mapped to all required coursework, the successful completion of degree requirements is one indication of competency attainment. Faculty assign overall course grades based on their evaluations of students' performance on course assignments and examinations and their mastery of the competencies and associated learning objectives addressed in course lectures and class discussions. All course grades are reported to the Curriculum Committee and the Steering Committee. A student who receives a passing grade, a "B" or higher, on a course is considered to have mastered the competencies associated with that course. A student who receives a grade below a B on a required course must repeat the course. Required courses may only be repeated once, and failure to receive a B or higher in a repeated course will result in dismissal from the program.

The university expects all students to maintain at least a 3.0 overall grade point average in order to graduate. A student who maintains a grade point average below the designated threshold will be placed on academic probation, and if the student does not improve his or her grade point average during the subsequent semester of full time enrollment, the student will be dismissed from the program.

As noted in Criterion 2.4, students are asked to submit a written summary report of their field experience, including a discussion about the MPH competencies that they attained through the curriculum and mastered through the field experience. After the completion of the field experience, preceptors use the preceptor evaluation form to conduct a detailed assessment of each student's performance, including his or her achievement and practical application of each competency identified in the project proposal. In addition to the quality and completion of the deliverables, the community engagement coordinator considers the results of the above mechanisms in her review of each student's overall performance and in her calculation of the student's final grade.

In their review of students' written capstone reports and corresponding oral presentations, Capstone Committee members assess each student's integration, synthesis and application of his or her knowledge, skills and proficiency in the MPH competences. Measures include the organization, delivery and visual appeal of each presentation, the purpose and relevance of each project, the quality and appropriateness of data collection and statistical analysis procedures and the articulation and interpretation of the findings. Each student's Capstone Committee assigns him or her a course grade (met or unmet) based on their evaluation of the student's overall performance in the written manuscript and the oral defense.

At the time of graduation, students are asked to complete a voluntary student exit survey, in which they rate their overall satisfaction with the MPH program and the extent to which they achieved the competencies. Graduating students are also asked to suggest areas in which the program might benefit from improvement. Exit surveys from the last three years indicate that the vast majority of respondents believe that the program has helped them attain a moderate to thorough understanding of the competencies. With the exception of one competency related to the environmental health sciences, mean scores for each competency are consistently above four on a seven-point scale, where one indicates a complete lack of competence or preparation and seven indicates extreme competence or preparation. Mean scores for 95% of the competencies are between five and seven.

Employer feedback on MPH graduates' abilities to perform competencies in the workplace is collected through ad hoc surveys and consultations with the Community Advisory Committee. The most recent ad hoc survey was administered in spring 2012. Preceptors and other employers expressed considerable praise for the training MPH graduates receive, though they identified several areas in need of attention and shared recommendations for improving the curriculum. Recommendations included enhancing student exposure to and engagement in program evaluation, data management, grant writing and oral presentation delivery. In response to employer comments, the program incorporated the requirement that all students take at least one three-credit methods course that offers more rigorous instruction in program evaluation, grant writing and/or data analysis and management. Although formal employer surveys have not been conducted on a routine basis, program staff and administrators frequently consult the Community Advisory Committee for comments, suggestions and other anecdotal evidence. On-site discussions with employers confirmed a high level of satisfaction with the competence and skills of the program's graduates and their unique ability to work across disciplines. When asked to identify any remaining gaps in student competence, employers suggested that students would benefit from more advanced communications and marketing skills.

The program also assesses student achievement by tracking graduation rates. Based on the university's five-year maximum allowable time to graduate, the cohorts of students entering in 2007-2008 and 2008-2009 achieved graduation rates of 85% and 88%, respectively.

The student exit survey that is used to assess graduating students' perceived competence and familiarity with each MPH competency is also employed to collect job placement data. The self-study provides job placement data for the last three cohorts of graduates. Of the students who graduated in 2010-2011, 25% responded to the survey and 97% of respondents reported being either employed or continuing their education at the time of graduation. Of the students who graduated in 2011-2012, over 52% responded and 86% of respondents reported employment or continuing education at the time of graduation. Of the students who graduated in 2012-2013, 58% responded and 84% of respondents reported employment or

continuing education at the time of graduation. According to the self-study, faculty and staff attribute the low response rates to the relatively young history of the survey, first implemented in 2011, and to the program's lack of communication about the survey prior to its execution.

The Steering Committee and the Curriculum Committee review and analyze aggregate data collected from the above measures to identify any gaps in the curricula and determine if any curricular adjustments are warranted.

The reliance on collecting job placement information through the graduation survey may not provide an accurate illustration of graduates' abilities to secure employment. The program has yet to implement a systematic and routine process for assessing the employment status of alumni after 12 months of graduation. The self-study indicates that the program uses the professional social network, LinkedIn, to supplement exit survey data and determine the current employment status of alumni.

