

Graduate School Review

Master of Public Health (MPH) Degree Programs

School of Public Health and Community Medicine University of Washington

Background

The School of Public Health and Community Medicine (SPHCM) offers a wide range of professional and academic degrees. These include the BS, MPH, MS, and PhD degrees in the program areas shown in Attachment 1 (Table V-1. School Degree Programs and Specialties). The School also administers several interdisciplinary programs: Master of Health Administration (MHA), Nutritional Sciences (MS and PhD), and Public Health Genetics (PhD). These are not strictly SPHCM degrees, as they are awarded through the Graduate School's interdisciplinary group structure. Nevertheless, the administrative responsibility, the academic leadership, and the majority of faculty for these programs are housed in the SPHCM.

Because the school's *academic* and the *interdisciplinary* degrees have been -- or will be -- reviewed by the Graduate School in separate departmental reviews, and because the MPH degree is, to a large extent, a school-wide, inter-departmental degree, this document is restricted to the MPH degree programs in the various departments of the school.

The MPH is the principal professional degree in public health. The SPHCM offers a two-year, 63-quarter credit MPH degree. Students can specialize in any of the five core "areas of knowledge basic to public health," specified by the national accrediting body, the Council for Education in Public Health (CEPH):

- Biostatistics
- Environmental and Occupational Health
- Epidemiology
- Health Services
- Social and Behavioral Sciences

In addition, MPH degree tracks are offered in

- Community-Oriented Public Health Practice
- International Health
- Maternal and Child Health
- Nutritional Science
- Public Health Genetics

A unique option in the Department of Health Services is the Extended MPH Degree Program (EDP), a non-traditional program offered through intensive summer sessions and weekends over a three-year period.

Each of these tracks require coursework in the five core areas of public health, electives in areas of special interest, a field-based practicum, and a rigorous thesis or capstone project.

In February, 2006, the School of Public Health underwent an extensive re-accreditation review by the Council for Education in Public Health (CEPH) which included a detailed self-study (provided to the reviewers) and a three-day site visit by a committee comprised of two Public Health Deans, two public health practitioners, a “citizen” member (a vice-dean of a liberal arts college), and a CEPH staff representative. The re-accreditation process reviewed the school as a whole, but was especially focused on the professional (MPH) degree. As a result of this re-accreditation review, the School received the maximal seven years accreditation, although the review committee raised a few concerns that are described in the accompanying materials and, in part, summarized below.

This mini-self-study document provides information requested by the Graduate School (the specific questions posed to us by the Graduate School are *italicized and bolded*) to supplement the information in the re-accreditation self-study documents that have been provided to the review team as part of the review process.

Section A: General Self-evaluation

1. What are your unit’s strengths? Units generally have a variety of roles and responsibilities within the institution (e.g., undergraduate, graduate, professional education; continuing education; outreach education; research, scholarly, or creative activity; service; consultation; self sustaining activities; patient care). Please describe what you do, focusing particularly on those things you do well. You may wish to include examples of long-term excellence as well as any recent accomplishments or improvements in your unit. In what ways is your unit a leader in your field?

The MPH programs are primarily professional degree programs for persons intending to work in public health agencies, both governmental and non-governmental, and in research and academia. As indicated in Attachment 1, we offer a wide range of specialty tracks, and, additionally, have sought to be responsive to the educational needs of students in other degree-granting units of the University by offering a number of concurrent degree programs (e.g., with nursing, social work, public affairs, medicine, international studies, law, dentistry, etc.) and graduate certificate programs (e.g., health policy, international health, public health informatics, public health genetics, etc.).