The concern relates to the lack of data on alumni perceptions of their abilities to successfully perform the programmatic competencies in their employment settings. On-site discussions with alumni confirmed their high satisfaction with the competence and skills they developed as MPH students, and the usefulness and applicability of the MPH competencies in the workforce. Consistent with the results gleaned from employer surveys, however, alumni identified their need for more grant writing opportunities. As of the time of the site visit, alumni had not been formally contacted regarding their perspectives.

As indicated in the self-study and validated on site, the program plans to improve its assessment procedures by revamping its alumni outreach efforts and building a strong alumni network.

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or

sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met. The program offers six joint degrees that involve combinations of the MPH degree and degrees in other disciplines: the Master of Public Affairs, the Juris Doctor, the Doctor of Medicine, the Doctor of Pharmacy, the Doctor of Veterinary Medicine and the Doctor of Physical Therapy.

Joint degree students complete largely the same curriculum, including the field and capstone experiences, as standalone MPH students. In fact, students are expected to complete all of the required MPH courses. Efficiency is achieved with eight to 12 credits of approved elective courses—depending on the particular joint degree—that may be shared and applied toward both degree programs. The Curriculum Committee and the Steering Committee thoroughly review each proposed elective course, compare the syllabi and verify that the appropriate content and competencies are addressed before deeming it acceptable to count for MPH credit. Site visitors reviewed the programs of study for each joint degree, as well as the syllabi and course descriptions of shared courses that are accepted for MPH credit, and confirmed that equivalent or related MPH content is addressed.

The program also offers an advanced placement Bachelor of Science in Nursing/MPH degree option, in which no substitution of MPH credit is involved; the program permits undergraduate nursing students to

get a head start on their MPH degree by completing core MPH coursework during their second year in the nursing program.

Prospective joint degree students must submit a separate application to and be accepted by each participating program. The time commitment required for each joint degree, however, is less than that required of students who pursue each program separately. Each joint degree program is designed for completion in two to five years, depending on the particular degree. Documentation provided to site visitors shows evidence of significant effort on the part of each program to design curricula that meet the two- to five-year commitment and encourage enrollment.

Approximately 35% of MPH students were enrolled in joint degree programs at the time of the site visit. The MPA/MPH, MD/MPH and DVM/MPH degrees appear to be the most popular among students, with a total of 13, 12 and 11 students, respectively, enrolling in each program over the past four years.

Students with whom site visitors met value the joint degree programs as convenient opportunities to expand their knowledge and expertise beyond public health and collaborate with other programs, schools and colleges across campus. The associate dean for public health, along with several students and alumni who met with site visitors, asserted that one of the program's greatest signature strengths lies in the variety of joint degree options it offers students; such programs offer students the opportunity to individualize and tailor their programs of study to their specific interest areas.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. As reflected in its mission and goal statements, the program is committed to promoting excellence in interdisciplinary research and to creating and disseminating new knowledge through interdisciplinary initiatives that inform public health practice. The program also encourages faculty engagement in intra-university research collaborations. In support of these efforts, the program has recruited and developed a faculty of productive researchers and promotes policies and practices that support a vibrant research environment.

The University of Wisconsin-Madison is one of the nation's leading research institutions. As described in Criterion 1.3, the SMPH is home to 22 research centers and institutes, including the Cardiovascular Research Center, the Center for Urban Population Health, the Institute on Aging and the Stem Cell and Regenerative Medicine Center—all of which offer formal opportunities for interdisciplinary investigation. Most faculty research is coordinated through the Population Health Institute, the Global Health Institute, the Wisconsin Office of Rural Health, the Institute for Clinical and Translational Research and the Collaborative Center for Health Equity.

Faculty are expected to support a portion of their salary through extramural research funding. Tenure-track faculty, in particular, are expected to maintain a nationally-recognized research record in order to be promoted to associate and full professor. Specific research funding expectations for faculty vary by home department. Most primary faculty in the Department of Population Health Sciences are expected to contribute 55% to 65% of their salary through extramural funds. To accommodate for their extensive engagement in scholarly activities, most tenure-track faculty teach only one or two courses per year and are supported by teaching assistants.

Although research funding is not a consistent or direct source of revenue, MPH faculty maintain an impressive portfolio of extramural funding for research. Research productivity among primary faculty has fluctuated over the last four years, with a notable peak at \$4.7 million in 2011 and a low of \$2.6 million in 2013. External research funding generated by secondary faculty, on the other hand, has steadily decreased over the last four years, from \$26.3 million in 2010 to \$18.9 million in 2012. Data pertaining to the research activities of secondary faculty in 2013 was unavailable at the time of the site visit. Between 2011-2012 and 2012-2013, the average research dollar contribution of each primary faculty member was approximately \$380,000 and \$325,000, respectively. At the time of the site visit, however, primary faculty had secured an average of \$155,000 per capita in research grant and contract funding, though data

associated with the current academic year was incomplete. The program seeks to increase the research dollar contribution of each primary faculty member to at least \$400,000 per year.

At the time of the site visit, 58% of externally-funded research projects involved partnerships with community-based organizations, including local, state and national health agencies. Approximately 68% involved student participation.

The impact of faculty research is reflected, in part, by the publication and presentation of peer-reviewed research articles. Between 2010 and 2013, each primary faculty member published an average of three manuscripts in professional journals per year, and four primary faculty members presented their work at professional conferences each year.

In addition to tracking faculty research publications and presentations, the program identifies five measures by which it evaluates the success of its research activities: 1) the annual number of intra-university research collaborations, 2) expenditures from federal extramural funds, 3) expenditures from non-federal grants and contracts, 4) the proportion of campus-based research centers and institutes that partner with the program and 5) reimbursed indirect costs, though such funds are not directly applied to the program's budget.

Site visitors were provided with the most recent data available regarding the program's performance against the above measures. All of the research-related data for the current academic year should be considered an underestimate, as the program has only collected data from primary faculty and research productivity for secondary faculty will not be collected and assessed until the summer of 2014. Annual expenditures from federal extramural funds have decreased significantly over the last four years, from over \$23.8 million in 2010 to \$16.8 million in 2012 and \$775,000 in 2013; the program seeks to increase this amount to \$26 million by July 1, 2018. The program has also experienced a dramatic reduction in annual expenditures from non-federal grants and contracts: in 2010, the program enjoyed \$2.3 million in related expenditures, compared to \$1.7 million in 2012 and \$365,000 in 2013; the program's target for 2018 is \$2.5 million. Similarly, indirect cost recovery funds have fallen from \$26.1 million in 2010 to \$18.4 million in 2012 and less than \$125,000 in 2013; the program expects that faculty will generate \$28.5 million in reimbursed indirect costs by 2018. The self-study indicates that all of the program's campus-based research partners have facilitated its research activities during each of the last four years.

The program incentivizes student participation in research through funded research and graduate assistantships. At the time of the site visit, approximately 20% of MPH students served as faculty research or project assistants, and many other students collaborate with faculty and campus-based research centers in a volunteer capacity. In 2013, five peer-reviewed publications and four conference

presentations included faculty and students as co-authors, though 12 to 14 faculty-student research projects were presented on an annual basis in 2010, 2011 and 2012. The program also offers a summer course, at least biennially, to assist students in writing and preparing scholarly publications.

On-site discussions with faculty and students confirmed that the program encourages faculty-student research collaborations. Students enjoy opportunities to become involved in a variety of research activities, and faculty greatly appreciate and benefit from student support.

3.2 Service.

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

This criterion is met. The program is committed to professional and community service activities, as reflected in its mission and value statements. Despite its location in a research-intensive institution, the program encourages service among faculty and students alike.

The program recognizes that the blending of teaching, research and service activities increases the value of each element. Many of the applied research activities in which faculty and students participate provide a direct service to the community. Similarly, many applied student learning activities provide service to the community. As with research, several centers and institutes within the SMPH offer formal opportunities for MPH faculty, staff and students to engage in community service. Many service initiatives are coordinated through the Population Health Institute. As a result, several research grants and activities presented in the self-study and discussed on site incorporate a distinct service component, due to the nature of the work.

Faculty service productivity has proved to be a strong asset to the program. Funding generated from primary faculty service activities has steadily increased over the last three years, from less than \$3.2 million in 2010 to over \$4.7 million in 2012. Extramural service grants generated by secondary faculty, on the other hand, have been relatively consistent, ranging from \$5.3 million in 2010 to \$5.1 million in 2012. Data pertaining to faculty service activities in 2013 was unavailable at the time of the site visit.

Approximately 73% of externally-funded service projects are community-based, and about 76% involve students. On-site discussions with faculty confirmed their active engagement in an array of local, state, national and international service activities.

Four measures by which the program evaluates the success of its service activities relate to faculty memberships and leadership positions in community-based organizations; the fifth objective acknowledges faculty service to the university. At the time of the site visit, and for each of the last four

years, two primary faculty members served as editors-in-chief or members of an editorial board for a professional, peer-reviewed journal. Primary faculty have also held a total of eight to nine leadership positions each year, serving as officers or committee chairs for professional public health organizations. In 2013, primary faculty served on a total of eight review panels and/or scientific advisory boards—a slight decrease from the 12 memberships faculty maintained in 2012. At the time of the site visit, 40% of primary faculty participated in a committee or board at the local, national, and/or global level. The program expects all primary faculty members to engage in the aforementioned types of service activities on an annual basis by July 1, 2018. The aggregate data that the program currently collects on these outcome measures, however, may not allow the program to accurately assess the participation of each individual faculty member.

In collaboration with the UW-Madison Morgridge Center for Public Service, the MPH Student Organization plays a key role in encouraging and facilitating student involvement in community service, outside of those activities associated with the required fieldwork experience. Outreach activities include student participation in food pantries and blood drives. Other examples involve the South Madison Project, Madison Area Food Pantry Gardens, Madison Senior Coalition, Brat Fest, the American Cancer Society Run and the Red Cross Bucky Blood Drive. Students are also encouraged to develop their own initiatives, or work with the Graduate Student Council to identify service opportunities in which they would like to participate.