The strengths of the programs include:

- The broad range of excellent faculty in all core -- and in many specialty -- areas of public health

- A broad range of excellent courses, research opportunities, and field placements for the education of our students
- The strong tradition throughout the school of interdisciplinary collaboration in teaching, research, and service
- The strong research and evidence-based orientation of the faculty
- A rigorous, scholarly environment, comprised of five exceptionally strong academic departments
- The availability of a wide variety of field placement opportunities for students in all departments
- The exceptionally cordial and productive professional relationships that faculty at the SPHCM share with colleagues throughout UW and at research, government, and community institutions locally, throughout the state, nationally, and internationally
- Access to excellent information technology and library resources
- A strong and highly competitive student body
- Participation by faculty and school leadership in a wide range of national (and international) professional organizations, councils, and committees

In addition to providing excellence in training in the traditional core areas of public health, the school has been a leader in professional public health education. For example, the SPHCM was one of the first to require a two-year MPH, as well as a master's thesis. These requirements have been adopted by many other high-quality schools of public health over the past few decades. In addition, the school has developed a number of innovative educational programs, e.g., the Extended MPH degree program (EDP) for working public health professionals, graduate degree programs in Public Health Genetics, the Community-Oriented Public Health Practice MPH program, the graduate certificate programs in Informatics, and, most recently, the Department of Global Health, established jointly with the School of Medicine.

2. How do you measure the success of your unit as a whole?

The SPHCM has defined a large number of indicators to track and evaluate our success in reaching the goals and objectives that were defined in our strategic planning process. These indicators are listed in Attachment 2 (Table 1-1 – SPHCM Goals and Objectives) and are described in Criteria I of the CEPH Self-Study report.

In addition, the SPHCM has initiated a major effort to develop a web-based system for students to self-assess their mastery of explicitly defined core MPH competencies (or learning objectives) as they progress through their graduate programs. This system will be, we believe, critical to both a) the students' ability (together with their advisors) to monitor and manage their academic programs and b) to the faculty's ability to assess and continually improve the curriculum and teaching in the school. A listing of the core learning objectives can be found in Criteria V.C. of the CEPH self-study document.

What teaching, research and service performance criteria are typical in your field?

The expectations for teaching, research and service performance in schools of public health are explicitly defined by the Council on Education in Public Health (CEPH). These expectations can be reviewed by referring to the tabs on the CEPH self-study document.

In addition, the SPHCM, using input from a variety of internal and external stakeholders, has defined its own strategic goals and objectives. These are listed below.

- a. Educate innovative, effective, and culturally competent public health researchers, faculty, and practitioners.
 - Recruit and retain outstanding faculty in the range of disciplines and specialties consistent with SPHCM's mission.
 - Recruit graduate and undergraduate students of the highest academic capabilities who are committed to public health.
 - Provide a multicultural setting for public health learning.
 - Provide excellent educational programs and opportunities.
 - Apply innovative pedagogical methods to enhance teaching and learning.
 - Promote lifelong learning.
- b. Advance knowledge in the public health sciences through research and discovery.
 - Develop new programs in response to emerging health problems, new technologies, and advances in the public health sciences.
 - Foster an environment that promotes creativity, collaboration, and interdisciplinary research.
 - Develop the infrastructure to support state-of-the-art research.
 - Compete successfully for research funding in the public health sciences.
 - Contribute scientific knowledge in the public health disciplines.
- c. Contribute to sound public health policies and increase the recognition of the importance of public health through dissemination and community collaboration.
 - Disseminate public health knowledge and research findings to policy-makers, public health professionals, and the general community.
 - Engage in collaborative research, training, and service activities with governmental and non-governmental organizations.
 - Build community alliances that will bridge science and practice.

Criteria I and X in the CEPH self-study document describe how we measure progress toward these objectives.

Which units nationally do you consider to be your peers along these dimensions?

We are one of 37 accredited Schools of Public Health in the U.S. The most recent U.S. News and World Report survey ranked the SPHCM fourth in the nation. The 2005 Faculty Scholarly Productivity Index, by Academic Analytics published in the January 12, 2007, issue of the Chronicle of Higher Education, ranked the UW SPHCM third among the top research universities in the country. Our peers include the schools of public health at John Hopkins, Harvard, University of North Carolina, Columbia, University of Michigan, and University of California at Berkeley.