It is important to note that all of the service activities listed in the self-study were undertaken in fulfillment of grants and contracts. Non-funded service, while extensive, is poorly documented and less recognized or incentivized. While all service activities provide benefits to the community, the discontinuation of funding may put future service activities in jeopardy.

3.3 Workforce Development.

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

This criterion is met. Since the last accreditation review, the program has made significant strides to increase its educational offerings to the public health workforce. The program is actively engaged in workforce development through a variety of continuing education programs, and employs a variety of primary and secondary data collection methods and data sources to determine the continuing education and workforce development needs of the existing public health workforce.

One of the earliest data sources is the 2004 *Community-Based Public Health Education and Training (PHET) Workgroup Report of Findings and Recommendations*, a joint report developed by the SMPH Oversight and Advisory Committee and the Medical College of Wisconsin Consortium on Public and

Community Health, Inc. Key informants from the Wisconsin public health workforce contributed valuable perspectives on their public health training needs. The most frequently-cited areas of need that emerged from the report included 1) leadership and systems thinking skills and 2) building community partnerships.

In 2008, the program conducted a distance education needs assessment survey of the Wisconsin public health workforce. A total of 337 responses were received. Survey results revealed a high demand for distance education public health programming, short courses on relevant topics and an asynchronous online course delivery system.

A 2009 report, *Online Education: the Needs, Interests and Capacities of Wisconsin Public Health Professionals*, emphasized the importance of developing non-degree continuing education credits for professionals or graduate-level certificates through self-paced, asynchronous online course delivery. Specific suggestions for course topics included leadership, emerging public health issues, epidemiology, public health law, health policy and administration, environmental health, community-based planning and intervention development, grant writing, communicable diseases, public health ethics and special population needs.

The Wisconsin Public Health Association conducted surveys of workforce learning needs in 2008 and 2010. Survey results demonstrated a clear need to develop and strengthen a broad range of skills, including public health leadership, management, systems thinking and strategic planning.

Launched in 2010, the Wisconsin Center for Public Health Education and Training (WiCPHET) was developed, in part, by the MPH program and the Department of Population Health Sciences. The center administered the most recent Wisconsin Workforce Training Needs Assessment in 2012-2013 to help plan and develop statewide and local training programs. A total of 632 responses were received and indicated strong preferences for training in the following domains: leadership and systems thinking, cultural competency, policy development, program planning, communications, financial management and information management. WiCPHET intends to issue a similar assessment every five years to assess the progress of training participants and guide future workforce development efforts.

The program has been successful in translating its findings into several workforce development programs. The Summer Public Health Institute, for example, is designed to increase educational opportunities for practitioners. The program offers a series of one-credit courses, offered in a condensed half-day, week long format, which appeals to working health professionals. A variety of short courses are offered each summer. Topics are chosen after consultation with faculty, students, the Community Advisory Committee and the SMPH Office of Continuing Professional Development. Enrollment in the summer institute, however, is alarmingly low: only four public health workers enrolled in the program and

registered for two out of six courses in 2011; eight participants registered for one class in 2012; and 17 enrolled in four out of eight classes offered in 2013.

The Healthy Wisconsin Leadership Institute (HWLI) is a continuing education and training resource, supported in part by the SMPH. The institute aims to 1) contribute to the development of a sufficient and competent workforce and 2) develop transformational leaders who engage in innovative community health improvement activities that effectively protect and promote the health of the public. HWLI targets healthcare practitioners and providers, policy makers and other public health professionals. The institute contributes to workforce development through workshops and through the Community Teams Program. Three, two and four workshops were conducted in 2010, 2011 and 2012, respectively; workshop topics ranged from effective communication strategies to grant writing and community-facilitated logic models.

The Community Teams Program offers continuing education in leadership and practical skills through a year-long program that incorporates three workshops, a series of webinars, ongoing technical assistance from staff and consultants and other learning activities. Workshop discussions address evidence-based approaches to address health issues; action planning, implementation and evaluation; public communications; building community partnerships; policy, environmental and systems approaches; inclusiveness; grantsmanship; and sustainability. During each of the last three years, total enrollment in HWLI has ranged from 176 to 209.

The purpose of the Wisconsin Center for Public Health Education and Training, mentioned above, is to 1) cultivate the pipeline of future public health professionals, 2) integrate statewide professional preparation and continuing education opportunities and 3) strengthen professional development for the existing public health workforce throughout Wisconsin, especially those working with underserved populations. WiCPHET offers learning opportunities, including academic courses and training sessions, using both face-to-face and distance-based delivery modalities. The overall curriculum is delivered through ongoing consultations, webinars, asynchronous learning and mentoring and coaching opportunities. Two core asynchronous modules address the importance of professionalism and the role of evidence-based policy. Professional development offerings were first provided to new local health officers in 2012, and since then, a total of 28 local health officials have participated in the training.

The DPHS hosts a weekly Population Health Seminar Series. The seminars are offered free of charge and help guide professionals in developing partnerships and collaborations with researchers, clinicians, communities and institutions; improving public health awareness; and facilitating the translation of population health research findings into policy and practice. Archived recordings of each seminar are posted on the SMPH's online video library, which is accessible and widely used by the public health workforce.

Public health professionals interested in enhancing their public health knowledge and skills or in formalizing their public health education can take part in campus-based MPH coursework as well. The program offers enrollment as a non-degree student, though participation has been limited. Credit received as a non-degree student can be applied towards MPH degree requirements, if such a student decides to enroll in the program at a later date. Between 2010-2011 and 2012-2013, non-degree students have registered for six core courses, of which the most popular have been Introduction to Epidemiology, Public Health Principles and Practices and Introduction to Biostatistical Methods for Public Health. No non-degree students registered for the Health Systems, Management and Policy course in the last two years, and the same is true for the Social and Behavioral Sciences for Public Health course in 2012-2013.

The Certificate in Global Health program, offered in partnership with the Global Health Institute, is designed to support non-traditional students interested in global health. Certificates are offered to individuals who have worked or studied in a health-related field, and many serve populations around the world. The nine-credit curriculum focuses on health issues that transcend national boundaries, emphasizing health and disease in developing countries. Students are prepared to address health disparities in a context of cultural diversity and, through core courses and electives, can focus their studies on health promotion, the detection and treatment of disease, the prevention and management of outbreaks, health policy, environmental health or other interdisciplinary topics. Between four and five individuals enrolled in the certificate program during each of the last three years, and six have completed the program.

The MPH program is currently in the process of developing a web-based Certificate in Leadership for Population Health Improvement program, designed for professionals in public health and other fields interested in strengthening their capacity to contribute to population health improvement. In order to expand to the program's audience, the MPH Steering Committee decided to launch this certificate using distance-based technology. The 12-credit curriculum will provide workforce members with appropriate knowledge and skills to identify social determinants of health, develop strategies for system change and exercise effective leadership within and across organizations. Course offerings will be drawn from existing MPH courses and prepared for online delivery. The program plans to offer the first course in summer 2014. Students will be recruited at state and national public health meetings and through existing sources such as the Wisconsin Partnership Program, the Healthy Wisconsin Leadership Institute and the Population Health Institute.

Approximately 60% of the program's workforce development projects over the last four years have been community-based, and all have involved students. Site visitors were informed that an MPH student is currently working with WICPHET, for example, to develop training materials for new local health officers.

Public health professionals who met with the site visit team were very pleased with the quality and availability of the program's workforce development opportunities.

The program has been successful in acquiring external support for its workforce development programs. At the time of the site visit, the program sponsored three continuing education and workforce development programs—half the amount that were sponsored in 2012. Over the last four years, the program was awarded a total of \$3.6 million for workforce development. Such funding bolstered the program's ability to reach the public health workforce with accessible and relevant competency-based training. Workforce development funding has been notably reduced, however, from over \$894,000 in 2010 to \$548,000 in 2013. Additional losses in funding may jeopardize the program's ability to continue conducting workforce needs assessments and to ensure an ongoing robust workforce development campaign.

The SMPH dean and the associate dean for public health affirmed their commitment to and support of the continued growth and expansion of the program's workforce development efforts. A variety of resources are provided through the university, the school and the DPHS to develop and sustain continuing education and workforce development activities.

The program acknowledges that it has yet to establish a systematic process for tracking attendance and participation in workforce development activities; the program lacks a centralized structure for capturing this information. Having such information will be important to identify areas of interest in the types of programs offered as well as the types of public health professionals participating in the various activities.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program's faculty complement is robust in public health expertise. Faculty members are individually well-qualified and collectively offer a wealth of experience in relevant sub-disciplines of public health.

All primary faculty hold terminal degrees (typically PhD degrees) appropriate to the field of public health or related disciplines, and the majority received degrees from CEPH-accredited institutions. Nineteen secondary faculty members received MPH degrees, three possess a DrPH degree, one received his PhD in public health and 14 hold doctoral degrees in population health, community health sciences, health

services research, epidemiology, biostatistics or infectious disease; others hold doctoral degrees in medicine, nursing, pharmacy, law, veterinary medicine or sociology, among other fields.

Many faculty members demonstrate significant experience in state and local public health agencies, which serves as a platform for faculty to introduce their real-world knowledge, and the importance of community engagement, into the classroom. Current public health practitioners and community leaders serve as guest lecturers and discussion group leaders. Other faculty members demonstrate notable practice experience in community-based participatory research.

Faculty research interests include climate change, environmental health, HIV prevention, tobacco control, nutrition, health policy and management and infectious and chronic disease prevention. These qualifications are augmented by an extensive array of peer-reviewed publications, conference presentations, research grants and contracts and professional and community service activities, as well as faculty participation in professional and scholarly organizations.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met. The program follows the university's policies for recruitment, appointment, promotion and tenure. Faculty are governed by institutional faculty rights and responsibilities, as stated in the UW-Madison faculty handbook, which is accessible on the university website. The rights, benefits and responsibilities of faculty, specific to the SMPH and the DPHS, are outlined in additional faculty resources.