3. What are your unit's weaknesses? No unit is perfect. Where could yours most use improvement? What challenges or obstacles make it difficult for you to overcome these weaknesses? What further challenges do you foresee in the coming years?

The weaknesses of the program include:

- a. Confusion about degree options – The large number of MPH program tracks in the SPHCM reflect the growth, richness, and breadth of the field of public health generally. While these complexities are inevitable in a vital and dynamic field, they do cause difficulties for students, faculty, and academic leadership. Not surprisingly, students find it challenging to understand and decide which degree, department, and track(s) may be right for them.

The confusion about degree tracks is related to the sub-optimal administrative structures of the school: e.g., Nutritional Sciences is administratively housed in the Department of Epidemiology but the MPH degree is in “Nutritional Sciences”; on the other hand, the Social and Behavioral Science MPH is administratively housed in Health Services, and the degree that these students receive is an MPH in Health Services. Similarly the Maternal and Child Health Track and the International Health Track are available to students through two departments (Epidemiology and Health Services). In some other schools of public health, each of these tracks would be housed in separate departments. These intricacies of the organization of our departments, tracks and degrees are a challenge for colleagues in other schools; academic units wishing to establish joint degrees are often overwhelmed by the variety of degree tracks in the SPHCM.

The rapid growth in the volume of scientific knowledge in human biology, public health, and health administration, coupled with the increasing number of different disciplines, frameworks, and societal challenges that are being included under the umbrella of public health (see Section A.4 below) will continue to increase this complexity in the future.

- b. Diversity – We have not satisfactorily met the challenge of enhancing the diversity of our faculty, staff, and student body. On the positive side, the school has continued to enroll approximately the same proportion of minority students over the past decade,

in spite of new state laws eliminating affirmative action. Minority enrollment has averaged approximately 22%, ranging from 26% for 1998–99 to 17% in 2000–01 and rebounding to 24% in 2003–04. (During this period the UW average of minority graduate admissions is about 14%.) The current percentage of SPHCM minority students is nearly 22%, a figure which we hope to increase.

On the negative side, we have not, as a school, been able to recruit sufficient numbers of faculty from diverse backgrounds and cultures.

In 2005, SPHCM launched the Diversity Taskforce chaired by Dean Wahl to serve as a forum for gathering and disseminating diversity information and resources school-wide and evaluating the School's efforts toward achieving an optimally diverse educational, research, and service environment. A top priority of the taskforce is to examine closely the existing University and School climate, policies, and practices related to recruiting and retaining a diverse faculty and implement a strategic plan for increasing the diversity of the School's faculty. During Spring 2005, the School's Associate Dean for Academic Affairs and its Manager of Academic Affairs attended an on-campus seminar on best practices for search committees hoping to increase the pool of diverse applicants and faculty hires. The School currently employs several strategies that were mentioned at this seminar, such as including an affirmative action statement in job postings, contacting colleagues or qualified prospective candidates at peer institutions directly, and advertising openings in periodicals that target diverse populations. However, these strategies are not uniformly implemented and standardized across departments; they may vary depending on the composition and experience of the search committee members; and they have not produced satisfactory results.

- c. Space – Because of the limitations of on-campus space, approximately one-half of SPHCM space is located off campus. Furthermore, on-campus space is spread across several wings of the Health Sciences Building. As the CEPH site visit report noted, “The dispersion of the school's faculty makes it much more time consuming and difficult to facilitate interdisciplinary interaction. For students, the absence of a central space where the majority of school activities can occur necessitates travel to multiple sites to work with faculty. This, in turn, makes it difficult for students to interact with one another and with faculty from different departments and research programs.” It is unlikely that “space problems” will abate in the near future in the absence of funding for construction of a new School of Public Health Building.
- d. Advising – The site visit team identified student advisement as a weakness in some of our programs. This is discussed below in section A.7.

4. What changes have occurred in teaching, research and service in your field over the past decade that have influenced your conception of the unit's role? What pressures, internal and external, have caused significant changes, and what further pressures and changes do you anticipate in the next ten years? What changes have taken place in the relationships between your field and other related fields?

Over the past several decades, growth in the scope, reach, and sophistication of public health science has been phenomenal. There have been huge advances in the knowledge base in areas as disparate as clinical medicine, statistics, computer sciences, the basic sciences of human biology (especially genetics), management and communication/marketing, to name just a few – all have implications for research and practice in public health. These developments range from new methods of detection of environmental toxins to new theories of behavior change; from systems to respond to natural and man-made disasters to systems for quantifying the health of populations; from the discovery, prevention and control of emerging infections to the development of new research paradigms, such as “Community-Based Participatory Research.”

Because the principal focus of the MPH programs in the SPHCM is educational, it is illustrative to list two recent sets of expanded content which expert groups have recommended be taught to public health students. First, the 2003 Institute of Medicine report, “Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21st Century” specified the following list of additional ‘core’ areas for public health education:

- Informatics
- Genomics
- Global Health
- Policy and Law
- Cultural Competency
- Communication
- Ethics
- Community-based Participatory Research

Second, in 2006, the Association of Schools of Public Health published their recommendations for MPH Core Competencies. This document lists approximately 120 competencies in 12 areas. Seven *new* areas (in addition to Biostatistics, Environmental Health Sciences, Epidemiology, Health Policy & Management, and Social & Behavioral Sciences) were specified:

- Communication & Informatics
- Diversity & Culture
- Leadership
- Public Health Biology
- Professionalism
- Program Planning
- Systems Thinking

We provide these lists to illustrate how the scope of “core” areas in public health education is being expanded and redefined. We have come a long way since public health was primarily a field for physicians who were concerned about public sanitation and the control of infectious diseases. To meet this challenge, the faculty and curriculum committees of the departments and the school are actively reviewing and refining the MPH core competencies for our various programs.

Some changes that may or may not be relevant to your unit include the rise of interdisciplinary studies, international study, experiential learning, and programs in civic education and leadership, as well as technological changes--the rise of online courses and new educational technology. Which (if any) of these have had an impact on your unit?

The MPH requires an experiential practicum and a major scholarly project, either a master’s thesis or a capstone project (A comparison of the thesis and capstone project can be found in Appendix V-2, p 12.). These experiential requirements have been components of the MPH degree for many years; the faculty and students consistently endorse the benefit of these requirements.

Since 2002, the SPHCM has offered an MPH track in Community Oriented Public Health Practice whose curriculum uses “Problem-based Learning” (PBL) as the principal classroom pedagogy. Using realistic and timely public health case studies, students learn through active inquiry and analysis rather than through a traditional lecture approach. With the assistance of faculty facilitators, students work in groups to examine cases, identify key issues, find needed information, teach one another, and apply information to solve community health problems. PBL generates self-directed learners and team players and cultivates recognition of the complexities of real-world public health challenges. This method has proven to be highly effective as documented by student assessments of their master of competencies, faculty impressions, and feedback from practicum preceptors and employers of graduates.

For interdisciplinary programs, please comment on the level of cooperation and support to the program from contributing units.

Since the time of its inception, public health has always been inherently interdisciplinary. In the SPHCM we have always enjoyed excellent interdisciplinary interactions with colleagues throughout the health sciences and the larger UW community.

5. Do you observe differences between your view of your role and college and university expectations of your unit? If so, what are these? Do you see any ways to resolve these differences?

Other than chronic and wide-ranging shortages of resources, we experience no conflicts between our own expectations and those of the university.

6. Describe faculty participation in the process of unit governance, self-study, and strategic planning. How do your faculty participate in governance and strategic planning?