University policies promote excellence in teaching, scholarship and service—all of which are taken into consideration during reviews for faculty promotion and tenure. Service to the university is accepted in fulfillment of the service requirement. Specific expectations for primary faculty contributions to research and service are dictated by the DPHS, though faculty who met with site visitors indicated that the department has not established a minimum FTE requirement for research or service. As a member of the DPHS Executive Committee, the MPH program director has the potential to influence the department's promotion and tenure policies and ensure that adequate consideration is given to public health research and service contributions during faculty reviews.

Faculty competence and performance in their teaching, research and service obligations are evaluated on an annual basis by the Curriculum Committee, the Steering Committee and the DPHS Executive Committee. Each faculty member prepares an annual activity report. The program director and the deputy director confer with the DPHS administrator and the department chair to request faculty advancement.

Recommendations from the Executive Committee, including those for or against promotion or tenure, are transmitted through the department chair to the SMPH dean. All bids for tenure must be approved by the dean, the SMPH Human Resources Department and the appropriate Divisional Committee in the Office of the Secretary of the Faculty.

All faculty members are appointed to departments and classified as tenured, tenure-track, or non-tenure track. At the time of the site visit, all of the program's primary faculty were either tenured or in tenure-track positions.

A variety of faculty development resources are provided to support excellence in teaching, research and service, though most support occurs at the department level. New faculty hires may receive clerical support, reduced teaching loads (one to two courses per year) and seed money to jumpstart their teaching and research activities. When feasible, the program provides fiscal resources to hire project and teaching assistants for junior faculty, in support of their personal and professional growth. Mentoring committees provide guidance and support for new faculty through the tenure process.

The quality and effectiveness of faculty instruction is evaluated through student course evaluations, listening sessions and self-assessment reports submitted to the Curriculum Committee. Students are encouraged to comment on the quality of teaching and their perceived knowledge of each instructor. Confidential feedback is collected through online surveys, emails and informal appointments. After reviewing the course evaluations, the Curriculum Committee invites faculty to respond to student concerns, address the strengths and weaknesses of their course(s) and outline recommendations for improvements. Course evaluation results are a component of annual faculty evaluations and are considered in decisions regarding promotion and tenure.

4.3 Student Recruitment and Admissions.

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

This criterion is met. A variety of methods are utilized to identify and attract highly-qualified individuals to the program.

Student recruitment, which is overseen by the program director and the deputy director, is a truly collaborative process, involving the student services coordinator, the Admissions Committee, the Curriculum Committee, the Steering Committee, the Community Advisory Committee and other MPH faculty. The student services coordinator and other staff members, for example, promote the program at graduate and health professions fairs, neighboring universities, the Wisconsin Public Health Association

conferences and the American Public Health Association's annual meetings. The program showcases its offerings through its website, flyers, direct mailings, on-campus information sessions, meetings with public health practitioners and exhibits at state and national public health meetings. The self-study identifies the program's website as a particularly useful mechanism for reaching out to prospective students locally, regionally, nationally and internationally. As confirmed by surveys of applicants, prospective students primarily become aware of the program through their colleagues or the program's website. Plans are underway to improve and enhance the website, given its importance in the recruitment process, and to engage alumni in recruitment activities inside and outside Wisconsin.

Recruitment activities are directed towards local and regional audiences, including individuals across the state of Wisconsin and around the Midwest. The program explicitly targets joint degree students in interdisciplinary fields related to public health, recent graduates with degrees in the health sciences, young professionals with an interest in public health and public health practitioners seeking to enhance their formal education and professional preparation.

The program engages in a competitive admissions process to identify students who are qualified and motivated to succeed in the program. Admissions criteria are clearly stated and easily accessible on the program's website. Admission requires a bachelor's degree from a regionally-accredited institution and a minimum grade point average of 3.0 for the last 60 hours of undergraduate coursework. Applicants must perform satisfactorily on a recent Graduate Record Examination (GRE), or its equivalent, and submit transcripts, three letters of recommendation and a personal statement, in which they express reasons for pursuing a public health degree. Public health-related experience is highly recommended. International applicants whose native language is not English must also provide official scores from the Test of English as a Foreign Language (TOEFL) exam. Foreign-educated applicants must submit an official credential evaluation, by a National Association of Credential Evaluation Services (NACES) member, along with their official transcripts.

Applications are accepted for fall and summer admission. The program director, the deputy director and the student services coordinator work in coordination with the Admissions Committee to ensure that applicants meet the established criteria for admission to the program. As explained in Criterion 1.8, special consideration is given to the diversity of prospective students as well, including but not limited to race, culture, background experiences and interests. The Admissions Committee recommends only the most academically and experientially qualified applicants to the program director, who issues the final admissions decisions.