Faculty participate in all aspects of governance including appointment and promotion (and tenure decisions), curriculum and educational policy, admissions, academic requirements and standards, and strategic planning. Details of faculty involvement in governance are found in Criteria III of the CEPH self-study document.

7. Is mentoring junior faculty identified as a priority? Outline your unit's approach to mentoring junior faculty, graduate students, undergraduate students. Note: The Graduate School offers a brochure "Guidelines for Good Practice in Graduate Education" and be obtained by contacting the Office of Academic Programs.

Mentoring of junior faculty is an important aspect of how departments in the SPHCM enhance professional growth and foster new leadership. Departments assign senior faculty members to advise and guide junior faculty members. In some departments, the chair assumes this role. In addition to direct mentoring, the chair formally meets with junior faculty following the annual faculty reviews to convey recommendations on improving, prioritizing, or re-directing their research, teaching, and service activities.

Mentoring and advising of students is an important expectation of all faculty. Graduate students are assigned faculty academic advisers when they enroll. Each adviser works with the student to design a course of study based on degree requirements and the student's experience and area of concentration. When a student begins a thesis or dissertation, the faculty member with whom he or she is doing research usually becomes the adviser and chair of the supervisory committee. In addition to academic counseling, the advisers provide career counseling to the students. Advising also is provided by graduate program assistants, who are knowledgeable about the rules and infrastructure of the University, SPHCM, and their departments. Despite these recommendations, the degree to which advising is carried out, and the satisfaction of students with advising is highly variable. As noted by the site visitors, students with strong practice orientations often have difficulty in finding advisement that meets their specific needs. The school's great research strength creates a culture that presents challenges to practice-oriented MPH students who wish to identify advisors and mentors who align more closely with their specific goals. Furthermore, faculty inevitably vary in their enthusiasm for advising, knowledge about various aspects of public health courses and career pathways, and capacity for effective engagement with students whose interests are outside of their area of expertise.

Section D: Relationships with other units

For this section we were directed to focus on the concurrent MPH programs offered by the School: what are these, are they successful, how can they be improved, etc

As illustrated in Attachment 1, the SPHCM participates in 14 concurrent MPH degree programs, involving the Schools of Medicine, Nursing, Social Work, International Studies, Dentistry, Public Affairs, and Law. These are described in Criteria V-G of the CEPH self-study. All of these programs are small, involving from 0 to 5 students per year. All were proposed to the SPHCM by other academic units, and represent a significant effort on our part to accommodate the needs of students in those schools. In most cases, students who have participated in these concurrent degree programs were previously enrolled in the non-SPHCM degree program and sought to expand their educational experience by adding public health training through the concurrent degree mechanism. Occasionally, students apply as concurrent applicants to both units at the same time. Very rarely do MPH students apply for admission to the other units through the concurrent-degree mechanism.

These concurrent programs are valued by the students who make the effort to apply for them. From the point of view of SPHCM faculty, concurrent students are generally viewed as strong, contributing important perspectives to classroom discussions, and participating actively with their non-concurrent-degree classmates. On the other hand, these programs involve a disproportionate amount of administrative and advising effort in comparison to the number of students involved. They represent, in essence, an unfunded contribution to the education of students in other units, and are continued largely because of the strong public health tradition in interdisciplinary collaboration and in the spirit of “academic, or university, citizenship”.

Section G: Graduate Students

4. For graduate student service appointees, please describe:

- a. Appointment process.***
- b. Average duration of appointment.***
- c. Mix of funding among the various appointments (teaching, research and staff assistantships, fellowships, traineeships).***
- d. What criteria do you use for promotions and salary increases?***
- e. In what ways are graduate student service appointees supervised?***
- f. What training do graduate student service appointees receive to prepare them for their specific role?***

The specifics of graduate student appointments vary among the school’s departments. Attachment 3 summarizes the practices in the SPHCM by department.