Over the last three years, the number of applicants has decreased only slightly, from 117 in 2011-2012 to 106 in 2013-2014, with a noticeable drop in applicants (88) in 2012-2013. Eighty-eight percent of

applicants in fall 2013 qualified for admission; of those who were accepted, approximately 45% (42) enrolled in the program. The program's targeted matriculated rate is 75%, with an annual cohort of at least 50 students. Total enrollment, on the other hand, has been relatively consistent for the past three years; the total student headcount as of fall 2013 is 95. The program's goal is to increase its student headcount to 115 by 2018. The program expressed concern about the low matriculation rates. As it matures and develops more opportunities for student funding, scholarships and tuition assistance, the program may exhibit higher matriculation rates.

In addition to matriculation rates, the program monitors the following outcome measures to evaluate its success in enrolling a qualified student body: average quantitative and verbal GRE scores and average grade point average at the time of admission. The average GRE scores of admitted students have reached or exceeded 60% for the past two years. The average grade point average of admitted students has remained relatively consistent, at around 3.5 on a 4.0 scale. The program met all three of these targets in fall 2013.

On-site discussions revealed that recruitment mechanisms for joint degree programs are not consistent. Faculty expressed their concern that the program is not as aggressive or as invested in the marketing of the joint degree programs as it should be. The deputy director acknowledged this deficit and attributed the low enrollment rates, described in Criterion 2.11, to the lack of attention given to joint degree promotion.

4.4 Advising and Career Counseling.

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

This criterion is met with commentary. A variety of academic advising and career counseling services are accessible to students, from the time of enrollment to graduation.

Admitted students who communicate their intent to enroll in the program are invited to Welcome Day, where they have the opportunity to meet MPH faculty and staff and learn about the curriculum. All incoming students are required to attend a day-long orientation session prior to the start of the fall semester. The orientation gives students their first opportunity to meet their classmates as well as key faculty and staff. The session outlines the program's academic expectations, policies and procedures. A faculty panel discussion gives students an overview of their core courses and classroom expectations. Participants also receive a copy of the student handbook, which provides detailed information on the program's organizational structure and governance, curriculum and degree requirements, course descriptions, academic standards, graduation procedures and university policies regarding equal opportunity, student conduct and disciplinary procedures.

Students also receive an orientation to the Ebling Health Sciences Library, the UW-Madison Writing Center and the program's campus-based global health partners.

Students are encouraged to meet with the student services coordinator prior to beginning their course of study and every semester thereafter. The student services coordinator provides guidance on curricular requirements, study plans, course selection, academic policies and procedures, student grievances and campus resources. She also monitors each student's academic standing, progression through the curriculum and degree certification.

During each student's first semester, the onus is on the student to select his or her preferred faculty advisor. Typically, the faculty advisor becomes the chair of the student's Capstone Committee, as described in Criteria 2.4 and 2.5. In addition to providing oversight of the student's capstone project, the faculty advisor helps the student hone his or her public health interests and identify appropriate career paths and professional development opportunities. As a student matriculates through the program, he or she may submit a written request to select a different faculty advisor with more similar interests; the self-study attributes the low number of advisor changes to the students' ability to choose their own faculty advisors.

Students with whom the site visitors met discussed some of the issues associated with recruiting their own advisors. Students with outgoing personalities, for example, may find it easier than others to network with faculty and identify those with similar interests.

The MPH Student Services office provides a variety of career counseling and development services, including job and internship placement assistance. The office plays a key role in connecting students to potential employers, career information and job opportunities.

A weekly electronic newsletter, serves as the primary method of communication to students outside the classroom. The newsletter provides students with program announcements and student organization and committee updates. This resource also features a current listing of public health-related job openings and information on campus-wide resources, resume workshops, career fairs and other public health events, seminars and conferences. In addition to displaying links to state and national job repositories on its website, the program uses LinkedIn to inform students and alumni about potential career opportunities.

Five offices across campus have teamed up to create a consortium to help connect employers and students. BuckyNet informs students about upcoming career-related events, career fairs, job and internship postings and on-campus recruitment opportunities.

Students rely primarily on MPH staff, many of whom demonstrate public health practice experience, for academic advising and career counseling. Students and alumni interviewed on site expressed their appreciation for staff members' "open-door" policy and availability for scheduled and walk-in consultations. The deputy director, in particular, was praised multiple times for her accessibility and approachability; according to students, she remains one of the most helpful staff members. The program director is consulted as necessary.

Students have the opportunity to provide feedback on advising and career counseling services each spring, through confidential focus group interviews, one-on-one interviews, an online survey and a series of listening sessions conducted by an external consultant. Over the last five years, student satisfaction with staff advising has ranged from 72% to 91%. The most recent survey results suggest that 87% of students either agree or strongly agree that the advising they receive from staff is adequate. At the time of the site visit, the program had not formally assessed student satisfaction with faculty advisors. The program plans to incorporate questions regarding faculty advising in upcoming listening sessions and/or the student exit survey.

The commentary relates to on-site discussions with students that revealed that faculty involvement in advising, outside of the capstone experience, is not extensive. While the majority of students expressed their satisfaction with faculty advising, the feedback the site visit team received appeared to be limited to the activities of the Capstone Committee. Though not reflective of the entire faculty body, students complained that a few faculty members are removed and unapproachable and remain unresponsive to their emails and requests for assistance; others are not available for office hours. According to conversations with faculty, those who advise multiple students (often three or four) in different capstone committees may have limited time for student advising outside of their responsibilities as Capstone Committee chair. Additional faculty involvement may enhance the level of expertise, mentoring and support for students.

The university enforces a clear set of procedures that govern student grievances. Student handbooks, orientation materials and course syllabi, as well as university and program websites, outline these procedures. Procedures may involve the program director, MPH faculty, the DPHS chair, the associate dean for academic affairs and/or the dean, depending on the nature of the complaint and level of inquiry or appeal. The program also accommodates informal complaints by appointment, or through exit interviews and listening sessions. To date, no student has filed a formal complaint or grievance.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Wisconsin-Madison Master of Public Health Program

March 13-14, 2014

Thursday, March 13, 2014

- 8:30 am Request for Additional Documents
Barbara Duerst, RN, MS - MPH Deputy Director
- 8:45 am Executive Session
- 9:45 am Meeting with Program Administration
Thomas Oliver, PhD, MHA - MPH Program Director
Barbara Duerst, RN, MS – MPH Deputy Program Director
Lisa Allman, BA – MPH Student Services Coordinator
Debra Siegenthaler, RN, MS – MPH Community Engagement Coordinator
Terrie Howe, BS – MPH Administrative Assistant
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Kristen Malecki, PhD – Assistant Professor, Department of Population Health Sciences (Environmental Health and Epidemiology)
Ana Martinez-Donate PhD – Associate Professor, Department of Population Health Sciences (Social and Behavioral Health Sciences)
Mark Edgar, PhD, MPH – Senior Outreach Specialist, Wisconsin Center for Public Health Education and Training (Public Health Principles and Practice)
Thomas Oliver, PhD, MHA - MPH Program Director, Professor, Department of Population Health Sciences (Health Policy)
Kyungmann Kim, PhD, Professor, Department of Biomedical Informatics, School of Medicine and Public Health (Biostatistics)
Ajay Sethi, PhD, Associate Professor, Department of Population Health Sciences (Epidemiology)
Barbara Duerst, RN, MS – MPH Deputy Program Director
- 12:00 pm Break
- 12:15 pm Lunch with Students
Cherie Wolters, 1st year MPH Student
Kriti Rishi, 1st year MPH Student
Melissa Roitstein, 2nd year MPH Student
Jordan Mandli, 1st year MPH Student
Mai Ka Hang, 1st year MPH Student
Christa Fields, 2nd year MPH Student
Phia Xiong, 2nd year MPH Student
Masami Glines, 1st year MPH Student
Josie Golembiewski, 2nd year MPH Student
Stephanie Veazie, 2nd year MPH Student
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Geoffrey Wallace, PhD – Associate Professor, La Follette School of Public Affairs
Sarah Davis, JD, MPA – Clinical Associate Professor, Law School,
Jonathan Patz, MD, MPH – Professor, Department of Population Health Sciences
Paul Rathouz, PhD – Professor, Department of Biostatistics and Medical Informatics
Jeanette Roberts, PhD, MPH – Professor, School of Pharmacy
Geof Swain, MD, MPH – Professor, Family Medicine and Population Health Sciences
Dolores Severtson, PhD, RN, MS - Assistant Professor, School of Nursing
Susan Zahner, RN, DrPH, Associate Professor, School of Nursing

Charles Brokopp, DrPH, MPH – Professor, Department of Population Health Sciences and Director, Wisconsin State Laboratory of Hygiene

2:30 pm Executive Session

4:00 pm Meeting with Alumni, Community Representatives and Preceptors
Henry Anderson, MD – Chief Medical Officer, Division of Public Health
Rachel Klos (grad 8/06), DVM, MPH – Epidemiologist, Wisconsin Division of Public Health
Tom Sieger, MS – Consultant, Prevention Services – University Health Services
Nancy Sugden, Director – Wisconsin AHEC
Jim Vergeront, MD – Program Director, Wisconsin AIDS/HIV Program
Mark Werner, PhD, Division of Public Health, Environmental and Occupational Health
Justin Kohl, MPH (grad 8/2011), Epidemiologist, Wisconsin Division of Public Health
Jessica Rubenstein, MPA-MPH (grad 5/2013), Evidence Analyst, Population Health Institute
Iliya Amaza, MD, MPH (grad 8/2013), Research Specialist, UW-Madison, Department of Family Medicine
Colleen Moran, MS-MPH (grad 5/2013), Population Health Service Fellow

5:00 pm Adjourn

Friday, March 14, 2014

8:30 am Meeting with Academic Leadership
Robert Golden, MD – Dean, School of Medicine & Public Health
Patrick Remington MD, MPH – Associate Dean, School of Medicine & Public Health
Elizabeth Petty, MD - Associate Dean, School of Medicine & Public Health
F. Javier Nieto, MD, PhD, MPH – Chair & Professor, Department of Population Health Sciences

9:15 am Break

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview