

OAKLAND UNIVERSITY™

SCHOOL OF HEALTH SCIENCES

Master of Public Health Program

Self Study

Submitted to CEPH August 18, 2017

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Oakland University's Master of Public Health (MPH) program was approved by the University Presidents Council of Michigan in Spring of 2013 and matriculated its inaugural cohort of students in Fall of 2013. The Master of Public Health program is housed within the School of Health Sciences. Oakland University is a preeminent metropolitan university that is recognized as a student-centered, doctoral research institution with a global perspective. We engage students in distinctive educational experiences that connect to the unique and diverse opportunities within and beyond our region. Through faculty-driven and student-engaged research, scholarship, and creative activity, Oakland University is an active community partner providing thriving civic, cultural, and recreational opportunities and valuable public service.

Most of the students who matriculate into Oakland University's Master of Public Health program hail from three local counties in Michigan: Oakland, Macomb, and Wayne. Students are mostly recent graduates from undergraduate institutions and have diverse educational backgrounds, including health sciences, biology, dance, English, and social work majors. While many students obtained their bachelor's degree at Oakland University, we also have students who completed their undergraduate degrees at a variety of public and private universities across the states. Of note, most of our graduates choose to stay in the region providing Oakland University's MPH program with a unique opportunity to impact local public health.

Oakland University's MPH students develop strong skills in the five core areas of public health (epidemiology; health behavior and health education; environmental health; health management and policy; and biostatistics). All of our students also gain training and experience in community-based participatory research. Oakland University's MPH program offers one concentration: Evidence-Based Practice. This concentration acknowledges the importance of evidence-based public health policy and programmatic intervention, clear and innovative communication of public health information that is based upon strong research, and the tailoring of evidence-based solutions to diverse communities through a practice of cultural humility and community-based participatory research. The program is implemented using an approach informed by the principles of community-based participatory research that strongly relies on the active participation of public health professionals who make up our community advisory board. The MPH Advisory Board is composed of faculty, students, alumni, and experts from the field, including those from community-based organizations, health service organizations, and state and county health departments. The program is designed with an emphasis on service learning where students collaborate with community partners throughout the curriculum, gaining hands-on skills and developing tangible products (e.g., needs assessments, intervention designs, grant proposals).

The program uses a cohort model in which our students take all core courses together. Our program is small, with 12-20 students in each cohort. Most of our students are full-time. The opportunity for part-time study is negotiated on an individual basis. Team-based projects throughout the curriculum give students the opportunity to develop skills in communication, collaboration, and leadership. A small student to faculty advisor ratio (5:1) allows for personalized attention, tailored mentorship, and productive relationships with faculty. Our alumni have successfully gained employment in a variety of different public health settings including governmental health departments, community-based non-profit organizations, and health services organizations.

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The program is currently seeking Council on Education for Public Health accreditation and anticipates accreditation in June, 2018.

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.

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

The mission of the Master of Public Health (MPH) degree program at Oakland University is to prepare graduate students to preserve, protect, and promote the health of human populations through organized community effort.

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

In October 2014, the MPH Advisory Board collaboratively engaged in a vision exercise and developed the following list of core values for Oakland University's Master of Public Health Program:

- Innovation
- Community collaboration
- Social justice
- Bridging theory and practice
- Preparation

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

Instruction

Goal: To provide a high-quality, evidence-based and community-focused educational curriculum that prepares students for successful careers in public health.

Research

Goal: Engage in theory-based research, including community-based participatory research, to further knowledge and understanding of core public health issues.

Service

Goal: Faculty and students will launch productive health-related partnerships with relevant organizations.

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

Instruction

Goal: To provide a high-quality, evidence-based and community-focused educational curriculum that prepares students for successful careers in public health.

Objectives:

1. Each academic year, 100% of MPH courses will provide evidence-based instruction in the required public health competencies.
2. Each academic year, at least 60% of MPH courses will deliver service and/or experiential learning opportunities and other community-based participatory practices throughout the curriculum.

Research

Goal: Engage in theory-based research, including community-based participatory research, to further knowledge and understanding of core public health issues.

Objectives:

1. All primary faculty members will produce at least one scholarly work annually as indicated by peer-reviewed publications, submitted internal/external grants or contracts, or presentations in the public health field.
2. At least 60% of students will engage in student- or faculty-driven research over the course of their study.
3. At least 80% of primary faculty members will bring their own research into the classroom.

Service

Goal: Faculty and students will launch productive health-related partnerships with relevant organizations.

Objectives:

1. At least 80% of primary faculty members will be engaged in at least one productive partnership with a community-based organization.
2. At least 80% of primary faculty members will be engaged in a productive partnership with a national, state, or local public health organization or non-profit agency.
3. The MPH Advisory Board, composed of alumni, student, faculty, state and county health department, and non-profit organization representatives, will meet three times per year.
4. At least one faculty member will facilitate a public health service or training event in the local community each year.
5. At least 75% of students will engage in at least one service activity with a national, state, or local public health organization or non-profit agency over the course of their study, not including as part of practicum placements or other course requirements.

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

Faculty members from the Health Sciences, Wellness & Health Promotion, and Physical Therapy programs of the School of Health Sciences were responsible for developing the MPH program and shepherding the plan through all of the required institutional governance procedures developed the initial mission, values, goals, and objectives during the 2011-2012 academic year. This team of faculty developed this first draft of goals, objectives, and description of the

program's intention with the CEPH accreditation criteria and other publically available documents. Of these faculty members, two taught in the program for the first four years of program implementation (Drs. Dallo and Wren). One faculty member (Dr. Dallo) continues to teach in the MPH program. A number of units participated in the refinement of these required elements through the governance review process. Within the School of Health Sciences, the Executive Committee (comprised of the dean, associate and assistant dean, six academic program directors, and the director of advising and student support services), the Committee on Instruction (COI), and Faculty Assembly all reviewed and approved the MPH program plan. The current program director (Dr. Cheezum) was not at Oakland University during the writing of the proposal, but joined the committee once hired in August, 2012 to assist with responding to feedback received, as the proposal progressed through the governance review process.

During the 2012-2013 academic year, the program went through the university channels of approval, including Graduate Council, Senate Steering Committee, Senate Planning Committee, Senate Budget Committee, University Senate, Provost, President, Board of Trustees, and the University Presidents Council, which includes the presidents of all the public universities in Michigan. Feedback obtained through these levels of approval improved our process and proposal through thoughtful questions and requests for additional information.

During the program's first year of operation, MPH faculty and student representatives engaged in a facilitated visioning exercise during an MPH program planning meeting. From this exercise, we identified shared ideas and collaboratively developed a list of goals and objectives that, while aligned with the program proposal, now incorporated the ideas of these important stakeholders. These goals and objectives were presented to the MPH Advisory Board (comprised of faculty, student representatives, and community partners) at its first meeting on April 30, 2014. The MPH Advisory Board made modest revisions, which were incorporated into the goals and objectives.

The goals and objectives were further revised based upon feedback received from CEPH consultant Kristin Varol at our consultation visit on January 8, 2016. These revised goals and objectives were presented to the MPH Advisory Board on February 3, 2016 and were approved. [See MPH Advisory Board minutes in electronic resource file (ERF).]

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

The mission, values, goals and objectives of the program are made available to faculty, staff, alumni, students and prospective students in the student handbook found online (<http://www.oakland.edu/shs/mph>). We are committed to regularly reviewing these important elements and revising them as needed to ensure that the program's teaching, research, and service activities remain aligned with our strategic priorities. Based on formative evaluation efforts, systematic data collection, and an ongoing review processes, refinements may be made to the mission, values, goals, and objectives.

Specific steps in the annual process for reviewing the goals and objectives are as follows:

- The Program Planning Committee meets annually for the specific purpose of reviewing the mission, values, goals and objectives.

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- The Program Planning Committee will collect and summarize metrics specific to each of the goals and objectives.
- Based on these findings, the Program Planning Committee will solicit feedback from faculty, alumni, and employers as to the extent to which the objectives were met, factors that facilitate program success, obstacles and impediments encountered, and plans for improving performance where indicated.
- Summary data will be presented to the MPH Advisory Board and performance improvement plans reviewed with the key stakeholders.

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

The criterion is met. The MPH program has established and will continue to refine its mission, values, as well as related goals and objectives through ongoing systematic evaluation and refinement with input from faculty, students, the Advisory Board and broader public health community.

Strengths

- The mission of the MPH program clearly reflects and extends the broader mission statements of Oakland University and the School of Health Sciences.
- The program’s goals and objectives are consistent with the mission statement and provide metrics by which program accomplishments can be measured.
- The mission, values, goals, and objectives were initially developed, reviewed, and approved with participation from multiple constituencies in an iterative and collaborative process and provided guidance during the first few years of program implementation.
- The mission, goals, and objectives support the core values used to guide the program.

Weaknesses

- We recognize, after obtaining feedback from CEPH consultant Kristen Varol, that some of our instruction and service objectives are not as focused on the outputs, but instead are focused on the process. This may be reflective of the fact that we have been at a formative stage of this work. We will be reexamining this issue as we reconfigure our objectives with an eye towards the new criteria.
- In looking at our data, we have identified that some of our objectives were not as clear as we would have liked. For example, our objective “each academic year, 100% of MPH courses will provide evidence-based instruction in the core public health competencies,” is too complex and is not clear. While our original intention was to make sure instructors use evidence-based instruction techniques *and* discuss evidence-based topics in public health, this purpose is not clear enough in how the objective is constructed. Another example is the term “productive partnership.” We did not provide a clear definition for this.

Plans

- At our next Faculty Retreat (5/3/17), we will discuss goals and objectives, and while considering the revised criteria, we will make revisions, as necessary, to better measure outputs, and the benefits students and communities receive. Proposed revisions will be brought to the MPH Advisory Board at the next meeting (Fall, 2017).

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- As we have now graduated two cohorts, the MPH faculty recently identified that they would like to add a specific goal related to alumni engagement to ensure the creation of a strong public health network and to continue to engage our alumni. We are also working with alumni and students about to graduate to create an alumni organization that could be helpful in designing specific objectives related to ongoing alumni involvement in the program. The faculty will develop wording of this new objective at the faculty retreat on May 3rd. Any revised or new objectives will be proposed to the MPH Advisory Board at the first meeting in the fall of 2017.

1.2 Evaluation

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

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

The program uses a committee structure for conducting a systematic evaluation of the program and developing and implementing a response to evaluation data. The Budget and Accreditation Team (BAT) is responsible for developing and implementing all evaluation tools and the Program Planning Committee is responsible for reviewing data and developing a plan to respond to the results. The evaluation data includes process and outcome data. Data includes observations by faculty and feedback from students and/or community partners, as well as data from alumni surveys, employer surveys, and faculty surveys.

At this time, all faculty and staff members serve on both committees. These committees have met according to a schedule (listed below) throughout the academic year. Meetings have been scheduled for Mondays or Wednesdays, depending upon faculty schedules. Meetings are suspended, except as needed, for the summer months.

First week of the month:	Program Planning Committee with student reps attending
Second week of the month:	Budget and Accreditation Team
Third week of the month:	Program Planning Committee
Four week of the month:	Budget and Accreditation Team
Fifth week of the month:	No meeting

Additionally, the Program Planning Committee meets each year in May for an annual retreat to systematically evaluate the extent to which the program is meeting the objectives listed in criterion 1.1.d. The program uses an alumni survey and a faculty survey to quantitatively evaluate its progress on each objective described in 1.1. The committee also uses qualitative debriefing discussions throughout the academic year to evaluate progress on these goals and objectives. Where appropriate, minutes from these discussions may be reviewed at the annual retreat. This annual, cyclical review process at the retreat will ensure a close and careful monitoring of program metrics.

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Data Sources

Feedback from faculty, staff, students at Program Planning Committee meetings

Faculty, staff, and students (at the first meeting of the month) discuss the program, including what is working well and what may need to be improved. These discussions are generally associated with agenda items (see agendas in ERF), but faculty members, staff, and students can also bring up additional concerns. The student representatives who attend one Program Planning Committee meeting a month play an important role as liaison between the students and the faculty and program administration and communicate issues or concerns that the students have. This is an important point of data for the program in making programmatic decisions or changes.

Alumni Survey

The alumni survey [see electronic resource file (ERF)] is distributed to alumni six months after graduation, usually in October for April graduates. The process of distributing the on-line survey is described via email in more detail in 2.7.e. The Program Coordinator distributes the survey. The results are analyzed by Dr. Stevenson who creates a summary report that is discussed by the Program Planning Committee. The results and changes suggested by the Program Planning Committee are then presented to the MPH Advisory Board for additional discussion and feedback. The survey data includes the extent to which program objectives and competencies are met and other measures related to alumni satisfaction with the program.

Faculty Survey

The faculty first completed a faculty survey in Fall, 2016. They were asked to retroactively consider all academic years in which they were instructors for the MPH program. Results were brought to a Budget and Accreditation Team meeting for review. Moving forward, we will use a different process. Each spring (April-early May), faculty will be asked to complete the faculty survey. This is a Google Doc to which the faculty are provided a link (see ERF). Faculty will be asked to enter their data for the past academic year, related to the program's goals/objectives and other CEPH criteria. Program Coordinator Janice Eaton and Program Director Rebecca Cheezum will then transfer that data to the CEPH data tables. This data will be reviewed at the program retreat each spring and will be brought to the MPH Advisory Board in the fall for their review and feedback. This revised process was initiated this spring, with data collected at the end of April reviewed at our May 16th retreat.

Employer Survey

This past year, we started conducting face-to-face and/or telephone survey of area employers. We have conducted three interviews that include open-ended questions, as well as structured response questions that ask about to what degree our alumni can perform each competency and the degree to which alumni are meeting the needs of their employers. (See ERF for employer survey questions and response summary documents.)

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Outcome Measure	Assessment method	Responsible party
Each academic year, 100% of MPH courses will provide evidence-based instruction in the core public health competencies.	Faculty survey	Program Director, Faculty during faculty retreat, MPH Advisory Board
Each academic year, at least 60% of MPH courses will deliver service and/or experiential learning opportunities and other community-based participatory practices throughout the curriculum.	Faculty survey	Program Director, Faculty during faculty retreat, MPH Advisory Board
All primary faculty members will produce at least one scholarly work annually as indicated by peer-reviewed publications, submitted internal/external grants or contracts, or presentations in the public health field.	Faculty survey	Program Director, Faculty during faculty retreat, MPH Advisory Board
At least 60% of students will engage in student- or faculty-driven research over the course of their study.	Alumni survey	Program Director, Faculty during faculty retreat, MPH Advisory Board
At least 80% of primary faculty members will bring their own research into the classroom.	Faculty survey	Program Director, Faculty during faculty retreat, MPH Advisory Board
At least 80% of primary faculty members will be engaged in at least one productive partnership with a community-based organization.	Faculty survey	Program Director, Faculty during faculty retreat, MPH Advisory Board
At least 80% of primary faculty members will be engaged in a productive partnership with a national, state, or local public health organization or non-profit agency.	Faculty survey	Program Director, Faculty during faculty retreat, MPH Advisory Board
The MPH Advisory Board, composed of faculty, alumni, student, state and	MPH Advisory Board minutes and agendas	Program Director, MPH Advisory Board

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<p>county health department, and non-profit organization representatives, will meet three times per year.</p>		
<p>At least one faculty member will facilitate a public health service or training event in the local community each year.</p>	<p style="text-align: center;">Faculty survey</p>	<p style="text-align: center;">Program Director, Faculty during faculty retreat, MPH Advisory Board</p>
<p>At least 75% of students will engage in at least one service activity with a national, state, or local public health organization or non-profit agency over the course of their study, not including as part of practicum placements or other course requirements.</p>	<p style="text-align: center;">Alumni survey (Note: this question is to be added for survey to be administered Fall, 2017)</p>	<p style="text-align: center;">Program Director, Faculty during faculty retreat, MPH Advisory Board</p>

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In addition, while on the five-year probation that is required of all new academic programs, the MPH program provides an annual report of activities, accomplishments, challenges, and finances to the Dean of the School of Health Sciences and Senior Vice President for Academic Affairs/Provost. Furthermore, the program will also undergo a formal review by Oakland University's Assessment Committee every five years to ensure that the program is meeting its own expectations and that student learning outcomes parallel the University's mission. The MPH program is scheduled for its first review in the 2018-2019 cycle.

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

The Program Director, Program Coordinator, and another faculty member assigned to this role (currently Dr. Stevenson) monitor the data. They are responsible for analyzing and compiling the data and generating a report summary (see ERF). The faculty and staff of the MPH Program Planning Committee then review these reports and consider any necessary or appropriate response. The team may further discuss appropriate responses through the Program Planning Committee during monthly meeting when student representatives attend the meeting. The Program Director presents the report to the MPH Advisory Board for their review and comment. We then incorporate their suggestions into the planned response.

We have slightly modified this process such that faculty will first review the results of the alumni survey at a Program Planning Committee meeting, but the faculty survey will be reviewed during the faculty retreat in May. The faculty will consider both together in a fall MPH Program Planning Committee meeting and then the MPH Advisory Board will review both in the fall MPH Advisory Board meeting.

We have used a similar procedure for our process evaluation. Being a small program, this structure has facilitated our quick response to any issues to improve our process. Here are a few examples:

Example 1: During the first two years of program implementation, the Program Planning Committee was responsible for determining requirements for the students' practicum and the poster where they present their practicum experience. The committee drafted the practicum learning contract and criteria for the posters and held meetings with students to present these documents. Since that time, these documents have been revised based upon feedback from faculty and student representatives during Program Planning Committee meetings.

Example 2: Results from our first Employer Survey (conducted December 2016-January 2017) indicated that our students have strong public health related skills, but that we need to put more emphasis on professional behaviors. We had been having similar discussions in our Program Planning Committee based upon behaviors we had witnessed in the classrooms and feedback that we were getting from students frustrated with other students' actions during group work. We discussed this data and these observations and decided that we would incorporate Professional Behavior rubric and assessment starting in Fall, 2017. Please see Assessment Tool in ERF. Students will meet with faculty during winter semester of their first year and fall semester of their second year to discuss performance and progress on these professional behaviors.

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Example 3: Student representatives to the Program Planning Committee suggested that we change the date of the annual poster session, at which second year students present their practicum placement, how the practicum related to the development of their competencies, and the practicum outcomes. They were concerned that the poster fell at the same time as midterms. We have made that change starting for Fall, 2017.

Example 4: We recently implemented a Plan of Study form (See ERF) requirement for our students (see example in 1.5.b). Through this process we identified several students who were committing to multiple internships for the summer between their first and second years. The faculty discussed this pattern during the Program Planning Committee meeting. There were concerns that students were overextending themselves and that some commitments may impact their performance in their practicum. In instances where this issue was identified on the Plan of Study form, the students' faculty advisors met with them to discuss the goals of the internships, the time commitments, and identified if there were any potential conflicts with practicum placements. These were excellent opportunities for mentorship of students. For example, one student did not want to complete three internships, but did not know how to tell one potential internship that she was no longer interested. The faculty member was able to talk through options and ways to have “tough” conversations. In order to extend this skill-building opportunity to all of our students, we requested that Denise McConkey of Oakland University Career Services do a brief workshop for our students on how to manage multiple job offers.

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

Outcome Measures Table 1.2.c

Table 1.2.c. Outcome Measures for Years 1, 2, 3				
Instructional Goal: To provide a high-quality, evidence-based and community-focused educational curriculum that prepares students for successful careers in public health.				
Outcome Measure	Target	Year 1 (2013-2014)	Year 2 (2014-2015)	Year 3 (2015-2016)
Each academic year, 100% of MPH courses will provide evidence-based instruction in the required public health competencies.	100%	100%	100%	100%
Each academic year, at least 60% of MPH courses will deliver service and/or experiential learning opportunities and other community-based participatory practices throughout the curriculum.	60%	100%	78%	82%

Table 1.2.c. Outcome Measures for Years 1, 2, 3				
Research Goal: Engage in theory-based research, including community-based participatory research, to further knowledge and understanding of core public health issues.				
Outcome Measure	Target	Year 1 (2013-2014)	Year 2 (2014-2015)	Year 3 (2015-2016)
All primary faculty members will produce at least one scholarly work	100%	100%	100%	100%

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annually as indicated by peer-reviewed publications, submitted internal/external grants or contracts, or presentations in the public health field.				
At least 60% of students will engage in student- or faculty-driven research over the course of their study.	60%	No data	80%	100%
At least 80% of primary faculty members will bring their own research into the classroom.	80%	100%	100%	100%

Table 1.2.c. Outcome Measures for Years 1, 2, 3

Service Goal: Goal: Faculty and students will launch productive health-related partnerships with relevant organizations.

Outcome Measure	Target	Year 1 (2013-2014)	Year 2 (2014-2015)	Year 3 (2015-2016)
At least 80% of primary faculty members will be engaged in at least one productive partnership with a community-based organization.	80%	66%	50%	60%
At least 80% of primary faculty members will be engaged in a productive partnership with a national, state, or local public health organization or non-profit agency.	80%	100%	75%	100%
The MPH Advisory Board, composed of faculty,	3	1	2	3

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alumni, student, state and county health department, and non-profit organization representatives, will meet three times per year.	meetings			
At least one faculty member will facilitate a public health service or training event in the local community each year.	1	1	2	1
At least 75% of students will engage in at least one service activity with a national, state, or local public health organization or non-profit agency over the course of their study, not including as part of practicum placements or other course requirements.	75%	No data	No data	No data

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

The development of this self study has been an iterative process. Oakland University’s MPH program relies on its community-based, participatory framework for all of its activities, thus preparation of the self-study report relied on the full participation of all key stakeholders. MPH faculty and the MPH Program Coordinator, working as the Budget and Accreditation Team (BAT), had primary responsibility for collecting relevant data and drafting the first draft of the self-study report. This was done primarily in the Summer and Fall of 2015. An early draft – though not fully complete – was presented to CEPH Consultant, Ms. Kristen Varol in January 2016. She provided extensive feedback on the draft and identified many areas for improvement, most notably a revision of our competencies (described in section 2.6). After deliberation, the MPH Budget and Accreditation Team committee, in conjunction with the Interim Dean of Health Sciences and Interim Associate Dean of Health Sciences decided to request an extension from CEPH in order to have adequate time to respond to feedback and develop a quality self-study. This decision was presented to the MPH Advisory Board on February 3, 2016 (See ERF), who agreed with this action.

Then Associate Director (now Program Director) Rebecca Cheezum developed a work plan and coordinated efforts to respond to Ms. Varol’s feedback and revise the document. Following the

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meeting, the MPH Program Planning Committee developed a new set of competencies, in collaboration with the MPH Advisory Board. The Budget and Accreditation Team then revised evaluation materials in the spring/summer of 2016 including the alumni survey. The revised alumni survey was implemented in Fall of 2016 with alumni who graduated in April 2016. Questions related to the revised competencies were also sent to alumni who had graduated in April 2015.

Faculty, supported by Program Coordinator Janice Eaton, drafted sections of the self-study. The Budget and Accreditation Team met each month to review and comment upon section drafts. These sections were then revised by the faculty member(s) primarily responsible for that section. Dr. Rebecca Cheezum was responsible for overseeing this process, reviewing the draft, and ensuring clarity and alignment with CEPH criteria.

We scheduled a second consultation visit (February 15, 2017) for review of a revised self study. After incorporating feedback from this consultation visit, a copy of the self study was provided to MPH Advisory Board for feedback at the end of February. The program relied exclusively on this established structure for feedback on the self study. The MPH Advisory met March 8th and discussed the self study. We asked MPH Advisory Board members to send feedback by March 16th. No written feedback was received.

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

The criterion is partially met.

Strengths

- The program has a process for systematic evaluation, feedback, and response and has made adjustments to the curriculum and program design to foster high quality student learning and development.
- The program's emphasis on community-based and participatory public health practices are entirely consistent with ongoing self-study, reflection, and transparent shared decision-making.
- There is already a culture of broad, meaningful engagement in the ongoing process evaluation of the program by faculty, staff, students, alumni, and key community partners through the MPH Advisory Board.

Weaknesses

- While we are currently engaged in systematic evaluation efforts, the program is in its infancy. Our goals and objectives are very process-oriented and there are a few that we realized are not as clear as we would have liked. While we have had a process that has allowed for quick response to issues observed by faculty, students, or community members, we have not yet had the opportunity to look at all data together and holistically. We look forward to having these activities routinized into a well-understood cycle of data collection, analysis, and formative decision-making to improve operations. As an example, this spring will be the first spring where the Program Planning Committee will have the opportunity to

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sit down with all data, review them, and create a response during the May 3rd Faculty Retreat. We look forward to launching this annual systematic review of all of our outcome measures.

Plans

- Although we acknowledge problems with our objectives (e.g., too process-oriented, some confusing wording), rather than revising them, over the next year, we will be doing an extensive process to align with the new CEPH criteria.
- We will be holding an inaugural Faculty Retreat on May 3, 2017, to evaluate our goals and objectives, data, and trends.

1.3 Institutional Environment.

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

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

Oakland University

Oakland University, one of thirteen public universities in the State of Michigan, was initially established in 1957 as Michigan State University-Oakland through a considerable donation of land, property, and \$2 million by founders Alfred and Matilda Dodge Wilson. Today, Oakland University is located on almost 1500 acres of land, is home to more than 20,500 graduate and undergraduate students, and is classified as a doctoral research university by the Carnegie Foundation for the Advancement of Teaching. Oakland University's academic programs are organized into the College of Arts and Sciences, and the Schools of Business Administration, Education and Human Services, Engineering and Computer Science, Health Sciences, Nursing, and the Oakland University-William Beaumont School of Medicine.

Oakland University has been fully accredited to offer bachelor, master, specialization, and doctoral degree programs by the Higher Learning Commission of the North Central Association of Colleges and Universities since 1966. The last comprehensive evaluation was performed in Fall 2009 with the next comprehensive evaluation scheduled for Fall 2018. Additional accreditation information is as follows:

College of Arts and Sciences: National Association of Schools of Music, National Association of Schools of Theatre, National Association of Schools of Dance, American Chemical Society, National Association of Schools of Public Affairs and Administration, Council on Social Work Education (in candidacy).

School of Business Administration: Association to Advance Collegiate Schools of Business International.

School of Education and Human Services: Council for Accreditation of Counseling and Related Educational Programs, Michigan Department of Education, Teacher Education Accreditation Council.

School of Engineering and Computer Science: Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology, Computing Accreditation Commission of the Accreditation Board for Engineering and Technology.

School of Health Sciences: Commission on Accreditation in Physical Therapy Education, Applied Science Accreditation Commission of the Accreditation Board for Engineering and Technology, National Wellness Institute.

School of Nursing: Commission on Collegiate Nursing Education, Michigan State Board of Nursing.

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Oakland University-William Beaumont School of Medicine: Liaison Committee on Medical Education.

Administratively, Oakland University is governed by a Board of Trustees appointed by the Governor of the State of Michigan. Dr. George Hynd was appointed in July 2014 as the 6th President of Oakland University. Dr. James Lentini, Senior Vice President for Academic Affairs and Provost, appointed in July 2013, heads up the academic side of the institution that includes the College and Schools named above, as well as the Graduate School, Honors College, Research and Sponsored Programs, and Enrollment Management. Dean Kevin Ball has led the School of Health Sciences since Fall 2016.

School of Health Sciences

In the early 1970s, bachelor's degrees in medical technology, environmental health technology, and medical physics were issued by the College of Arts and Sciences. Later that decade, the Center for Health Sciences was established within the College in recognition of growing student interest and faculty expertise in health and medical fields. In 1985, following a thorough investigation into the demand for medical education, the Center was moved out of the College of Arts and Sciences to become a separate, independent School of Health Sciences offering, first, a Master of Science in Exercise Science and then graduate degrees in Physical Therapy.

The School of Health Sciences (SHS) serves over 2400 undergraduate, masters, doctoral, and post-professional students through a singular model of advancing community-engaged translational relationships. The school is currently in the process of restructuring. The proposed restructure has already been approved by the SHS faculty and it is anticipated that the new structure will be in place by September 2017, and by the time of the MPH program's accreditation site visit. A description of this anticipated restructure is provided below.

A current School of Health Sciences' organizational chart is provided. The Dean is supported by an Associate Dean, responsible for academic matters, and an Assistant Dean, responsible for fiscal and human resource functions. Faculty members appointed by the Dean serve as department chairs for the four departments:

1. Interdisciplinary Health Sciences – including the undergraduate program in healthy sciences with concentrations in nutrition, holistic health, and pre-health professions and the applied health sciences program that offers degree completion opportunities for health specialized associate degree holders.
2. Clinical and Diagnostic Sciences – providing distinct career-focused clinical training in the biomedical diagnostic and therapeutic sciences of medical laboratory science, histotechnology, radiologic technology, and nuclear medicine.
3. Human Movement Science – advancing physical health through the doctor of physical therapy and master of exercise science degree programs, post-professional degrees and certificates, and support for undergraduate health sciences program concentrations.
4. Public and Environmental Wellness –consisting of the undergraduate wellness and health promotion, undergraduate and graduate environmental health and safety, and the master of public health programs.

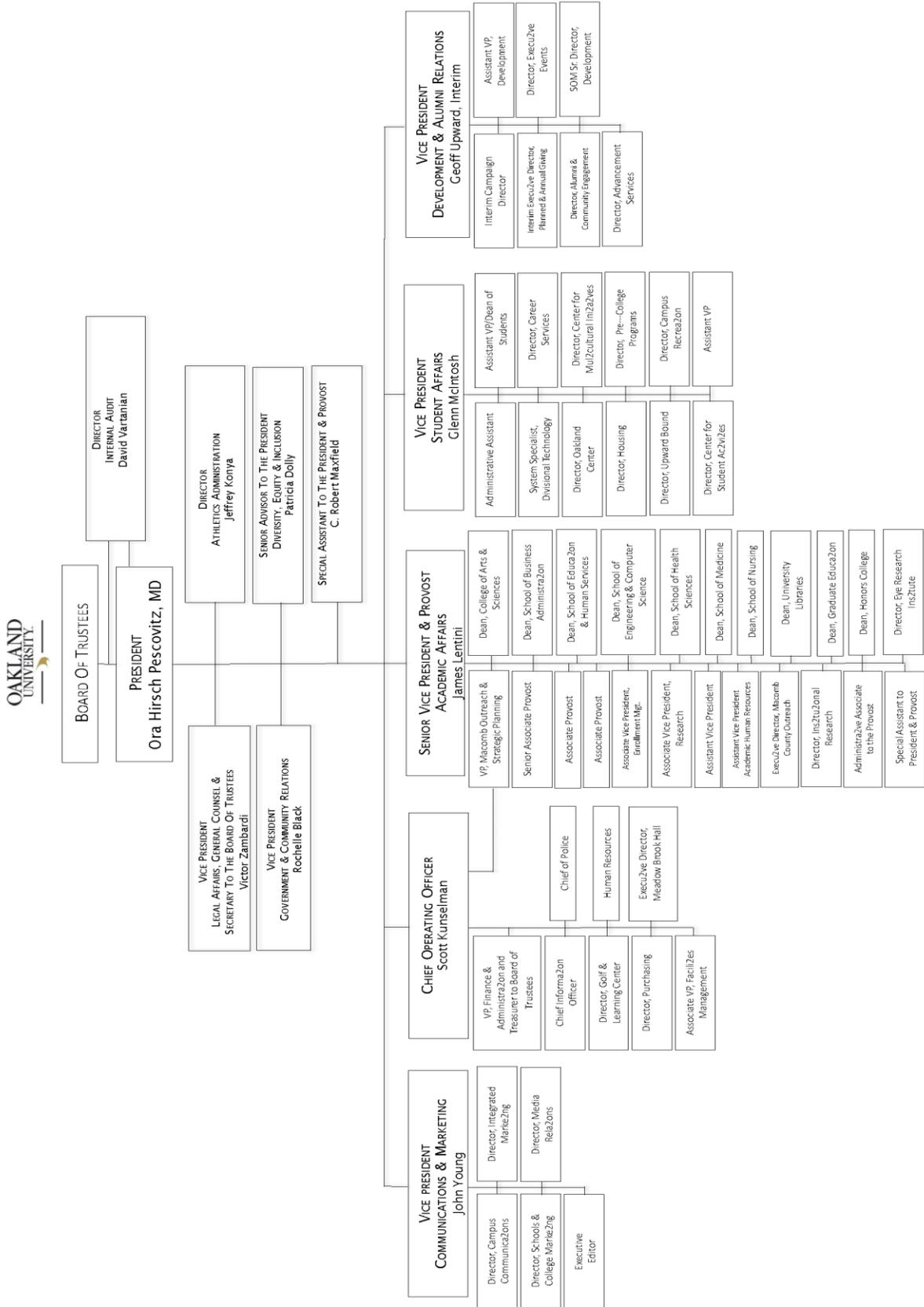
The Master of Public Health Program falls under Public and Environmental Wellness The Public and Environmental Wellness Department Chair (at this time, TBD) supervises all program faculty and staff and reports to the Dean of the School of Health Sciences (Dr. Kevin Ball). A

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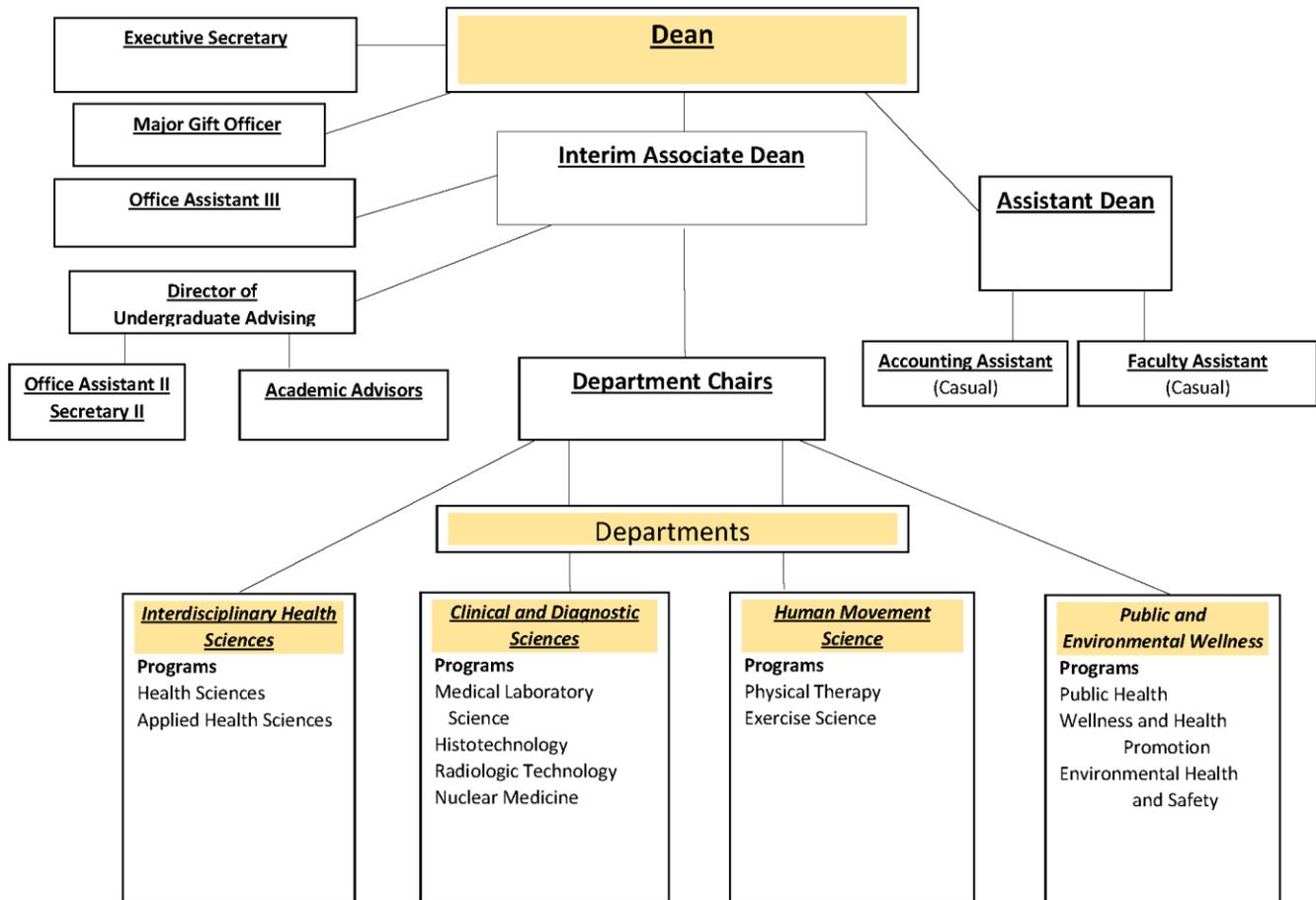
Program Director (Dr. Rebecca Cheezum) provides leadership for the Master of Public Health Program and is supported by the Program Coordinator (Ms. Janice Eaton).

1.3.b. One or more organizational chart(s) of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

Two organizational charts have been provided. The first chart shows the central administration of the university. The second chart shows the structure of the School of Health Sciences.



SCHOOL OF HEALTH SCIENCES



1.3.c. Description of the program’s involvement and role in budgeting and resource allocation, personnel recruitment, and academic standards and policies.

The Public and Environmental Wellness (PEW) Department Chair is responsible for supervising faculty and staff and fiscal planning and budgeting. The MPH Program Director works closely with the Department Chair. The MPH program is currently operating under a *pro forma* budget developed and affirmed during the initial program approval process. This budget establishes expected revenues and expenses for the first five years of the program while it is on probation as a new program. One requirement of probationary programs is that they be entirely self-sufficient, generating enough revenues from new student enrollment to fully cover their own operating expenses. After the probationary period, the MPH Program Director will work closely with the PEW Department Chair and the Assistant Dean to ensure that sufficient financial resources are designated for the program.

The MPH Program Director, working closely with the Department Chair, Assistant Dean, and Assistant Vice President within the Provost Office, carefully reviews enrollment expectations, retention projections, and new faculty searches spelled out in the MPH proposal and *pro forma* budget. New faculty search committees are generally chaired and staffed by the MPH Core Faculty. New faculty search committees are also supported by a tenured faculty member drawn from outside the Program, and make hiring recommendations to the Dean and Provost.

Academic and student conduct standards, consistent with established University and Graduate Studies practices, are set and monitored by the MPH Program Planning Committee (See Student Handbook in ERF.) The faculty of the MPH program are often involved in academic standard practices. For example, if a student is not performing according to the standard, the faculty discuss what is known about the student’s situation to determine if the student will benefit from being put on probation to institute probationary requirements and/or if there are university or community resources that may benefit the student and facilitate his or her ultimate success in the program. As a small program with committed faculty who have relationships with students, we are often aware of family, health, or other issues that may impact academic performance. We include, where possible, consideration of these factors when determining support, resources, or actions to facilitate the student’s success.

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

N/A

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

N/A

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

This criteria has been met. Oakland University has secured all of the required accreditations and remains in full compliance in all cases. The Master of Public Health program fits entirely in keeping with the University’s larger mission and strategic planning initiatives.

Strengths

- Oakland University values the iterative, reflective self-study process at the heart of all accreditation efforts.
- The University has been continuously accredited by the Higher Learning Commission of the North Central Association of Colleges and Universities as well as other important agencies including, but not limited to AACSB, ABET, CAPTE, and NASPAA.
- The MPH program was designed in keeping with CEPH standards and with the expressed goal of achieving CEPH accreditation at the earliest possible time.
- The MPH program operates within a coherent academic environment and is well-suited to extending the mission and reach of the University and School of Health Sciences
- Dean Kevin Ball, who has joined the SHS in August 2016 has expressed that he sees the Master of Public Health program as a great asset to the School of Health Sciences.

Weakness

- None

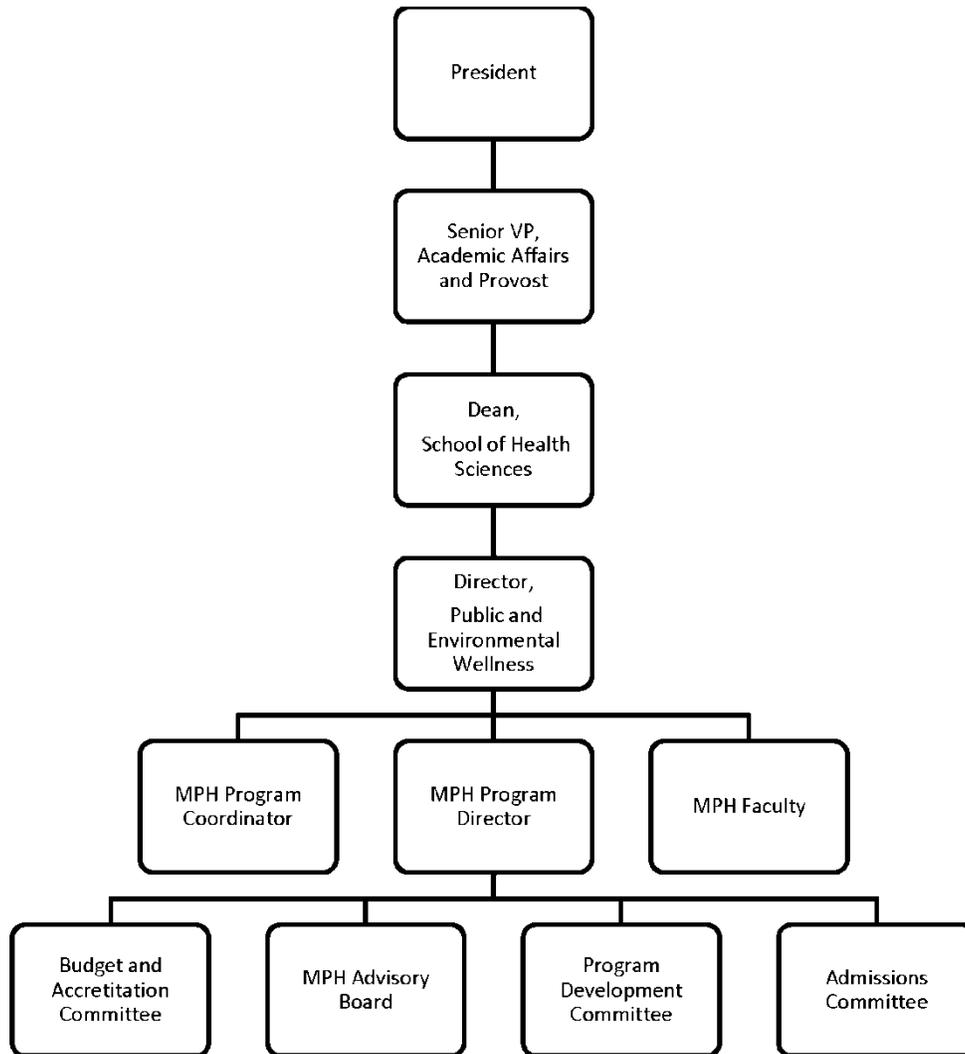
Plans

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.

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

Oakland University
School of Health Sciences
Master of Public Health
Org Chart



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

The MPH program understands the importance of interdisciplinary relationships in the practice of public health. We are focused on preparing our students to navigate relationships with different stakeholders. In that, we purposely nurture relationships across discipline – on campus and off – and these relationships inform our teaching, research, and service.

Faculty trained in different areas of public health

Our faculty represent the five core areas of public health. Our program functions in such a way that all faculty participate in most decisions related to the MPH program, through the Program Planning Committee. Thus, we have at the table interdisciplinary perspectives from these core areas.

Interdisciplinary relationships with others across campus

There are a number of ways in which the MPH program partners effectively with other units on campus. First, the MPH program is well-integrated into the teaching, research, and service life of the School of Health Sciences and Oakland University, more broadly. MPH Core Faculty teach in the undergraduate Health Sciences and Wellness and Health Promotion Programs. MPH faculty have lectured in courses offered by Women and Gender Studies, the Honors College, Nursing, Sociology and Anthropology. MPH Core Faculty and students also engage in important inter-professional educational activities in conjunction with the Physical Therapy Program, School of Nursing, and School of Medicine. (Materials from a recent example are included in ERF.)

Interdisciplinary research programs

MPH faculty are engaged in active research portfolios that include co-investigators from other units on campus and community partners from non-profit and governmental organizations. As a result, faculty research is greatly enriched by multidisciplinary and inter-professional partnerships. Dr. Cheezum's participatory action research centers on improving the health of formerly homeless persons and engages a range of additional participants including Jesuit volunteers and staff from the Neighborhood Services Organization. Dr. Cheezum has also partnered with Oakland County Schools, a local intermediate school district, to conduct an assessment of their students' mental health needs. Dr. Stevenson's community-based work in Pontiac, Michigan draws on a broad coalition from the non-profit sector as well as Oakland County Health Division and area health care providers. Dr. Rajaei is partnering with local school districts to conduct research related to environmental health exposures and occupational stressors in schools. Dr. Dallo's partners with the Arab Community Center for Economic and Social Services, the Arab and Chaldean Council, Henry Ford Health System, and Beaumont Health System collaborate on her research regarding the health of Arab Americans. Dr. Wren's suicide prevention work involves faculty in education, counseling, and social work. Faculty discuss these collaborative research projects in MPH courses and engage students in the research studies. MPH faculty have served as research mentors for graduate and undergraduate students across a wide range of programs within and outside of the School of Health Sciences. In addition, graduate students from, Psychology, Nursing, physicians doing a special residency in maternal and child health, as well as undergraduate students from a range of majors have enrolled in MPH courses infusing these experiences with a broad perspective and professional points of view. These connections help to provide students with interdisciplinary course, work, and volunteer opportunities.

MPH Advisory Board

The MPH Advisory Board includes members from different sectors of public health, including educational, governmental, and community-based organizations. The MPH Advisory Board members have informed our program's development and provide opportunities for interdisciplinary discussions.

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

This criterion is met with commentary.

Strengths

- From its inception, the MPH program has been built through multidisciplinary and inter-professional cooperation. The committee that wrote the proposal that launched the program included all faculty within the School of Health Sciences who possessed MPH degrees regardless of their academic unit.
- The MPH program's administrative structure is reasonable in size, scope, and complexity for a program of this size. The MPH program director, program coordinator and core faculty are tight-knit, in close proximity to each other, and work extremely well together.
- The committee structure that we have used allows for all core MPH faculty to be involved in program decisions. With representatives of the core areas of public health, the interdisciplinary faculty of the program bring different ideas, experiences, and perspectives to these discussions.
- As a small, generalist MPH program, we are able to easily communicate across committee boundaries and relational lines. There are no strict institutional or programmatic borders that divide persons by rank, status, or institutional affiliation.

Weaknesses

- The MPH program is a new program and, thus has been focused on initial program implementation, evaluation, and improvement. We have not yet been able to devote faculty resources to the inter-professional education activities taking place at OU.

Plans

- The SHS has been developing a structure for inter-professional education within the school and in conjunction with Oakland University's School of Medicine and School of Nursing. The Master of Public Health has not yet been an active partner in the planning and implementation of these events. Once we have an additional faculty member (expected Fall, 2017), we would like to become more actively involved in this initiative.

1.5 Governance

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

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

The following is a list of standing and ad hoc committees. Minutes from these committees are included in ERF.

MPH Program Planning Committee:

Statement of Charge:

Facilitate implementation of the MPH program. This committee makes all decisions related to program implementation and program policy.

Composition:

Program Director

Core faculty

Program coordinator

Student representatives, one from each cohort

Current members:

Rebecca Cheezum (Program Director)

Flora Dallo (Faculty)

Mozhgon Rajaei (Faculty)

Laurel Stevenson (Faculty)

Caress Dean (Faculty)

Janice Eaton (Program Coordinator)

Sam Michalak (2nd year student rep)

Aly Baringer (1st year student rep)

MPH Budget and Accreditation Team

Statement of Charge:

Plan and execute the program's self-assessment, data collection, and self-study activities. The committee will also have more of a role with budget after the probationary period (and pro forma budget) has concluded.

Program Director

Core faculty

Program Coordinator

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Current members:

Rebecca Cheezum (Program Director)
Flora Dallo (Faculty)
Mozhgon Rajae (Faculty)
Laurel Stevenson (Faculty)
Caress Dean (Faculty)

MPH Admissions Committee

Statement of Charge:

Reviews applications and selects applicants to be admitted into the MPH program and chooses which of the accepted applicants will be offered graduate assistantships.

Program Director

Core faculty

Assistant Dean (as needed)

Current members:

Rebecca Cheezum (Program Director)
Flora Dallo (Faculty)
Mozhgon Rajae (Faculty)
Laurel Stevenson (Faculty)
Caress Dean (Faculty)
Janice Eaton (Program Coordinator)
Maria Ebner-Smith, as needed (Assistant Dean)

MPH Advisory Board (MPH Advisory Board)

Statement of Charge:

The MPH Advisory Board reviews evaluation data and discusses proposed programmatic revisions. Any major changes to the program's structure or function is discussed by the MPH Advisory Board. While they do not vote on program decisions, their viewpoint is considered when the Program Planning Committee makes decisions.

Composition:

Program Director

Program Coordinator

MPH Faculty

Michigan State Department of Community Health representative

Macomb County Department of Community Health representative

Oakland County Department of Community Health representative

Representatives from other community-based public health organizations

Representative from health management organization

Alumni representatives (two in total)

Student representatives (two from each cohort)

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Current membership:

Rebecca Cheezum (Program Director)
Janice Eaton (Program Coordinator)
Flora Dallo (Faculty)
Mozhgon Rajae (Faculty)
Laurel Stevenson (Faculty)
Caress Dean (Faculty)
Mary-Grace Brandt (Michigan State Department of Community Health representative)
Bill Ridella (Macomb County Department of Community Health representative)
Krista Willette (Macomb County Department of Community Health representative)
Lisa McKay-Chiasson (Oakland County Department of Community Health representative)
Tony Drautz (Oakland County Department of Community Health representative)
Nancy Morrison (Community-based public health representative)
Jenifer Hughes (Representative from health management organization)
Candace Acuff (alumni representative)
Sophia Speroff (alumni representative)
Jennifer McCullough (1st year student representative)
Sruthi Sreedhar (1st year student representative)
Julie Marsack (2nd year student representative)
Lynnette Schneidewind (2nd year student representative)

New Faculty Search Committee (ad hoc)

Statement of Charge:

Writes job description and hiring criteria, reviews applications, selects finalists, participants in on-campus interview activities (e.g., research demonstration, teaching demonstration, meals, interview with applicants)

Composition:

MPH core faculty

External member

Current membership (This committee is finalizing the hire of a new faculty member who will start 8/15/17.)

Mozhgon Rajae, Chair

Rebecca Cheezum

Caress Dean

Harvey Qu (Math and Statistics Department)

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

General program policy development:

The MPH program abides by all policies of the University and the School of Health Sciences. The Program Planning Committee uses an ongoing process to determine policy. These policies are communicated to students through the student handbook (see ERC). New policy or policy changes are communicated to the students through email. The Program Planning Committee

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considers whether policies are meeting their objective. Conversations about policy change take place during the monthly meeting when student representatives attend the meeting.

Example 1: Policies about academic performance are clearly described in the student handbook. The Program Planning Committee is responsible for implementing those policies. The Program Director and Program Coordinator review grades of students after each semester and determine if any student needs to be put on academic probation. The Program Planning Committee (not including student representatives) discuss the case and determine terms of the probation. The Program Director then communicates the academic probation status and requirements to the student.

Example 2: The Program Coordinator and a faculty member realized that some of the students were committing to multiple internships for the summer. There were concerns that students were overcommitting their time and were not informing their practicum placements of other responsibilities. The faculty were planning to create a Plan of Study form to keep a record of electives and other courses for each student, but decided to put this form into place immediately to solicit information about students' internships to which they were committed for the summer. This is a policy change whereby students will now have to submit these forms by March 31st each year. Because there was an urgency to this policy change, it was immediately communicated through email. It was discussed at the next program planning meeting with student representatives.

Planning and evaluation:

Strategic planning for the program is overseen by the MPH Program Director, but is a collaborative process that involves the members of the Program Planning Committee (including student representatives) and the MPH Advisory Board. The Program Planning Committee proposes programmatic plans, which are brought before the MPH Advisory Board in order to get their feedback. The Program Planning Committee is responsible for program-related decisions.

The Budget and Accreditation Team is responsible for overseeing program evaluation activities, including the alumni, faculty, and employer surveys. Dr. Laurel Stevenson takes the lead on revising the alumni survey and analyzing data; Dr. Rebecca Cheezum takes the lead on the faculty survey and analyzing data; and Dr. Caress Dean takes the lead on the employer survey, and Dr. Rebecca Cheezum analyzes this data. The Program Planning Committee reviews evaluation results and incorporates this into program and strategic planning.

Budget and resource allocation

The MPH Program is currently required to maintain the pro forma budget that was generated for the initial program approval. This pro forma budget is in effect through the 2017-2018 academic year. After this time, the Program Director will work with the Public and Environmental Wellness Department Chair, the Assistant Dean, and the Dean to make necessary adjustments to the budget. The Budget and Accreditation Team will advise budget recommendations and will meet at least once per year with the Assistant Dean to make sure that the program spending is in alignment with the budget and/or to identify areas for budget revisions.

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Student recruitment, admission and award of degrees

The Program Director and Program Coordinator work together to coordinate student recruitment activities. The Program Coordinator is responsible for registering for and attending graduate school fairs, including those at Oakland University, University of Michigan, University of Michigan-Dearborn, and Grand Valley State University. Where possible, a faculty member and a student attends graduate fairs to assist with recruitment. The Program Coordinator has also coordinated the MPH Program's booth at APHA for the past four years. The MPH Program hosts 6-8 informational sessions each year. The Program Planning Committee schedules these, the Program Coordinator does all coordination for these info sessions, and faculty members take turns leading the informational sessions. When possible, an MPH student also attends to provide the student perspective.

Oakland University's Graduate Studies Office (www.oakland.edu/grad) is responsible for receiving and processing all applications for the MPH Program. Once an application is complete, the application is reviewed by the MPH Admissions Committee. Admissions decisions are signed off on by the Program Director. The Program Coordinator sends an unofficial notice to accepted students. The Graduate Studies office sends official letters to all applicants to notify them of their admissions status. The application deadline is February 1st. The Admissions Committee does a review of all applications received by this date by the first week in March. After this review, applications received are reviewed using a "rolling admissions process" until the cohort is filled.

The Admissions Committee also makes the decision of award of graduate assistantships. These decisions are based upon the application to the program; all applicants who apply by the February 1st deadline are considered for the graduate assistantship. After this initial review, all applicants are considered for the graduate assistantships until all are awarded.

Students are required to complete an application for graduation with the University's Graduate Studies office. This application is submitted to the Graduate Studies office. The Program Director signs off on degree audits to ensure that all requirements are completed. Graduate Studies confirms that all graduation requirements are completed and determines whether the student is eligible to graduate. The Commencement Ceremony is coordinated by the Graduate Studies office.

The Program Director and the Program Coordinator monitor student progress in the program by reviewing grades each semester. We have also incorporated a new form in Winter, 2017, the Plan of Study Form (see ERF). The students complete this form and have it signed by their faculty advisor. This helps to ensure that students are taking approved selectives and are moving appropriately toward successfully completing their degree.

Faculty recruitment, retention, promotion, and tenure

The MPH works closely with the Associate Provost and the Director of Inclusion and Intercultural Initiatives to ensure that our faculty recruitment and hiring procedures are in accordance with federal law and University policies. An ad hoc faculty search committee is

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responsible for each faculty hire. This committee is responsible for writing the position advertisement (see ERF), posting advertisements (see ERF), reviewing applications, selecting finalists, conducting phone and in-person interviews, coordinating on-campus interviews, and determining which candidates are acceptable. The faculty search committee works closely with the Dean and Associate Provost to make final hiring decisions and making offers of hire.

The Promotion and Tenure procedures are aligned with the Faculty Contract (see ERF), the Faculty Re-employment and Promotion Committee (FRPC) Statement, and the SHS Review Criteria. Faculty undergo a total of three reviews on their path to tenure: C1 review in second year of employment, C2 review in the fourth year of employment, and the C4 review in the sixth year of employment (when faculty members go up for tenure). Once tenured, faculty have the option to request a review for promotion to full professor. The Faculty Personnel Action Committee (FPAC) – consisting of faculty from the School of Health Sciences - assists faculty in assembling their dossier for their C1, C2, and C4 reviews and conducts a first review of the dossier to determine whether the candidate has met the criteria. The Committee on Appointments and Promotion (CAP) – comprised of faculty from the School of Health Sciences and the Oakland University Eye Institute - conducts a secondary review for the C2 and C4 reviews. The Faculty Re-employment and Promotion Committee (FRPC) is a university-wide committee that conducts a third level of review for C4 review and full professor reviews only. The Dean of School of Health Sciences and the Senior Vice President for Academic Affairs and Provost also conduct a review for the C1, C2, C4, and full professor reviews. The Board of Trustees grants final approval of all re-employment and tenure decisions.

The Department Chair is responsible for faculty supervision and orienting faculty to tenure and promotion expectations and processes. The Program Director and the Dean provide support, as appropriate.

Academic standards and policies, including curriculum development

The Program Planning Committee is responsible for determining curriculum-related changes. Once the Program Planning Committee makes a determination of the desired change, it must go through the university governance process. Curricular changes must be approved by the Public and Environmental Wellness Department Chair. A Program Modification Form (for curricular changes) or a Course Action Form (for course changes) must be completed and submitted to the Graduate Studies Office (See ERF for forms). More significant changes (e.g., change in the number of credits) must also be approved by Graduate Council.

Research and service expectations and policies

The expectations for research and service are established through the School of Health Sciences Review Statement, which is in compliance with the Agreement between Oakland University and the university chapter of the American Association of University Professors (AAUP). The MPH Program Director and Public and Environmental Wellness Department Chair discuss these expectations with each faculty member.

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

The student handbook (See ERF) provides a description of the student role in program governance.

The SHS bylaws, the SHS Tenure & Promotion Review Statement, and the Oakland University Faculty Contract (ERF).

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

MPH Program faculty are active participants on important School and University-level committees. The following is a list of School- and University-level service activities undertaken by MPH faculty and staff.

Rebecca Cheezum:

Center for Excellence in Teaching and Learning Advisory Committee (2016-present)
Faculty Personnel Action Committee (2014-2017)
Elections Committee (2014-2017)
Senate Committee on Teaching and Learning (2013-2015, Co-Chair 2014-2015)

Flora Dallo:

Wellness and Health Promotion Faculty Search Committee (2016-2017)
SHS Executive Committee (2016-2017)
SHS Committee on Instruction (2016 - 2017)
SHS representative to OU Faculty Senate (2016-2017)

Laurel Stevenson:

Wellness and Health Promotion Faculty Search Committee (2016-2017)

Janice Eaton:

2016 Dean Search Committee (2015-2016)

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

As noted previously, current students and alumni have important roles to play in the governance of the MPH program. Each fall, students in the first- and second-year cohorts elect one representative apiece to serve on the MPH Program Planning Committee. These representatives are encouraged to bring curricular, financial aid, practicum placement, and other professional issues for formal discussion and resolution by the committee. In addition, these representatives provide essential guidance and feedback on student exit surveys, updated policies and procedures – notably the practicum learning contract and student handbook – as well as help coordinate student participation in on-campus visits with prospective students and faculty candidates.

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In addition, two members of each current student cohort and two alumni members are also elected to serve on the MPH Advisory Board. These students and alumni members have collectively shaped the mission, vision, goals, and objectives of the MPH program. In the past year, students and alumni on the MPH Advisory Board have significantly recast the professional competencies and edited a corresponding outcomes assessment survey.

In 2014, MPH students established Public Health Professionals (PHP)– an academic student organization formally recognized by the OU Center for Student Activities & Leadership Development. The purpose of Public Health Professionals is to introduce Oakland University undergraduate students to the field of public health and provide opportunities for networking and engagement of our graduate students. The organization allows all member students to exchange information and professional aspirations, network with others interested in the field of public health, coordinate volunteer opportunities, and organize speakers working in public health. Officers are elected annually with Dr. Cheezum serving as the group’s faculty advisor. The group meets the third Thursday of every month.

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

This criterion is met.

Strengths

- The MPH program has built a robust committee structure to support its curricular, operational, and student services functions.
- The MPH program has a strong, participatory governance system. Faculty work well collaboratively and collectively. MPH students and faculty are well-represented across the program and larger governance systems.
- Faculty, staff, public health professionals, current students, and alumni are active participants on MPH program committees and advisory board.
- Students showed considerable initiative in launching Public Health Professionals (PHP). This institutionally-recognized organization links undergraduate students considering public health with currently enrolled MPH students.

Weaknesses

- We are proud of the participatory process that we use, though we acknowledge at times this can be demanding on faculty and student time. The faculty and student commitment to the program is evident through their active participation in the program, school, and university committees.

Plans

- The MPH program does derive considerable benefit from having a very public presence on School and University governance bodies. We anticipate continuing to be well-represented in meaningful service roles.
- We try to keep the service loads of faculty lighter in the first couple of years. The MPH program service requirements, through our committee structure, is demanding so new faculty (in first 1-2 years on tenure track) have few service roles outside of the MPH program. We

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anticipate having a greater presence as our newer faculty (Drs. Rajae, Dean, and Stevenson) advance on the tenure track and take on more service responsibilities outside of the MPH program.

1.6 Fiscal Resources

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

1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research, and service activities.

The MPH program, while new and on probation (for the first five years), operates entirely self-sufficiently through a *pro forma* budget proposed by the faculty of the Health Sciences Program within the School of Health Sciences at the time of its initial institutional approval. The MPH program proposal and corresponding budget were all reviewed and approved by the School's Executive Committee and Faculty Assembly, Graduate Studies Committee, Senate Planning and Senate Budget Committees, and the overall University Senate before ultimately being reviewed and approved by the University's administration and Board of Trustees. As with all new academic programs at Oakland University, the MPH program was required to entirely cover its own costs and be budget-neutral with respect to the general fund in order to receive the necessary governance approvals.

The program's budget is entirely based upon its *pro forma*. As described above, the program is currently operating on a *pro forma* budget. After the program's probationary period is over, the amount designated in Year 5 of the *pro forma* will roll into the Department of Public and Environmental Wellness's budget to be used for the purposes of the MPH program. There is no formula for distribution. 83% of revenues are from tuition and 17% of Oakland University's revenues are from legislative appropriations. Tuition generation through student credit hours does not impact the program's budget. The School of Health Sciences recovers 23% of indirect costs from School of Health Sciences grants. Of this, 8% goes to the faculty member and 15% goes to the school, overall. Indirect costs are not recovered at the program level.

1.6.b. Clearly formulated program budget statement, showing sources of all available funds and expenditures by major category since the last accreditation visit or for the last five years, whichever is longer.

A budget statement has been provided showing all sources of available funds and expenditures by major category since the program started.

Table 1.6.1 Sources of Funds and Expenditures by Major Category

Table 1.6.1 Sources of Funds and Expenditures by Major Category, 2013 to 2017				
	2013-2014	2014-2015	2015-2016	2016-2017
Source of Funds				
Tuition & Fees	148,200.00	323,723.00	343,220.00	457,464.00
Total	148,200.00	323,723.00	343,220.00	457,464.00
Expenditures				
Faculty Salaries & Benefits	16,651.44	105,487.00	100,961.00	182,602.00
Staff Salaries & Benefits	28,685.56	67,955.00	69,954.00	70,890.00
Operations	18,698.00	10,913.00	10,458.00	10,897.00
Travel	6,969.00	3,787.00	3,986.00	3,742.00
Student Support	30,024.00	31,696.00	32,773.00	34,613.00
Library Books	7,416.00	6,730.00	7,117.00	7,532.00
Equipment	8,661.00	2,893.00		
Total	117,105.00	229,461.00	225,249.00	310,276.00

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

N/A

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

Table 1.6.d Measures

Outcome Measure	Target	2014-2015	2015-2016	2016-2017
Program spending will be in alignment with pro forma budget.	Spending matches pro forma budget	Yes	Yes	No
Budget & Accreditation Team (BAT) will meet with Assistant Dean at least once per year to review financial revenues, expenses, and goals.	1 Meeting	0/1 No	0/1 No	1/1 (8/8/2017) Yes
The MPH program will offer four part time graduate assistantships to students	4 part time graduate assistantships	4/4 Yes	4/4 Yes	4/4 Yes

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

This criterion is met.

Strengths

- The MPH program has been running profitably each year.
- The MPH program budget included planned, modest enrollment growth and obtainable student retention rates to support additional new faculty hires and graduate assistantships over time.

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- The MPH program has evidenced an ability to consistently operate, not only within its means, but with profit. This will enable the program to come off probation on time and become a permanent graduate program.

Weaknesses

- The *pro forma* budget did not expressly include the initial and ongoing costs of CEPH accreditation. While a challenge, the MPH program has been able to reallocate funds internally to meet these unanticipated fiscal responsibilities.

Plans

- As projected, we will expand the number of graduate assistantships offered in year five; we will offer eight graduate assistantships. Modest increases in student enrollment as well as sustained student retention rates will allow the program to cover these additional costs.
- The program has not had a systematic meeting with the Assistant Dean to date. This year, we will have the Assistant Dean attend at least one meeting a year to discuss revenues, costs, and programmatic financial goals. The Program Director met with the Assistant Dean on August 8, 2017. We will begin to meet two times per year.

1.7 Faculty and Other Resources

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

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

Table 1.7.1 Primary Faculty by Core Knowledge Area¹ (schools) or Specialty/Concentration Area² (programs) for the last three years

Table 1.7.1 Headcount of Primary Faculty			
	2015-2016	2016-2017	2017-2018
Evidence-based public health practice	5	6	6

1.7.b. A table delineating the number of faculty, students and SFRs for each of the last three years prior to the site visit.

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Core Knowledge Area (schools) or Specialty/Concentration Area (programs)

Table 1.7.2 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
2015-2016 EBP	5	2.5	2	.4	7	2.9	25	24.5	10:1	8.6:1
2016-2017 EBP	6	3.0	0	.2	7	3.2	32	31.5	10:1	10:1
2017-2018	6	3.0	0	0	6	3.0				

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

The MPH program budget supports one (1) full-time staff position, the MPH Program Coordinator. The MPH Program Coordinator has responsibility for many of the administrative functions of the program including, but not limited to, marketing and advertising, student recruitment, conference planning, new faculty search coordination, admissions, budgeting, and corresponding with students, alumni, community partners, practicum preceptors, Advisory Board members, and all other units within the University.

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

All of the MPH program offices are located in the Human Health Building. Completed in 2012, the 172,000-square foot building houses the Schools of Health Sciences and Nursing. The \$64.4 million facility features state-of-the-art classrooms, seminar and conference rooms, an interactive media center, physical therapy and nursing clinics, simulation labs, distance learning facilities, and computer spaces. The Human Health Building includes 256 geothermal wells to boost energy efficiency, the largest variable refrigerant heat pump system in the US and solar panels that provide cooling, humidity control, and heating water supplies. As a consequence, the Human Health Building received LEED Platinum certification from the US Green Building Council. MPH faculty and staff all have private offices on the 3rd floor of the Human Health Building. MPH students have access to a dedicated communal workspace for graduate students on the 3rd floor of the building, which also includes desktop computers and a printing station. There are shared student computer spaces located on the 4th and 5th floors of the building. Students employed as graduate assistants or otherwise working on faculty research may be given office space in the Prevention Research Center (located on the 2nd floor) or the Health Sciences Research Suite (located on the 4th floor). Classrooms are scheduled by the University Registrar. Most MPH courses are held in the Human Health Building; some are held in other buildings on campus including Wilson Hall and South Foundation Hall.

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

The MPH program, as a generalist program, emphasizing evidence-based practice and community-based participatory public health, does not have any specialized laboratory space.

1.7.f. Concise statement concerning the amount, location, and type of computer facilities and resources for students, faculty, administration, and staff.

All of the MPH faculty and staff have selected computers and printers for their own use based on their own teaching, research, and administrative computing needs. The University supports Apple, Dell, and HP desktops and laptops as well as HP desktop printers. University Technology Services (UTS) is responsible for implementing security practices on its networks that require Virtual Private Network access, Firewall Rule requests, and Static IP address requests for any device needing specific connectivity to other devices on or off campus. UTS

also provides security consultation services for research computing devices and advises on appropriate backup and data retention strategies.

There is a student computer lab designated for Health Sciences students in the Human Health Building. There is also a graduate student common space that includes seven computers. A graduate student lab also provides computers and work spaces for students who have been awarded a graduate assistantship. All university computers have Microsoft Office, Adobe Reader, as well as SAS and SPSS statistical software available on them. At Kresge Library, there are approximately 156 computer workstations (both PC and Apple); all loaded with the Microsoft Office suite, Adobe Acrobat Reader and Web browsers. Second Life, and various media player packages are also available on certain machines.

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

Building Facilities and Hours

Oakland University's Kresge Library is centrally located within a short walk from all classroom buildings, the student services building and the university's student center. The library is open 24 hours per day, seven days a week. Kresge Library's Learning Commons encompasses the main floor and provides group meeting areas, study spaces, and Technology and Research Help to enhance student research and learning. The library provides technology set-ups designed to share information, whiteboards for in-library use, color and black-and-white printers, scanners, and copiers. In addition, the library maintains two instructional computer labs for library instruction; each lab contains an instructor's workstation equipped with Vision classroom control software, 25 student workstations, and a document projector. A third room is equipped with an instructor's workstation and projector, a document projector, and seating for approximately 40 students.

Circulation and Interlibrary Loan Services

Graduate students and faculty are allowed eight weeks and fifteen weeks, respectively, of borrowing time. Students and faculty may request, at no charge, materials not held by our library through ILLiad, the library's online interlibrary loan (ILL) system. In addition, the library participates in MeLCat, a statewide catalog of many of Michigan's libraries, which enables patron-initiated requests for books at other Michigan libraries. Members of the faculty also have borrowing privileges at all state-supported colleges and universities within Michigan.

Research Assistance and Instruction Services

Research assistance – in person, and by phone, e-mail and Instant Messaging (IM) chat – is provided by librarians for almost all of the hours that the building is open. In addition, Julia Rodriguez, the library liaison to the School of Health Sciences, has developed a comprehensive Health Science Resource Guide and additional online course guides for public health classes that co-locate library resources and government data, non-profit organizational resources and available public data sources relevant for each course. Research instruction is provided through course-integrated information literacy sessions focused on conducting evidence-based research using discipline specific databases and relevant data sources. Additionally, the liaison librarian

provides one-on-one research support through research consultations with students, supporting research from conception to investigation and possible publication.

Library Collection and Development

The library's total physical collection includes over 790,000 print volumes, 1.1 million microforms and more than 800 print journal subscriptions. The library has continued to develop its online collections and currently provides access to more than 38,000 online journals, more than 92,000 eBooks, and 140 databases covering a variety of subject areas. Currently, the library's print collection is housed in one building on the Oakland campus. The establishment of the Oakland University William Beaumont School of Medicine in 2011 has strongly benefitted students and faculty in the health sciences, biology and nursing. The primarily digital resources of the medical library, located within Kresge Library, are available to all of Oakland's students, faculty and staff. Please see ERF for number of library holdings related to public health.

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

N/A

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1.7.i. Identification of measurable objectives by which the program assesses the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years.

Outcome Measures Table

Table 1.7.i Outcome Measures for 2014-2017				
Outcome Measure	Target	2014-2015	2015-2016	2016-2017
Student:Faculty ratio	10:1	11.5:1	10:1	10:1
Graduate assistantships	4 part time	4/4 Met	4/4 Met	4/4 Yes
Class size	<25 90% alumni indicate they are somewhat or completely satisfied with class size	Yes 100% N=11	Yes 100% N=8	Yes
Faculty advising for students	<8:1 Faculty advisor to student ratio 80% alumni indicate they are somewhat or completely satisfied with academic advising 80% alumni indicate they are somewhat or completely satisfied with career advising	5.5:1 54% N=11 45% N=11	5.1:1 88% N=8 76% N=8	5.3:1

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

This criterion has been met. The MPH program has adequate human and physical resources to meet its instructional, research and service objectives.

Strengths

- The MPH program is located in a state-of-the-art, Platinum LEED certified building, which was built in 2012.
- Financial resources have been sufficient for the MPH program.
- As of 2017-2018, the MPH program will have faculty qualified to teach in all core areas of public health.

Weaknesses

- Our faculty ratio does not clearly reflect the close interactions faculty have with students. While for budget purposes faculty have 0.5 FTE allocated to the program, the reality is all faculty are available to students such that a 5:1 student to faculty advisor ratio is more reflective of how our program runs.

Plans

- Our resources are sufficient; at this time we have no additional plan for this area.

1.8 Diversity.

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

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

The MPH program greatly values diversity and recognizes the importance of having a diverse faculty to train a diverse population who will go on to be leaders in the field of public health, addressing public health issues. Our program has a strong emphasis on addressing health inequalities, using community-based participatory approaches and demonstrating cultural humility through practice. To best align our program with our values and our community, we aim to have our faculty and students represent the community in which we reside.

1. Description of the program’s under-represented populations, including a rationale for the designation.

The program has identified under-represented populations that reflect those of the surrounding community. Most of our students hail from the three counties closest to Oakland University: Oakland County, Macomb County, and Wayne County. We aim to have our faculty and student body reflect the racial and ethnic demographics of these surrounding counties. Table 1.8.a.i provides race/ethnicity data from the U.S. Census for these three counties.

Table 1.8.a.i: Racial and Ethnic Characteristics of Area

	Oakland County	Macomb County	Wayne County	Cross-county average
White	76.2%	82.3%	54.8%	71.1%
Black or African American	14.4%	11.4%	39.1%	21.6%
Asian	6.8%	3.7%	3.2%	4.6%
American Indian or Alaskan Native	0.3%	0.3%	0.5%	3.7%
Two or more races	2.2%	2.2%	2.4%	2.3%
Hispanic or Latino	3.9%	2.5%	5.7%	4.0%
Middle Eastern & North African (estimated)	10%	20%	11%	13.7%

Michigan is home to the largest Arabic community in the US outside of the Middle East. We are also committed to ensuring that our faculty and students represent this community. With this, we have identified under-represented populations as Black/African American, Hispanic or Latino, and Middle Eastern.

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We have also found that most of our applicants and most of our students are female. Our faculty have also been nearly entirely female. Thus, we have identified males as an under-represented population.

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

Diversity-related goals

1. Race and ethnicity of our students will reflect that of our surrounding community:
Whites: 70%
Black or African American: At least 20%
Asian: At least 4%
Hispanic: At least 4%
Middle Eastern: 10%
2. Males will represent at least:
15% of our faculty and
20% of our students.
3. Our program’s faculty is racially/ethnically diverse.
4. We will infuse ideas of diversity throughout our curriculum. 100% of courses will include examples, readings, or topics to reflect at least one of the areas of diversity:
 - a) SES
 - b) race/ethnicity
 - c) LGBTQ
 - d) immigrant/refugee/citizen
 - e) ability
 - f) veteran status
 - g) 1st generation college students
5. Collect data on our students related to the diversity categories listed above (4a-4g).

The MPH program’s diversity-related goals are in line with Oakland University’s strategic plan (see ERF), which has named “diversity” and “inclusion” among its ten values. These values are evidenced by the work of the university’s Office of Diversity, Equity, and Inclusion. In keeping with OU’s mission to “exemplify educational leadership in a diverse and inclusive environment,” the OU Council on Diversity, Equity, and Inclusion provides a collaborative, advisory context for sharing information across academic and non-academic units, devising overarching

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strategies, making recommendations, and raising the visibility of the University's diversity, equity, and inclusion efforts.

Each spring the university hosts a Diversity, Equity, and Inclusion Conference. (See <https://oakland.edu/diversity/conference/> for more information.) The university also conducts a Campus Climate Survey. Goals of the survey include measuring perceptions of inclusiveness, diversity, friendliness, cooperation, professionalism, recognition, respect, accessibility, support and opportunities for career advancement and academic success here on campus.

Oakland University was ranked as one of the state's top LGBTQ-inclusive campuses by Campus Pride Index.

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

Oakland University's policy against discrimination (see <https://oakland.edu/policies/human-resources/710/>) prohibits unlawful discrimination against any person on the basis of race, sex, sexual orientation, age, height, weight, disability, color, religion, creed, national origin or ancestry, marital status, familial status, or veteran status. The University affirmatively follows the provisions of applicable State and Federal anti-discrimination legislation in all of its activities in this area.

The MPH program highly values diversity and is committed to maintaining a learning environment that is free from harassment and discrimination. Our student handbook, in alignment with university policy, specifically notes the following rights:

- Students have the right to participate in university-sponsored services and activities without discrimination or harassment on the basis of race, creed, color, national origin or ancestry, marital status, familial status, veteran status, age, height, weight, disability, sex, gender identity, gender expression or sexual orientation.
- Students have the right to join associations without fear of harassment or intimidation.

The faculty and staff of the MPH program value these rights and are committed to intervening whenever necessary to ensure that these rights are upheld.

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

Oakland University

- Policy against discrimination (<https://oakland.edu/policies/human-resources/710/>)
- Policy against sexual harassment (<https://oakland.edu/policies/human-resources/710/>)
- Administrative guidelines for supporting the Equal Opportunity Policy (<https://oakland.edu/policies/human-resources/712/>)
- Workplace bullying (<https://oakland.edu/policies/human-resources/714/>)
- Disability Support Services (<https://oakland.edu/dss/>)
- Office for Diversity, Equity, and Inclusion (<https://oakland.edu/diversity/>)

Master of Public Health Program

- The MPH program has a commitment to diversity and follows all university policies related to discrimination and harassment, listed above.
- Students are informed about the Office for Disability Support Services through the student handbook and course syllabi. Students with disabilities can register and receive support and accommodations to facilitate their academic success.

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

Our program's focus on community-based participatory research, service learning, and evidence-based practice requires that diversity and cultural competency play a central role in our curriculum. Faculty discuss these concepts in all courses throughout the curriculum. To ensure that this is consistent and continues, faculty will review course syllabi at the annual faculty retreat to discuss whether we are meeting this goal.

The alumni survey and employer surveys can also indicate areas where we may improve in the area of cultural competency and diversity. The faculty also discuss these at the faculty retreat.

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

For each faculty hire, a faculty search committee is formed. This committee is composed of MPH core faculty members and at least one external faculty member. The committee adheres to all university policies and procedures related to faculty hires. Our program highly values a diverse and talented faculty and, thus, recruits broadly. We have advertised for positions in Academic Keys, Diversified Jobs, and American Public Health Association Career Mart. We have the position posted on our academic HR website for several months. (See sample recruitment plan in ERF.) We have conducted outreach to recruit recent graduates from Schools of Public Health and at the American Public Health Association Annual meeting. The Office of Diversity, Equity, and Inclusion is involved in the hiring process, including reviewing the list of finalists for each hire.

The following are links for policies related to faculty hiring practices:

- Policies for filling faculty hiring (<https://oakland.edu/policies/human-resources/750/>)
- Nondiscrimination and affirmative action policy for faculty hires (<https://oakland.edu/policies/human-resources/710/>)
- LGBTQIA Employee Resource Group (<https://oakland.edu/lgbtqia/>)

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

The MPH program follows university policies for hiring staff. We publically post staff positions. The Program Director works with the Assistant Dean and the Office of Inclusion, Equity, and

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Diversity to ensure that the hiring practice follows these university policies and considers a diverse pool of applicants.

- Policies for filling nonacademic vacancies (<https://oakland.edu/policies/human-resources/725/>)
- Policies for hiring temporary and casual employees (<https://oakland.edu/policies/human-resources/770/>)

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

The MPH program is committed to recruiting, admitting, retaining, and graduating a diverse student body. In such, we follow all university academic policies and procedures (<http://catalog.oakland.edu/content.php?catoid=11&navoid=483>). Below are specific actions that the program takes in regard to each of these stages of interaction with our students and potential students.

Recruitment

- We recruit students from graduate fairs at local public universities, including Oakland University, University of Michigan, University of Michigan-Dearborn, and Grand Valley State.
- We have information about our MPH program and admissions procedures on our webpage: <https://www.oakland.edu/shs/health-sciences/mph/>

Admissions

- We take a holistic approach to reviewing applications, including reviewing race/ethnicity and other demographic data, when available (applicants are not required to complete this data), with an eye towards admitting a diverse cohort of students.
- In reviewing applications, we give preference to applicants whose personal narratives show a synergy with our program's commitment to evidence-based practice, community-based participatory research, and addressing health inequalities.
- If an applicant does not meet the minimum required GPA of a 3.0 but demonstrates a synergy with our values and will contribute to the diversity of our program, we offer a process for admission to the program where they take our program's required epidemiology and biostatistics courses before formal admission to the program. If they obtain a 3.0 or higher in these courses, they formally matriculate into the program. This allows applicants to take courses that are often most challenging alone (instead of with 4-8 additional course credits), allowing them to focus on these courses.

Retention

- As a small program, we monitor our students' progress throughout the program and are often aware of challenges that students may be facing to successful completion of the program (e.g., family problems, housing instability, legal problems). We try to offer support and/or flexibility in the program to facilitate successful completion of the program. We offer students referral to different university or community programs or resources, as necessary.

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- We have graduate assistantships that we offer to select students to provides financial support towards completion of their degree. Diversity is one of the factors that we consider when selecting students to whom we award graduate assistantships.

Graduation

- As mentioned above, we are a small program, which allows for close contact with our students. We offer support, referrals, and flexibility to our students to facilitate successful completion of our program.
- The Plan of Study form, now required to be completed by students by March 31st of each year helps us identify any areas where students may not be on tract to graduate.

9. Regular evaluation of the effectiveness of the above-listed measures.

The MPH faculty and staff review diversity and inclusion policies and practice at the annual retreat and identify areas for improvement.

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

1. Please see the following syllabi in ERF, each of which specifically addresses issues of diversity.
 - Community-based Participatory Research
 - Social Determinants of Health
 - Environmental Justice
 - Introduction to Environmental Health Sciences.

Specific examples of course activities or other learning opportunities that address and build competency in diversity and cultural consideration include:

- a. In Principles of Community-based Participatory Research, students take a windshield tour down Woodward Avenue, a road that starts in Detroit and extends to Pontiac. The road goes through impoverished areas in each of the cities. In between, however, it goes through cities representing different socio economic statuses. The history of urban sprawl and white flight, including the role of different historical events and policies are covered in an earlier class period. This windshield tour asks the students to observe the physical result of this sprawl and segregation through this course activity. Students are required to write a reflection paper on their observations, tying in the course readings.
- b. In Organization & Administration of Health & Medical Care Programs, students discuss local and national policies and programs that seek to diminish health disparities among racial/ethnic groups, the LGBTQ community, and individuals living with disabilities. Required course readings also discuss these topics.

- c. The capstone project requires students to consider cultural competency of an intervention and health information. For instance, an assigned project related to the lead contamination of Flint water required students to consider the impact on the immigrant population.
 - d. In Introduction to Epidemiology, Dr. Dallo uses examples from journal articles that requires students to examine morbidity and mortality and consider when it is appropriate to stratify by SES versus controlling by SES and/or race/ethnicity.
 - e. Introduction of Environmental Health Sciences discusses environmental justice, including a discussion on the role of race/ethnicity in environmental exposures and discuss an environmental justice case. This courses also discusses adaptations to climate change and who is best able to adapt &and why). The course discusses the role climate change plays in the number of refugees.
2. Many of our faculty members’ research looks at health of vulnerable communities and health inequalities.

Dr. Becca Cheezum’s research explores the way social and structural factors impact health among vulnerable populations, including low-income communities of color, youth of color, immigrants, and those who have experienced chronic homelessness. Her research examines how marginalized communities can advocate for policy change in order to improve their health.

Dr. Flora Dallo’s research analyzes data separately for the Middle East or North Africa (MENA) population and examines health inequalities faced by this population.

Dr. Mozhgon Rajaei's research focuses on how race, ethnicity, and socioeconomic status influences environmental exposures and health. Her research with public school teachers evaluates the role of socioeconomic status on occupational stressors and cardiovascular health.

Dr. Laurel Stevenson’s research focuses on exploring helping behaviors in low-resource settings, improving physical activity and eating behaviors, and increasing individuals’ and communities’ capacity to improve overall health. Additionally, she has worked as a program specialist and evaluator for a number of programs locally and internationally surrounding HIV/AIDS prevention, youth empowerment, sexual health, domestic violence, human rights, physical activity and eating, and building community capacity. Current and former partners include the Cornerstone Foundation of Belize, Trinity Health International, Healthy Pontiac We Can!, Oakland County Health Division, and Detroit SOUP.

3. Here are example research publications, presentations, and research grants submitted in alignment with our diversity goals

Cheezum, R. R., Cobb, T., Barnes, S., Rosso, M., Niewolak, N. (2014) Policy recommendations to address factors that impact the health and wellness of individuals living in a Housing First program: Results from the Neighborhood Services Organization/Bell – Oakland University Partnership PhotoVoice Project. American Public Health Association Annual Meeting.

Dallo, F. J., & Kindratt, T. B. (2015). Disparities in preventive health behaviors among non-Hispanic white men: heterogeneity among foreign-born Arab and European Americans. *American journal of men's health*, 9(2), 124-131.

Dallo, F. J., & Kindratt, T. B. (2015). Disparities in vaccinations and cancer screening among US-and foreign-born Arab and European American non-Hispanic White women. *Women's Health Issues*, 25(1), 56-62.

4. Competencies:

- Engage community members in a participatory process that prioritizes capacity building, shared decision making, and trust in order to design and implement research studies, public health interventions, and policy.
- Develop and execute steps to plan, implement, and evaluate public health interventions and policies in specific target population.
- Demonstrates cultural humility and respect by incorporating relevant values and traditions of communities being served (e.g., Arab, Chaldean, African-American, etc) into tailored public health practice.

5. Faculty diversity (See Table 1.8)

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

The program director drafted these plans and policies based upon the values and mission of the program, as endorsed by the Program Planning Committee and the MPH Advisory Board. This plan has been approved by the Program Planning Committee, and will be presented to the MPH Advisory Board at the first meeting in Fall, 2017.

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

The MPH faculty and staff review diversity and inclusion policies and practice at the annual retreat and identify areas for improvement.

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e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

Data Table 1.8.1

Table 1.8.1. Summary Data for Faculty, Students and/or Staff						
Category/Definition	Method of Collection	Data Source	Target	2014-2015	2015-2016	2016-2017
1. Race and ethnicity of our students will reflect that of our surrounding community: Whites: 70% Black or African American: At least 20% Asian: At least 4% Hispanic: At least 4% Middle Eastern: 10% (*Not measured to date)	Applications	Applications	White – 70% Black – 20% Asian – 4% Hispanic – 4% Middle Eastern – 10%	White – 72% Black – 12% Asian – 2% Hispanic – 0% Middle Eastern – 4% N=23	White – 92% Black – 8% Hispanic – 0% Middle Eastern – 0%	White – 77% Black – 14% Asian – 9.7% Hispanic – 0% Middle Eastern – 0% N=32
2. Males will represent at least: 15% of our full time faculty and 20% of our students.	Students – Applications Faculty – self report	Students – Applications Faculty – self report	Males will represent at least: 15% of our full time faculty and 20% of our students.	Faculty: 25% male N=4 Students: 36% male N=23	Faculty: 0% male N=5 Students: 13% male N=25	Faculty: 0% male N=6 Students: 9.7% male N=32

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<p>3. MPH program's faculty is racially/ethnically diverse *Some faculty identify with multiple races/ethnicities.</p>	<p>Self-report/ observation</p>	<p>Program Planning Meetings</p>	<p>Diverse by race/ethnicity</p>	<p>Faculty White – 4 Chaldean - 1</p>	<p>Faculty – White – 5 Middle Eastern - 2</p>	<p>Faculty – White – 4 Middle Eastern - 2 Black - 1</p>
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f. Assessment of the extent to which this criterion is met and analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

Strengths:

- The program's focus on evidence-based public health and community-based participatory research and value placed on social justice are aligned with its diversity goals.

Weaknesses:

- While diversity is an important consideration to our faculty, we had not, until recently, formalized these objectives. We are not meeting the race/ethnicity- and gender-related diversity goals for students. This indicates that we need to revise our recruitment and admissions procedures to make sure that these goals are met.

Plans:

- We will review the data and goals related to diversity at the May 3rd Faculty retreat and discuss these at the first MPH Advisory Board meeting of Fall, 2017 to make sure appropriate formalized structures are in place to meet our goals.

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.

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

The Oakland University MPH program offers one professional degree, the MPH in Evidence-Based Practice. The degree is offered on the main campus. MPH program courses are offered during 15-week terms in the Fall, Winter, and Summer terms. Courses are traditionally face-to-face with some hybrid format.

2.1.1 Instructional matrix

	Academic	Professional
Master degree		
Evidence-Based Practice	N/A	MPH

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

The full curriculum requirements including a list of courses and course descriptions are provided in the Graduate Catalog on Oakland University’s website as well as in the student handbook which is on the MPH program website: <https://oakland.edu/grad/top-links/graduate-catalogs/>.

The Graduate Catalog contains the following information about our MPH program:

The Master of Public Health (MPH) program seeks to improve the health of individuals and communities by strengthening the foundational skills, core capacities, diversity, preparation and responsiveness of public health

professionals. These public health professionals may be employed in a variety of settings including, but not limited to, international health organizations (e.g., World Health Organization, Doctors Without Borders), federal government agencies (e.g., Centers for Disease Control and Prevention, National Institutes of Health), state and local health departments (e.g., Michigan Department of Community Health and Oakland County Health Division), voluntary and philanthropic organizations (e.g., American Red Cross, Kaiser Permanente), corporations and worksite wellness sites, local hospitals and non-profit organizations (e.g., Migrant Health Promotion, Alternatives For Girls).

The MPH Student Handbook is available on our program website:

<https://www.oakland.edu/Assets/Oakland/shs/files-and-documents/HS/MPH%20Handbook%20Updated%202006-07-2016.pdf>.

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

The criterion has been met.

Strengths

- The MPH program was developed from the onset to be an interdisciplinary professional degree program.
- The student handbook provides detailed information on program goals, curriculum, expectations, and academic policies.
- The required courses and elective credit requirements afford students with opportunities to tailor their study to topics of interest.

Weaknesses

- No significant weaknesses have been identified.

Plans

- We will continue to expand elective course offerings within our program and from other departments across the University.
- We will continue to assess degree requirements and courses to ensure our curriculum reflects the Program's mission, goals, and objectives.

2.2. Program Length.

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

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

The program follows a semester academic year with courses offered Fall, Winter, and Summer terms. All Fall and Winter terms are taught over a 15 week semester with classes meeting for one hour and 47 minutes twice per week or three hours and 34 minutes once per week for a total of 53.5 contact hours. Elective courses offered during the summer term meet for three hours and 20 minutes twice per week for 15 weeks, for a total of 50 contact hours. All core courses are 4 credits.

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

The MPH program requires completion of a minimum of 44 credits. The MPH program offers the standard semester unit and credit hours described above in criterion 2.2a. Students are required to take 36 credits of required courses. These credits represent 20 credits of core required courses, 4 credits for practicum, and 4 credits for culminating experience. All students also take two required competency courses, which total 8 credits. The MPH program uses a cohort model and students in each cohort take all required courses together (with the exception of the practicum). Students are also required to take 8 credits of selectives. A list of approved selectives is available in the ERF. These courses have been approved by the Program Planning Committee and vetted to ensure that they address at least one of the Evidence-Based Practice competencies of the program, are sufficiently rigorous, are in alignment with our program’s purpose, and do not overlap significantly with other required courses.

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

None have been awarded.

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

This criterion has been met.

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Strengths

- The MPH program requires completion of 44 credit hours in core public health topics, other required courses, and evidence-based practice selectives. The degree requirements provide graduates with a skill set to enable them to work in a variety of settings.
- The program offers eight credits of selectives to meet individual student interests, while also making sure that each graduate has obtained the Evidence -Based Practice competencies.

Weaknesses

- The list of selectives has been evolving over the last few years. The first three cohorts of students were able to take any graduate level course with approval of faculty advisor to fulfil an elective requirement. After our first consultation visit in January, 2016, we have responded to the feedback received and have now instituted this list of selectives from which students may choose.

Plans

- We have no specific plans to modify our program's length.
- We continue to remain open to a part-time option for completing the MPH program. While few students have taken advantage of this, we would like to be able to provide flexibility for potential students to be able to complete our program. For our few students who have taken advantage of a part-time option, it has largely been to complete one or two outstanding requirements (e.g., completing practicum later than the rest of cohort due to taking family medical leave).

2.3 Public Health Core Knowledge

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

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

All MPH students are required to complete the core courses listed in Table 2.3.1.

Core knowledge area	Course Numbers and Titles	Credits
Biostatistics	PH 640: Statistical Methods in Public Health	4
Epidemiology	PH 650: Introduction to Epidemiology	4
Environmental health sciences	PH 660: Introduction to Environmental Health Sciences	4
Health services administration	PH 569: Organization and Administration of Health and Medical Care Programs	4
Social & behavioral sciences	PH 600: Foundations of Health Behavior and Health Education	4

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

The criterion is met.

Strengths

- There are required courses in each of the five core knowledge areas of public health, which are offered annually.

Weaknesses

- No significant weaknesses have been identified.

Plans

- Continue to evaluate the success of the curriculum in developing knowledge and skills in the core areas of public health.
- Continue to assess the changing needs of the public health field to adequately prepare students to be competitive in the public health workforce.
- At the May Faculty Retreat, we will start the work of moving towards the competencies set forth in the new criteria to make sure that our curriculum addresses all these competencies.

2.4 Practical Skills

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

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

- selection of sites**
- methods for approving preceptors**
- opportunities for orientation and support for preceptors**
- approaches for faculty supervision of students**
- means of evaluating student performance**
- means of evaluating practice placement sites and preceptor qualifications**
- criteria for waiving, altering or reducing the experience, if applicable**

Practicum overview

All students enrolled in the MPH program are expected to meet overarching competency requirements through a combination of their standard didactic coursework, small group projects, service-learning activities, community-based participatory work, and required practicum experience. As part of the MPH curriculum, each student enrolls in and completes PH 630 (Public Health Practicum), typically during the summer between Years 1 and 2. The practicum is intended to give students structured, mentored opportunities to apply classroom principles to public health practice.

Established in consultation with their faculty advisor and professional preceptor, students use the minimum 180-hour practicum to further develop specific competencies tailored to their individual career goals. Students can use the practicum to explore a type of work setting (e.g., health department, hospital, or non-profit organization), conduct interventions with a particular population (e.g., persons with a specific diagnosed health problem, recent immigrants, LGBT persons), or gain exposure to a different aspect of public health practice (e.g., laboratory work as environmental health sanitarian or research to establish public health policy). In order to register for the practicum, students must have successfully completed all of the Year 1 courses:

- PH 600: Foundations of Health Behavior/Health Education
- PH 610: Principles of Community-Based Participatory Research
- PH 620: Planning, Implementation and Evaluation of Public Health Interventions
- PH 640: Statistical Methods in Public Health
- PH 650: Introduction to Epidemiology

PH 630 concludes in October of students' second year with a formal academic poster session. Students enrolled in PH 630 present a poster describing their practicum site, its mission and target audience, project activities and deliverables, self-assessment of the degree to which stated competencies were met, and conclusions that include a reflection on the experience and ways it may inform their second year, selection of remaining elective courses, and future professional

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activities. First year MPH students are required to attend this session. MPH Program Advisory Board members, community partners, perspective students, and faculty, students and staff of the School of Health Sciences are invited to attend this poster session. PH 630 students interact with attendees, presenting information about their practicum experiences, and answering attendees' questions.

Selection of practicum sites

Students are expected to find and secure their own practicum sites in close consultation with their Faculty Advisor and the Program Administrator. Students are provided with preliminary information about the practicum requirements at New Student Orientation and receive additional support throughout their first year via faculty advising, the fall semester practicum poster session and brownbag workshop, Winter semester community partner luncheon, and information presented in introductory courses. First year students are required to attend the practicum poster session in October at which the second year cohort presents posters related to their practicum experiences. The community partner luncheon is held early each winter semester. First year students and all community partners (including, but not limited to, previous practicum preceptors, MPH Advisory Board members, organizations that have hosted class-based service-learning projects, and potential collaborative partners) are invited to attend this event that includes activities to facilitate introductions, unstructured networking time, and lunch. Students are always invited to discuss their practicum options, strategies, and concerns with their faculty advisor or other program faculty. A list of past practicum sites is maintained by the MPH Program Coordinator and made available to students (see Resource File).

In some cases, the identification of a practicum site can be made through social networks and professional connections. Students may also apply for competitive internship programs. Students are encouraged to be prepared for any scenario by continuing to dress and conduct themselves in a professional manner while also having a high quality resume and cover letter ready at all times. (Students are encouraged to work with the university Career Services office to create these documents.) Students may work with an organization with which they have an existing work or volunteer relationship. In these cases, it must be made clear how the student's practicum role and functions are distinctly different from their usual scope of work responsibilities. The students discuss potential practicum placements with their faculty advisor who provides guidance in determining if it is an appropriate site for the practicum requirements and the student's interests.

Practicum Learning Contract

Once a practicum placement site is identified, students work closely with the Faculty Advisor and Practicum Preceptor to articulate a scope of work, specific professional activities to be undertaken, deliverables that may be realized, and program competencies to be met through the practicum experience. Students, in consultation with the Faculty Advisor and Practicum Preceptor, are expected to identify one to two core and two to three concentration competencies, for a total of four competencies, to be met through their practicum experience. Competencies and the above scope of work expectations are spelled out in a formal Practicum Learning Contract (see Resource File) signed by the student, faculty advisor, and practicum preceptor

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prior to the initiation of work. Once signed, students may begin work and must complete at least 180 hours of paid or unpaid work on their practicum project.

Preceptor responsibilities and methods for selecting preceptors

Persons eligible to serve as practicum preceptors need to hold an MPH degree or have at least three (3) years of professional public health experience. Faculty advisors are responsible for reviewing potential practicum preceptors' resumes to ensure compliance with these standards. Preceptors are expected to be available to the students throughout the practicum placement. They offer conceptual and practical guidance, as well as timely constructive feedback to students. Preceptors should help facilitate students' entry into the organization and its culture, guide student's professional activities, and further their mastery of selected competencies.

Opportunities for orientation and support for preceptors

All past and potential future practicum preceptors are invited to attend the Community Partner Luncheon held early each Winter semester. At this event, potential preceptors and first year MPH students learn about the requirements of the practicum experience, expectations of all parties, and some of the scope of work and professional accomplishments achieved by previous cohorts of students. MPH program faculty and the MPH Program Coordinator also attend this event to speak to their roles and experiences helping students select practicum placements and complete the required Practicum Learning Contract.

Approaches for faculty supervision and support of students during practicum

Faculty Advisors are expected to continue to mentor and prepare their students for success in their practicum experiences. Faculty Advisors should also be available and accessible, even if remotely, during the summer. Faculty Advisors should help facilitate, in conjunction with the MPH Program Coordinator, the execution of any additional, formal legal contracts deemed necessary by practicum placement sites.

Means of evaluating student performance

Students are evaluated by their faculty advisory and by the practicum preceptor who each complete a respective student evaluation form (see ERF). The faculty advisor evaluates the student's performance on each of the four selected competencies, the process employed in selecting a site and completing the Practicum Learning Contract, and fulfillment of the required poster presentation. The preceptor evaluates the student on the selected competencies and professional demeanor, skills, knowledge, and abilities. In addition, two members of the MPH faculty complete a formal review of every student's draft practicum poster. Faculty provide detailed feedback to students related to format, layout, design aesthetics, clarity and utility of graphical/visual elements, completeness of the description of professional activities and deliverables, self-assessment of competency mastery, lessons learned and future directions. Students are expected to incorporate these suggestions into subsequent revisions. Where needed, another round of submission/review/feedback takes place before the actual poster session.

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Means of evaluating practice placement sites and preceptor qualifications

At the end of the practicum, the student completes a Practicum Site Evaluation Form (See Resource File). Students use this form to rate the effectiveness and perceived engagement of the practicum site (organization), practicum project, and practicum preceptor.

Criteria for waiving, altering or reducing the experience, if applicable

All students in Oakland University’s MPH program are required to complete the practicum. No waivers are offered. We are open to some measure of flexibility in regards to the timing of an individual student’s practicum. For example, accommodations could be made if a student is unable to complete it during the summer because of personal or family issues or if a student is particularly interested in school health and they secured a practicum placement that could only be done between September and December. We would work with the student to tailor how they would complete all required components of this experience (e.g., the poster session). We have already modified the schedule of one student who, because of maternity leave, was unable to complete the practicum between her first and second year. This student instead completed the practicum in the summer following her second year and presented her poster that October.

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

2014 Summer Practicum Sites					
Agency	Department	City	State	Contact Name	Description of Work
Eastern Market Corporation		Detroit	MI	Fiona Ruddy	Set up and run three farm stands in Detroit area. Create and analyze a survey to evaluate customers attitude and community impact regarding their experience
St. John Hospital and Medical Center	Infection Prevention and Control Services	Grosse Pointe Woods	MI	Jennifer Madigan	Measure knowledge and competency of health care workers at St. John infectious disease department. Created a survey to assess knowledge. Audited 32 units. Educated hospital personnel about the 9 ways to safely perform a BG test.
City of Detroit Homeland Security	Emergency Management	Detroit	MI	Jennifer Floyd	Attended planning meetings for several Detroit events to ensure the safety of the public during these events. Completed and compiled critical infrastructure and shelter lists for the City. Participated in table-top exercise with long term care facilities and provide feedback

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					on how they can be better prepared in an emergency.
Med Net One Health Solutions		Rochester	MI	Lori Zeman	Data analysis, PDSA cycles, implementation of new policies and procedures, improved quality metrics.
Troy Community Coalition		Troy	MI	Nancy Morrison	Conducted evaluation of the Tar Wars Tobacco program. Created a brochure to be distributed to pharmacies, doctors and schools etc. educating the public about prescription drugs stats in Troy. Wrote a press release for the Troy paper.
Wayne State University Physicians Group		Troy	MI	Sara DeCaussin	Population data analysis, corporate professionalism, in-depth research of healthcare guidelines, and development of a multi-level outreach.
United Physicians		Bingham Farms	MI	Meghan McInnis	Develop user-friendly summaries of clinical quality measures. Analyze network access summaries to help provide recommendations on future recruitment strategy and performing comparative analysis of multiple quality programs. Develop of physician reports and the piolet planning process.
Team Red, White & Blue	San Diego Chapter	San Diego	CA	Joshua Arntson	Using GIS mapping, recorded all physical and social activities that have been put on in 2014 along with the veteran resources within the community. Participated in Integrated Sports Marketing meetings in relation to Team RWB events. Increased active members in the chapter. Created the first newsletter for the RWB community.
2015 Summer Practicum Sites					
Agency	Department	City	State	Contact Name	Description of Work
Macomb County Health Department		Mount Clemens	MI	Renai Edwards	Create and implement a survey to determine feasibility of billing for STD services which are currently free of charge. Analysis of survey data and present finding to MCHD. D
Wayne State University Physicians Group		Troy	MI	Sarah DeCaussin	Analysis of patient data pertaining to clinical care of diabetic patients at various clinics. Analysis of statistical and background data. Compiled a list of community resources

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					for diabetic patients. Created an outreach plan that was proposed to upper management.
Med Net One Health Solutions		Rochester	MI	Kathryn Correll, MPH	Plan and design of a new program called Care Club through literature review, met with caregivers and developed a plan of action, created “My Care Notebook” for patients. Coordinated monthly meetings with care managers and patients.
Oakland Livingston Human Service Agency		Pontiac	MI	Jason Blanks	Assist with leading the intakes and updates of client referrals, compiling a list of infectious disease physicians in SE MI for staff and client reference. Assist the deputy director with cultivating existing funding sources to expand revenue. Various grant writing tasks. Strategic plan implementation.
Affirmations	Health and Wellness Program	Ferndale	MI	Lydia Ahlum Hanson	Analyze focus group data, develop coding for all major areas and sub categories. Helped coordinate training on LGBT cultural competency also co-facilitated regular committee meetings as well as regular attendance at Health Equity Council planning meetings.
Tri-County Health Department	Chronic Disease, Injury, and Tobacco Practicum Opportunity	Greenwood Village	CO	Melissa Smith	Analyzed data from Health Kids Colorado Survey. Assisted with Post Policy Assignments for the Tobacco Prevention Grant, evaluated policies of 4 school districts. Served as an active participant in various internal and external meetings. Presented findings to TCHD staff.
Oakland County Health Division		Pontiac	MI	Jeanini McCloskey	Collected water samples from beaches throughout Oakland County. Public pool inspections. Completed a closed Point of Dispersion exercise and received certificate. Enter water sample data into environmental health system, Made emergency phone calls to public pools and daycare facilities due to power outages.
Love Without Boundaries	(China)	Edmond	OK	Kelly Wolfe	Develop a nutrition curriculum, create an informative brochure about the LWB program to increase awareness and support.
Michigan Department of Health and Human Services	Population Health and Community Services - Children's Special Health	Lansing	MI	Karla McCandless	Designing surveys, scheduling and coordinating site visits with hospitals and clinics, software development, completion of work flow chart, project process chart, timeline, research and

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	Care Services				analysis of data.
2016 Summer Practicum Sites					
Agency	Department	City	State	Contact Name	Description of Work
Lighthouse of Oakland County	PATH Program	Pontiac	MI	Sharman Davenport, PhD	Received a grant to conduct an IRB approved photovoice research project exploring food insecurity in Pontiac, MI
United Way of Southeast Michigan		Detroit	MI	Ghida Dagher	Research relevant policy issues, develop a plan of policy issues to prioritize for the Policy team to advocate for during the 6month Policy Advocacy Planning Retreat.
The Baldwin Center		Pontiac	MI	Rebecca Stewart, MA	Summer Youth Enrichment camp for elementary school aged children. Planned, implemented and evaluated a set of surveys and events to increase parent engagement and outreach to increase participation.
St. Joseph Mercy Oakland	Women and Children's Services Department	Pontiac	MI	Renay Gagleard, DNP, MSN, RNBC	Analysis of data collected from the Labor and Delivery Triage Department to indicate the need for increased staff during specific days/times. Conducted environmental scans regarding women of reproductive and child bearing ages. Assisted in writing two grants.
St. Clair County Health Department	Health Education	Port Huron	MI	Jennifer Michaluk, MHE	Data analysis on vaccines, head lice research, HepC incidence rate for ecological fallacy project.
Unified-HIV Health & Beyond	Community Research	Ypsilanti	MI	Jimena Loveluck, MSW	
Plant Based Nutrition Support Group		West Bloomfield	MI	Kerrie Saunders, PhD	Coordinated a five-university initiative to upgrade the approach and use of nutrition in preventative medicine for physicians, nurse practitioners, dietetics and dental professionals.
Michigan Department of Health & Human Services	HIV Surveillance	Southfield	MI	Mary-Grace Brandt	Performed analyses using SAS and presented data products to community and LHDS.
Med Net One Health Solutions	Quality Improvement	Rochester	MI	Kathryn Correll, MPH	Collaborated with physician office staff to implement quality improvement projects.
Ever Thrive Illinois	Child & Adolescent Health Initiative	Chicago	IL	Kristen Nuyen	Analysis of Survey results. Produced comprehensive reports and advocacy materials. Assisted with Youth Advocacy Day.

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UofM Adolescent Health Initiative	Adolescent Health	Ann Arbor	MI	Jenni Lane	
Beaumont Children's Hospital	No Bullying Live Empowered Program -	Troy	MI	Marlene Seltzer, MD	
Macomb County Health Department	Southwest Health Center – Disease Control	Warren	MI	Renai Edwards-Malayil, MPH	Data management including analyzing, evaluating and disseminating.
Oakland County Economic Development & Affairs		Waterford	MI	Bret Rasegan	Planned and implemented a sidewalk assessment procedure with a student assessment team on over 60 miles of sidewalk in the City of Pontiac.

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

No students have received a waiver for the practice experience in the last three years. At this time, the policy is that all students must complete a practice experience.

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

No preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents have completed the academic program for each of the last three years.

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

This criterion is partially met. All students are required to complete a summer practicum experience, including a poster where each student presents their work to peers, community partners, School of Health Sciences faculty and students. The MPH Program will continue to fine tune its procedures for evaluation and develop an orientation process for practicum preceptors.

Strengths

- As a small program, we are able to offer the students considerable support in identifying an appropriate practicum placement
- We remain open to students identifying and planning a practicum that meets their individualized career goals.
- By requiring students to identify and secure their own practicum placement, we provide them an opportunity to practice – with support from faculty – the same skills they will need to secure employment after completing the program.
- Several students have been offered permanent employment by their practicum sites after completing the practicum requirements.

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Weaknesses

- Through the Practicum Learning Contract, we try to communicate expectations of the practicum experience to preceptors. We have realized that more substantial orientation may help to make these expectations more clear.
- The process for overseeing the evaluation of the practicum experience has not been thorough. We collect evaluation forms, but have relied most heavily on the poster presentation to determine whether the student has successfully completed the practicum requirements.

Plans

- Some students struggle to find practicum placements and experience much anxiety in this process. While some of this struggle and anxiety may be an unavoidable part of professional growth, we plan to continue to develop our pool of formal community partners from which students can draw practicum placements, though they are welcome to reach beyond these partners. This is a careful balance, however, as we do feel that the skills developed through the process of securing a practicum placement enable the students to be better equipped to secure employment after graduation.
- Starting the MPH Program Planning Committee will turn greater attention to the analysis of the practicum evaluation forms and provide related feedback to students.
- We would like to formalize systems of support for our preceptors, including an orientation package, an orientation event for preceptors, and a process by which preceptors provide feedback to the MPH program about their experience as preceptors. We expect to have this to provide to practicum preceptors for Spring, 2018.
- Starting in the 2017-2018 academic year, we are planning to begin to provide feedback to students regarding professional behaviors. We will incorporate feedback from the evaluation of the student from the preceptor into this feedback.

2.5 Culminating Experience

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

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

All MPH students complete PH 690: Capstone, in their final semester. The course is intended to integrate skills and knowledge from the core and concentration competencies, enhance students’ critical self-awareness, provide opportunities for collaborative work, and prepare students for meaningful professional employment upon graduation.

The Program Planning Committee is currently in the process of revising the capstone course (PH 690), which is required of all MPH students in their final semester in the program. Here we will first provide detail about how Capstone was structured for the first two cohorts (2015 and 2016 graduates). We will then describe the new revised version of Capstone that is being implemented this semester (for our 2017 graduating class).

Capstone structure – 2015 and 2016 graduating cohorts

The course is team-taught by the MPH faculty. Additional support from content experts within and outside the university were brought in to assist in developing students’ professional skills and aid them in managing their careers. A major component of the course was the use of reflective writing and thorough peer-review. Students were directed to select from their summer practicum experiences, lessons learned from key courses, team-based learning experiences, and other professional moments that provided opportunities to analyze the event or situation, reflected on meaning, and proposed how to use that critical understanding as a practicing public health professional. (See ERF for sample assignments.)

Students engaged in reflective writing first by critically reviewing their original personal statement written and submitted as part of their application to the MPH program. This document, almost two years old at the time of this exercise, provided an excellent basis for students to reflect on how their coursework, practice experience, research opportunities, and participation in communicating public health has prepared them to perform public health practice. After the self-reflection, students are instructed to recast that narrative today. More specifically, students rewrote their narrative to depict the knowledge and skills obtained from coursework and learning experiences, and to state how these experiences prepared them for public health careers. Students performed a peer-review of their new statements to assist them in enhancing their communication skills; (1) enhance their writing abilities and (2) strengthen their verbal communication of ideas. Students were advised to use their new statements as a component of their professional portfolio and to guide the development of their “elevator pitch” for job interviews.

Mentored and peer-reviewed reflective writing assignments were also used to address the MPH program's competencies. The competencies changed as we gained more information and feedback, the exercises were modified accordingly to reflect the new competencies. Here too, students identified a seminal moment, course experience, practicum lesson learned, analyzed the event or situation, and thought about how the challenge or opportunity resulted in mastery of the required competency. Students also thought critically and wrote about the means by which they planned to continue to hone these skills as working public health professionals. In all cases, MPH faculty judged students' original writing submissions using a comprehensive reflective writing rubric that assesses integration of knowledge and analysis of the topic area, introspection and depth of self-awareness, depth of discussion, cohesiveness, and spelling and grammar. In addition, each student provided a peer review of a classmate's submitted work. Each time, MPH faculty also grade students on the quality of their engagement in this formative peer-review process. The peer review portion of the grade evaluated students' thoughtfulness and constructiveness of the feedback they provide, specificity and clarity of their review, and balance and respect shown to their peers.

An additional emphasis of the Capstone course was the development and electronic storage/presentation of professional products. Students in the course developed multiple resumes (chronological, functional, etc), curriculum vita, and tailored cover letters. Each student established a thoughtful, professional presence on important social media platforms including, but not limited to, LinkedIn, Facebook, Twitter, and Instagram, and learn the important audience characteristics and performance metrics associated with those sites. Students generated their own relevant hashtags and worked to drive traffic and secure followers to their social media sites. Working with experts from Career Services, students launched professional job searches, honed their "elevator pitch," and worked on a range of behavior-based interviewing skills from the vantage point of both the interviewer and interviewee. Students were exposed to one-on-one, group, and problem-focused interviewing. Students switched roles, working as interviewer and interviewee, during videotaped sessions that formed the basis for critical reflection and structured peer-reviewed debriefing. Finally, all of the professional products derived over the course of the MPH program – practicum poster, grant applications, literature reviews, course essays, and Capstone materials – are archived in a permanent, shareable, Google document management system.

Capstone revisions– 2017 graduating cohort

After last year's consultation visit, we realized we were not adequately addressing the requirements for the culminating experience. We have revised the Capstone course so that it necessitates the integration of the program's competencies through the execution of an applied practice group project. The assignment has assigned teams of 4-5 students a local environmental health issue and a target population. Students conduct an assessment of the problem, which included a search and evaluation of existing data and peer-reviewed articles. They are required to develop a health communication campaign to communicate the environmental issue to the target community and develop a policy intervention to address the issue. Students will have until the end of the semester to complete the assignment. They will develop a group paper using a standard peer-review paper format. In addition to the paper, the students will perform a presentation about their health issue, health message, and policy intervention. Both, the paper

and presentation will be judged by the MPH faculty responsible for the course. The evaluation will occur using rubrics developed to assess students' knowledge of the subject matter and their ability synthesize and apply program's competencies. (See ERF for assignment description and grading rubric.) Each student will then do an individual defense where they will meet with two faculty members who will ask the student questions to judge their individual knowledge of the material and ability to integrate the competencies. (See ERF for sample questions.)

The students in the 2017 graduating cohort also developed professional development products, as has been done in previous cohorts. These products include the development of new personal statements, creating elevator pitches, and creating cover letters and resumes. These were moved earlier in the semester in response to student feedback. This has allowed for the entire second half of the semester to be committed to the capstone group project. Faculty attended two class meetings to answer students' questions related to the project. The other class days were designated as time for the students to work on their group capstone projects.

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

This criterion is met with commentary.

Strengths

- The program has been responsive to the feedback provided by CEPH consultant, Kristin Varol, as well as our students, and is currently developing a revised project that requires students to integrate the program's competencies.
- Revisions made to the capstone allows faculty to effectively measure students' mastering of competencies.
- The applied practice project enhanced students' knowledge and awareness of environmental health issues in their communities.
- Students have assembled portfolios of professional products.
- Students have been successful in using these portfolios to gain full-time employment, fellowships, and admission to additional graduate training programs.

Weaknesses

- The students this year will only have half the semester to work on the newly-designed capstone project. We have had to create a project that requires integration, but is lean enough to complete in about six weeks. Not having the specifics of the assignment from the beginning of the semester likely led to some student angst.

Plans

- The MPH Program Planning Committee will continue to solicit feedback from our elected student representatives, online course evaluations, alumni, CEPH consultants, and employer surveys to assess the effectiveness of this capstone course.
- We will be using the framework set out in this year's capstone course in the future. We will adapt the assignment to meet the 2016 CEPH criteria for capstone in Winter, 2018.

2.6. Required Competencies

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

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

C1 Environmental Health Sciences

Describe specific approaches to assess, prevent, and control exposures to environmental hazards that pose risks to communities' health and safety.

C2 Epidemiology/Biostatistics

Understand the distribution and determinants of infectious and chronic disease using surveillance, descriptive and inferential methods in population-based settings.

C3 Health Behavior and Health Education

Select and apply the appropriate theory, concepts, and conceptual model to drive public health practice.

C4 Health Management & Policy

Incorporate evidence-based best practices into public health organizational management and health policy development.

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

CONCENTRATION: EVIDENCE-BASED PRACTICE

Oakland University's Master of Public Health Program provides its students with a rigorous and community-engaged curriculum that gives them the cutting-edge skills they need to engage in evidence-based public health. This will include translating empirical evidence into public health practice, as well as building the evidence-base through rigorous descriptive and evaluation research. Additionally, students will be able to specifically apply these skills to address health inequities through culturally competent intervention research and practice.

- EBP1 Engage community members in a participatory process that prioritizes capacity building, shared decision making, and trust in order to design and implement research studies, public health interventions, and policy.
- EBP2 Develop and execute steps to plan, implement, and evaluate public health interventions and policies in specific target population.
- EBP3 Employ relevant and customized oral, written, and new media forms of communication – including translation of epidemiological data and research findings – to effectively reach target audience
- EBP4 Demonstrates cultural humility and respect by incorporating relevant values and traditions of communities being served (e.g., Arab, Chaldean, African-American, etc) into tailored public health practice.
- EBP5 Demonstrate ongoing engagement of best practices in public health by remaining current in scientific literature, use of new technologies, and ongoing engagement with public health community.
- EBP6 Demonstrate ethical, community-oriented professional practices through collaborative leadership, team-building, and fiscal management

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

Table 2.6.1.a Required Courses and other required learning experiences by which the competencies are met							
	PH600 Foundations of Health Behavior and Health Education	PH610 Principles of Community- based Participatory Research	PH569 Organization and Administration of Health & Medical Care Programs	PH620 Planning, Implementation, and Evaluation of Public Health Interventions	PH640 Statistical Methods in Public Health	PH650 Introduction to Epidemiolog y	PH660 Introduction to Environmental Health Sciences
CORE COMPETENCIES							
Environmental Health Sciences							X
Epidemiology/Biostatistics					X	X	
Health Behavior and Health Education	X	X		X			
Health Management & Policy			X	I			
CONCENTRATION COMPETENCIES							
EBP1 Engage community members in a participatory process that prioritizes capacity building, shared		X		I			

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decision making, and trust in order to design and implement research studies, public health interventions, and policy.							
EBP2 Develop and execute steps to plan, implement, and evaluate public health interventions and policies in specific target population.		I		X			
EB3 Employ relevant and customized oral, written, and new media forms of communication – including translation of epidemiological data and research findings – to effectively reach target audience	X	X	I	X	I	I	I
EB4 Demonstrates cultural humility and respect by incorporating relevant values and traditions of communities being served (e.g., Arab, Chaldean, African-American, etc) into tailored public health practice.		X	I	X			I
EB5 Demonstrate ongoing engagement of best practices in public health by	X	X	I	X	I	I	I

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remaining current in scientific literature, use of new technologies, and ongoing engagement with public health community.							
EB6 Demonstrate ethical, community-oriented professional practices through collaborative leadership, team-building, and fiscal management	X	X	X	X	I	I	I

X=covers competency
I=introduces competency

Table 2.6.c.ii shows the selectives through which evidence-based concentration competencies are met. Students must complete 8 credits of selectives. These credits can be selected from courses included in this table. If a student wants to count a course not included on this list, they must propose the course, demonstrating how it fits the EBP competencies. The MPH Program Planning Committee makes the ultimate determination of whether a course meets the requirements of the program and can be counted toward the degree.

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2.6.c.ii: Selectives

Table 2.6.c.ii Selectives	PH 525	PH 535	PH 555	PH 565	PH 575	BIO 591	CN S 504	CN S 653	EC 540	EST 541	EX S 505	EX S 516	MIS 604	NR S 521	PA 510	PA 553	PA 601	PA 603
EBP1 Engage community members in a participatory process that prioritizes capacity building, shared decision making, and trust in order to design and implement research studies, public health interventions, and policy.		X	X	I	I	I									I			
EBP2 Develop and execute steps to plan, implement, and evaluate public health interventions and policies in specific target population.		X	I	X	I		I	I	X	X						I		I
EB3 Employ relevant and customized oral, written, and new media forms of communication – including translation of epidemiological data and research findings – to effectively reach target audience	X	X	X	X	X			X		X	X	X					X	
EB4 Demonstrates cultural humility and respect by incorporating		X	X	X	X		X	X		X				X	X			

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relevant values and traditions of communities being served (e.g., Arab, Chaldean, African-American, etc) into tailored public health practice.																	
EB5 Demonstrate ongoing engagement of best practices in public health by remaining current in scientific literature, use of new technologies, and ongoing engagement with public health community.	X			X		X		X	X	X		X	X		X		
EB6 Demonstrate ethical, community-oriented professional practices through collaborative leadership, team-building, and fiscal management													X	X	X	X	X

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

In reviewing Table 2.6.1,a the MPH Program Planning Committee recognizes that all of our core competencies are represented in the required curriculum; each has at least one course that is a primary course to meet this competency and has at least one course reinforcing it. The capstone course, as currently designed, also reinforces all core competencies. Each competency within the Evidence-Based Practice concentration is well-represented throughout the required curriculum. In addition to the courses required of all students, the courses from which MPH students can choose the eight credits of selectives reinforce at least one of the core competencies and at least one of the concentration competencies.

Another important change that we made to the curriculum was to shuffle the required coursework sequencing so that both PH640 Statistical Methods in Public Health and PH650 Principles of Epidemiology are now offered in the first year of the program. This was in response to a discussion that the MPH Program Planning Committee had at the end of Year 1 and again after seeing the types of projects that the students did during their summer practicum experiences. We thought that it would be really essential for the students to have these courses (as well as PH600 Foundations of Health Behavior and Health Education, PH610 Community-Based Participatory Research, and PH620 Planning, Implementation, and Evaluation of Public Health Interventions, which were already offered in the first year of the program) before they entered their summer practicum experiences. To make this change, we moved PH569 Organization & Administration of Health & Medical Care Programs to winter semester of the second year and front loaded the curriculum so that students take 12 credits of required courses during their first semester. Starting Fall, 2017, PH569 will be offered in the fall semester.

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

The program's competencies have undergone several changes over the three and a half years of program implementation. These process for facilitating these changes was led by Dr. Cheezum, who was then serving as the Associate Program Director and is now the Program Director. The competency revisions have necessitated only minor curriculum changes (described below).

For the first year of implementation (2013-2014), the program had about 40 competencies (ERF). These competencies had been selected from the ASPPH list of competencies by the program faculty (Drs. Wren, Dallo, and Cheezum). After Drs. Wren and Cheezum attended the CEPH workshop in the summer of 2014, the faculty worked to customize a more streamlined list of competencies. We then worked with the MPH Program Advisory Board to revise and finalize the list of competencies. (See the list of competencies in ERF and minutes from meeting with the MPH Program Advisory Board in ERF.) This list of competencies was used for Cohorts 2 and 3.

During our consultation visit in January, 2016, we received feedback that our competencies were not in alignment with CEPH requirements. While we had competencies that reflected what we felt made our program unique, we did not have core competencies. After receiving this feedback, we further revised our competencies. We used a similar process to to develop our second list of competencies. First, faculty met to review what we thought made our program special and what skills we thought our curriculum was designed to provide to our students. This discussion led to the identification of *Evidence-Based Practice* as our program's concentration. The program faculty then drafted core competencies that better met the requirements of CEPH and best reflected our program's curriculum. We brought this list of competencies to the MPH Program Advisory Board for review, discussion, and revision. We sent this list to our consultant for review and received positive feedback. These core and concentration competencies are what are provided above in 2.6.a and 2.6.b, respectively.

This last change, for academic year 2016-2017 required a minor change to the curriculum. Prior to this point, our students were permitted to take any course that was a graduate course that they had approved by their faculty advisor. We now have a list of courses that the faculty have determined address at least one of the EBP (concentration) competencies. Students must select from this list. If a student wants to take another (not already approved) course, they must make a proposal to the MPH Program Planning Committee through their faculty advisor. They must provide to the committee the course name and number, a copy of the syllabus, and a description of how it addresses at least one of the concentration competencies.

Competencies are listed on the program's website (oakland.edu/shs/health-sciences/mp/). Competencies are immediately made available to the students in the handbook. At orientation, this handbook is discussed, including a detailed description of the competencies. The competencies are discussed by faculty throughout the curriculum, including discussions about which competencies are met through each course. When students begin to seek practicum placements, there are further discussions about the competencies, as it is expected that the practicum will meet at least four of the competencies.

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

As described above, we have had three different sets of competencies in the last four years. Our competencies were revised after receiving additional information or feedback regarding CEPH requirements. Given that we will be moving to the new criteria in the next two years, this will necessitate another revision of the competencies. Our plan is to then review the competencies with the MPH Advisory Board every three years to determine continued relevance and appropriateness to the public health needs of the region. The decision whether or not to revise these competencies will be further informed by feedback from the alumni survey, employer survey, MPH Program Planning Committee discussions, and/or student feedback.

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

The criterion is met. Oakland University’s MPH Program has used a reflective and collaborative process, engaging students, faculty, and community partners to revise the core and concentration competencies, which reflect the values of the MPH program, are used to steer the curriculum, course material, and student learning. We have made adjustments to the curriculum in response to the needs of our students and the community (which hosts our students for their practicum experiences) and to better align with CEPH criteria.

Strengths

- Competencies were developed in collaboration with faculty, students, and community partners. (There were no program alumni at the time of their development.)
- The competencies are reflective of program vision and values.
- Competencies are integrated throughout the MPH Program Curriculum.

Weaknesses

- Our competencies have undergone several iterations in the four years of program implementation, based upon the feedback from CEPH. The most recent feedback – in January, 2017 – required shifting what had been designated as core competencies to our concentration competencies (Now EBP1 and EBP2). Previous materials, reflect the previous conceptualization of these competencies as part of core competencies.

Plans

- We will be moving toward using a new set of competencies based upon the new CEPH criteria. The Program Planning Committee will be discussing these new competencies, making sure our curriculum is in alignment with these competencies, at our Faculty retreat on May 3, 2017.

2.7 Assessment Procedures

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

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

All students enrolled in the MPH program are expected to meet overarching competency requirements through a combination of their standard didactic coursework, small group projects, service-learning activities, community-based participatory work, as well as required practicum experience and capstone. The MPH program uses a variety of means to monitor and evaluate students' attainment of the expected core and concentration competencies including:

- Successful completion of all required coursework – The program's competencies are linked to required coursework. As part of this coursework, the students are assessed related to the competency through the course's graded items, including papers, presentations, exams, and assignments.
- Practicum Poster Session and Practicum Evaluation Forms – Students select four competencies and map those competencies onto practicum activities and outcomes. After completing their practicum placement, they present a poster designed to demonstrate how these competencies were met. These posters are reviewed by two faculty members to assess achievement of competency, as well as the poster presentation.
- Peer-reviewed reflective writing about competencies during PH 690: Capstone (Cohorts 1, 2) – Students wrote papers, in response to question queues (see Capstone Assignments in ERF) to demonstrate the ways they achieved mastery of competencies through their coursework, assignments, and practicum experiences.
- Successful completion of Capstone project (Cohort 3) – Students complete an applied practice group project that requires integration of the core competencies. They are independently assessed on their achievement of the competencies through a defense where they meet with two faculty members who ask pre-determined questions to assess their understanding of these competencies.

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2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program’s performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor’s master’s and doctoral degrees) for each of the last three years.

Table 2.7.1 Degree completion

Table 2.7.1. Students in MPH Degree, By Cohorts Entering Between 2013 and 2017								
	Cohort of Students	2013-14	2014-15	2015-16	2016-17			
2013-14	# Students entered	13						
	# Students withdrew, dropped, etc.	1						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2014-15	# Students continuing at beginning of this school year	12	11					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	11	0					
	Cumulative graduation rate	84%	0%					
2015-16	# Students continuing at beginning of this school year	1	11	13				
	# Students withdrew, dropped, etc.	0	0	0				
	# Students graduated	1	10	0				
	Cumulative graduation rate	92%	90%	0%				
2016-17	# Students continuing at beginning of this school year	0	1	13	18			
	# Students withdrew, dropped, etc.	0	0	0	0			
	# Students graduated	0	1	0	0			
	Cumulative graduation rate	0%	100%	0%	0.0%			

Table 2.7.2 Graduates’ Employment

2.7.2 Destination of Graduates by Employment Type	Cohort 1 2013- 2015	Cohort 2 2014- 2016
Employed	5 (56%)	6 (75%)
Continuing education/training (not employed)	1 (11%)	1 (12.5%)
Actively seeking employment	3 (33%)	1 (12.5)
Not seeking employment (not employed and not continuing education/training, by choice)	0	0
Unknown	3	3
Total	12	11

The Oakland University policy for time to degree completion states that: “Credit earned more than six years before a graduate certificate or master’s degree is to be granted, may not be used to fulfill the degree or program requirements. This means, for example, that a course taken in Fall 2007 may be used to satisfy graduate certificate or degree requirements until the end of the Fall 2013 semester.” Thus, students have six years to complete their degree.

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

The alumni employment data is based upon the alumni survey. The first cohort was surveyed about eight months after graduation, the second cohort 6 months after graduation. In the future, this survey will be administered 6 months after graduation. Our employment rate for the first cohort is not what we would like it to be. In the future, the program coordinator will secure contact information before students graduate and will call them one year after graduation to inquire specifically about employment. The alumni survey can give us data on our alumni after six months. The personal outreach from the program coordinator can give us data after one year. We think this approach will give us more reliable data.

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

N/A

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2.7.e. Data and analysis regarding the ability of the program’s graduates to perform competencies in an employment setting, including information from period assessments of alumni, employers and other relevant stakeholders.

The MPH program relies on anonymous and confidential online survey of MPH program alumni and surveys of community partners who employ our alumni in order to evaluate our alumni’s ability to perform the program’s competencies. In the fall, following graduating from the MPH program, all alumni are asked to complete an alumni survey. Part of this survey asks them to assess their achievement of each competency. (See Alumni Survey Questions and results in ERF.) The survey is administered via Survey Monkey and students are given at least two weeks to complete the survey. Several reminder emails are sent to them. This survey does not identify the alumni respondent. Some students may graduate after summer or fall terms. These students complete the survey with the next graduating cohort to avoid (or at least minimize) the chances of identifying them. Our first alumni survey had 10 out of 11 graduates respond; our second alumni survey had 8 out of 10 graduates respond. Drs. Laurel Stevenson and Mozhgon Rajae were responsible for initial survey development and continue to revise the survey, as necessary; they also conduct the analysis of results. Program Coordinator Janice Eaton is responsible for emailing the survey links and sending reminders to alumni. The Program Planning Committee first reviews results when they are available. They discuss any proposed changes to be made to the program. The results and any proposed revisions are presented at the next MPH Advisory Board meeting (either late fall or early winter meeting) to discuss the results and get feedback. Those discussions are then reviewed at the Program Planning meeting and specific details of any action determined to be necessary are identified and a faculty or staff member is assigned to oversee those actions.

This past year, we started conducting face-to-face and/or telephone survey of area employers. We have conducted three interviews that include open-ended questions, as well as structured response questions that ask about to what degree our alumni can perform each competency. (See ERF for employer survey questions and response summary documents.)

The Program Planning Committee and the MPH Advisory Board have reviewed the results of these results in separate meetings. No immediate changes to the program or curriculum were determined based upon this review. The faculty will consider the results of both at the May 3rd Faculty Retreat. This will be the first comprehensive review of both sources of data.

Competency	Alumni Survey (% respondents good, very good, or excellent)	Employer Survey (results from 3 employer surveys conducted to date)
C1 Environmental Health Sciences Describe specific approaches to assess, prevent, and control exposures to environmental hazards that pose risks to communities’ health and safety.	87%	No way to assess (3)

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C2	Epidemiology/Biostatistics Understand the distribution and determinants of infectious and chronic disease using surveillance, descriptive and inferential methods in population-based settings.	87%
		Strongly agree (2) No way to assess (1)
C3	Health Behavior and Health Education Select and apply the appropriate theory, concepts, and conceptual model to drive public health practice.	87%
		Strongly agree (2) Agree (1)
C4	Health Management & Policy Incorporate evidence-based best practices into public health organizational management and health policy development.	87%
		Strongly agree (3)
EBP1	Engage community members in a participatory process that prioritizes capacity building, shared decision making, and trust in order to design and implement research studies, public health interventions, and policy.	93%
		Strongly agree (3)
EBP2	Develop and execute steps to plan, implement, and evaluate public health interventions and policies in specific target population.	87%
		Strongly agree (3)
EBP3	Employ relevant and customized oral, written, and new media forms of communication – including translation of epidemiological data and research findings – to effectively reach target audience	93%
		Strongly agree (3)
EBP4	Demonstrates cultural humility and respect by incorporating relevant values and traditions of communities being served (e.g., Arab, Chaldean, African-American, etc) into tailored public health practice.	93%
		Strongly agree (3)

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EBP5	Demonstrate ongoing engagement of best practices in public health by remaining current in scientific literature, use of new technologies, and ongoing engagement with public health community.	93%	Strongly agree (3)
EBP6	Demonstrate ethical, community-oriented professional practices through collaborative leadership, team-building, and fiscal management	93%	Strongly agree (3)

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

This criterion is met.

Strengths

- Multiple target audiences (students, alumni, faculty, and employers) and multiple data collection efforts provide rich quantitative and qualitative assessment data.
- As a small program with a lot of contact between faculty and students and alumni, we get a good response rate from our alumni survey.

Weaknesses

- Our competencies have been constantly evolving in response to CEPH feedback. In the most recent change, we moved two competencies that had been core competencies to be considered concentration competencies. On some materials, including the Practicum Learning Contract and the Alumni Survey, the former conceptualization of the competencies was used, so this had led to some discrepancies in our materials over time. We try to keep the materials updated and make changes clear – and fair - to our students. For example, this change to the competencies took place when first year students were beginning to make plans for their practicum. In order to minimize the impact of this change on the students, we gave the option of choosing 1-2 core competencies and 2-3 concentration competencies for a total of 4 competencies, rather than 2 core and 2 competency, as was previously required. Our next alumni survey will have the competencies listed in the new format. We will also be moving toward using the new competencies in accordance with the 2016 CEPH criteria.
- As a new program, we do not have many graduates employed in the region and many work for just a handful of area employers. We look forward to increasing the diversity of placements and having a richer pool of employer respondents in the coming years as our alumni pool grows.

Plans

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- The MPH Accreditation and Program Planning Committees are interested in using the results of these assessments to continually refine our program activities. Additional time and more graduates will allow for richer data, i.e., Practicum Poster and Practicum Evaluations, alumni and employer surveys
- The MPH Advisory Board reviewed and revised these data collection tools as part of our participatory process. We look forward to systematically sharing these findings with the MPH Advisory Board at upcoming meetings.
- The Program Planning Committee will be reviewing all data at the May 3rd Faculty retreat. This will be the first comprehensive review of the data.

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.

N/A

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.

N/A

2.10 Doctoral Degrees

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

N/A

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.

N/A

2.12 Distance Education or Executive Degree Programs

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

N/A

3.0 Creation, Application and Advancement of Knowledge

3.1 Research

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

3.1.a. Description of the program’s research activities, including policies, procedures and practices that support research and scholarly activities.

Oakland University’s MPH program values the research conducted by our program’s faculty. Each faculty member maintains an active research program aligned with each individual faculty member’s interests and expertise. Our faculty members conduct research in the following areas:

- Community-based participatory research exploring the impact of social factors on the health of vulnerable populations;
- Health status of individuals from the Middle East
- Program evaluation research
- Preventative care for cardiovascular disease for women
- Environmental health exposures and occupational stressors in schools

In alignment with the university’s goals, the Agreement between the university and the Oakland University Chapter of the AAUP, and the School of Health Sciences review criteria (see ERF), all faculty are expected to maintain an active research program and produce scholarly items, such as conference presentations and peer-reviewed papers.

Faculty have a nine-month contract, have flexibility in their out-of-class time during the fall and winter semesters, and generally devote much of their summer time to conducting research. The following support is offered to faculty to encourage their research activities:

- The MPH program has had four part time graduate assistantships that it awards to students. Starting in the 2017-2018 academic year, the program will have eight part time graduate assistantships to award. Students are matched with faculty members and offer 10 hours a week of work time devoted to the faculty member’s research.
- The School of Health Sciences and Oakland University offer competitive grants to support faculty research. These grants include the SHS “seed” and “sprout” grants that are designed to help launch new research programs (see ERF).
- The Agreement between the university and OU’s AAUP Chapter allots \$900 per year for faculty members to spend on travel expenses to attend conferences. The School of Health Sciences will contribute an additional \$200 for a faculty member to attend a conference at which s/he is presenting.
- Faculty can use external grant funding to buy out of classes to redirect time from teaching responsibilities to research activities.
- Tenured faculty may take a semester sabbatical at 100% salary or a full year sabbatical at 50% salary.

- The university offers periodic workshops related to research. Recent workshops have included a workshop on securing external grant funding for research and Kresge Library-sponsored workshops related to publication.

3.1.b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

With our program’s focus on community-engaged public health and evidence-based practice, we particularly value research activities that are undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Our faculty have engaged in the following research projects:

- Dr. Rebecca Cheezum conducts community-based participatory research in collaboration with Neighborhood Service Organization to explore factors that impact health of individuals who have experienced chronic homelessness who now live in a Housing First apartment building. Dr. Cheezum has also partnered with Oakland Schools, a local intermediate school district, to explore students’ mental health programming needs and experiences with bullying in the schools. Funding agreements are included in ERF.
- Dr. Mozhgon Rajae is partnering with local school districts to conduct research related to environmental health exposures and occupational stressors in schools (see ERF).
- Dr. Florence Dallo partners with the Arab Community Center for Economic and Social Services (ACCESS), the Arab and Chaldean Council (ACC), and Henry Ford and Beaumont Health Systems (see subcontracts with Henry Ford and Beaumont in ERF) to explore the health status of individuals from the Middle East.
- Dr. Laurel Stevenson works with Oakland County Health Division on a number of evaluation activities for the Michigan Health and Wellness 4x4 Plan (funded 2016 and 2017). These evaluation activities center around community-based physical activity programs such as pop-up adult fitness classes and walking groups, and adolescent summer sports leagues. Other current evaluation activities include work with the Lawn Academy of Detroit (funded 2017), Michigan, an organization promoting positive youth development through service-learning, character building, and leadership training, and Detroit SOUP (not funded), an organization promoting community development through micro-financing initiatives. Dr. Stevenson with Dr. Jennifer Lucarelli, recently completed a multi-site shared access food measurement survey pilot through Michigan State University Center for Regional Food Systems (funded, 2016). Funding award notices are included in ERF.

Additionally, as part of their practicum experiences, some of our students have conducted research in collaboration with community-based organizations. Table 2.4 provides some examples of these activities.

3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b, including amount and source of funds, for each of the last three years.

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Table 3.1.1. Research Activity of Faculty for the Last 3 Years

Table 3.1.c. Research Activity from 2013 to 2016										
Project Name	Principal Investigator & Department (for schools) or Concentration (for programs)	Funding Source	Funding Period Start/End	Amount Total Award	Amount 2013-2014	Amount 2014-2015	Amount 2015-2016	Amount 2016-2017	Community-Based Y/N	Student Participation Y/N
Racial and Ethnic Disparities in the Identification of and Treatment for Depression among Arab, Asian, black, Hispanic, and white Patients	Dallo	BCBSM	11/1/2016 - 12/31/2017	\$64,000					No	No
Does Pay-for-Performance Improve Diabetes Preventive Care Measures?	Dallo	OU Summer Faculty Fellowship	5/1/2016-8/30/2016	\$8,000			\$8,000		No	No

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The Case for Arab, Asian, non-Hispanic black, and non-Hispanic white Patients in Michigan?										
Cumulative stressors for Michigan Public School Teachers	Rajae	NIOSH / U of M COHSE	7/1/2016-6/30/2017	\$17,000	--	--	--	\$17,000	No	No
NSO/Bell-Oakland University Partnership PhotoVoice project	Cheezum	Faculty start-up funds	September 2012 - present	\$12,000 (costs for this project)	12,000	--	--	--	Yes	Yes
Bell tenant health care utilization survey	Cheezum	SHS Prevention Research Center	May 2016-May 2017	\$4,992	--	--	\$4,992	--	Yes	Yes
Through Our Eyes	Cheezum	Community Foundation of Southeast Michigan	October 2016-2017	\$16,000	--	--	--	\$16,000	Yes	Yes
Shared Measurement Food Access Survey Pilot	Lucarelli (PI) Stevenson (Co-PI)	Michigan State University Center for Regional Food Systems	May 2016-Dec 2016	\$5,800	--	--	--	\$5,800	Yes	No

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Grizzlies Response: Awareness and Suicide Prevention (GRASP) at Oakland University	MacDonald (PI) Wren-co-PI	Garrett Lee Smith Memorial Act, Substance Abuse and Mental Health Services Administration	9/1/2012 - 8/31/2015	\$611,546	\$203,849	\$203,849	--	--	No	Yes
Improving Quality of Colorectal Cancer Screening with Colonoscopy	Menees (PI) Wren (Co-PI)	Michigan Institute for Clinical and Health Research (MICHRT2) Mentored Clinical Scientists Career Development K Award	1/1/2012 - 12/31/2013	\$50,000	\$50,000	--	--	--	No	No
Totals				\$789,338	\$265,849	\$203,849	\$12,992	\$38,800		

3.1.d. Identification of measures by which the program may evaluate of its research activities, along with data regarding the program’s performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators.

Outcome Measures for Research

Table 3.1.d. Outcome Measures for Research				
Outcome Measure	Target	2014-2015	2015-2016	2016-2017
All primary faculty members will produce at least one scholarly work annually as indicated by peer-reviewed publications, submitted internal/external grants or contracts, or presentations in the public health field.	100%	100% N=4	100% N=5	
At least 60% of students will engage in student- or faculty-driven research over the course of their study.	60%	80% N=10	100% N=8	
At least 80% of primary faculty members will bring their own research into the classroom.	80%	100% N=4	100% N=5	
Number of students advised for research activities 77	8	4	5	16
Number of articles published in peer-reviewed journals	4	2	2	3
Number of presentations at professional meetings	4	2	3	4
Number of grant submissions	3	2	3	9

3.1.e. Description of student involvement in research.

Students are engaged in research in the following ways:

- Students receive graduate assistantships (two full time graduate assistantships in year one of program, four part time graduate assistantships in years two through four, and starting year five there will be eight part time graduate assistantships) funded by the MPH program to work with a faculty member on that faculty member's research.
- Students volunteer to work with faculty members on their research. As an example three students volunteered to work with Dr. Dallo to analyze data and write up the results to submit to a journal.
- Some students choose to conduct research as part of their practicum placements.
- Faculty hire students on an hourly basis to work on their research. As an example, Dr. Cheezum hired 4 Master of Public Health students to collect data for a research study.

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

This criterion is met.

Strengths:

- Our faculty maintain commendable research programs, given that they each have a heavy teaching load of 20 credits per year. (Our faculty generally teach three courses in one semester and two courses in the other semester).
- Our faculty maintain active research programs in areas relevant to public health.
- Our faculty engage students in our research programs – through paid graduate assistantships, hourly employment, or volunteer opportunities - and we bring our research into the classroom through class discussions or examples related to the subject matter.

Weaknesses:

- The competitive nature of external grants (e.g., NIH, NSF) make it challenging for faculty to secure significant funding that allows for buying out of classes or funding graduate research assistants.

Plans:

- Faculty will continue to seek external funds; we are particularly interested in securing funding that will allow for funding a larger number of graduate research assistants.

3.2 Service

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

3.2.a. Description of the program’s service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The Oakland University MPH program was, from the beginning, designed with a focus on service. This service is in alignment with the university’s strategic goal to “become a leader in serving the needs and aspirations of our communities and region through expanded community relationships, institutional reputation and visibility, and engagement.” (See strategic plan summary in ERF.) The program institutionalizes its commitment to service by using service learning in its curriculum. As examples, students conduct projects in collaboration with community-based organizations for class assignments for PH 610 (Principles of Community-based Participatory Research) and PH 620 (Planning, Implementation and Evaluation of Public Health Interventions). These projects are designed to give students skills while also aiming to provide meaningful service to these organizations.

Faculty research, described in more detail above, also is in alignment with the program’s commitment to service in that several faculty members conduct community-based participatory research, where the research is designed to be of benefit to the communities in which data is collected. Such community-engaged research is rewarded through the tenure system. The university has also recently put more emphasis on community-engaged research through the introduction of the Soundings Series. The Soundings Series showcases the work of OU's engaged researchers and public intellectuals and provides information about how others can become a publicly engaged scholar.

Faculty in the School of Health Sciences are expected to conduct service to their program, the School of Health Sciences, the university, the community, and/or their profession. Such service is a requirement for securing tenure and, as such, faculty members are encouraged to devote a proportion of their time to service.

The program does not currently hold any formal contracts with external agencies.

3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Oakland University’s tenure and promotion expectations, as set forth in the School of Health Sciences Review Statement and the FRPC General Statement to Candidates and Academic Units, require faculty members to engage in teaching, scholarship, and service. Tenure track faculty members undergo three reviews before securing tenure. At each of these level of reviews, there is a clearly articulated expectation of service to program, school, university, community, and/or the profession. Service to the community is a highly valued component of these criteria. (See documents in ERF.)

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The School of Health Sciences statement defines service as:

Service refers to institutional, professional, and public service through work that grows out of the university’s programs and mission. Evidence for the evaluation of service may include any of the following (not listed in order of importance):

- participation in clinical services related to instructional and/or research programs
- activities undertaken in a mentor or assisting role for faculty colleagues to help them improve teaching skills, research ideas and methods, grantsmanship, and clinical skills
- planning and implementation of workshops or programs related to the profession
- membership and constructive participation on school or university committees
- membership and constructive participation in local, state, regional, national, or international organizations related to the profession
- initiating, planning, organizing, conducting, and reporting on projects related to academic programs of the School of Health Sciences

Candidates for tenure and promotion must demonstrate through their dossier such service activities.

3.2.c. A list of the program’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

Table 3.2.1 Service Activity of Faculty for the Last 3 Years

Table 3.2.1. Faculty Service from 2013 to 2017				
Faculty member	Role	Organization	Activity or Project	Year(s)
Cheezum	Member	Royal Oak Public Schools Sex and Health Advisory Committee	Served on advisory Committee	2013-2014 2014-2015 2015-2016 2016-2017
Cheezum	Partner	NSO/Bell Building	CBPR partnership 2013-present	2013-2014 2014-2015 2015-2016 2016-2017
Cheezum	Partner	Oakland County Schools	Assisted with needs assessment conducted as part of Project AWARE initiative. March-July, 2016	2015-2016
Cheezum	Co-chair	Oakland County Health -ECHO	Community Themes and Strengths Assessment Team	2014-2015 2015-2016
Dallo	Member	ACCESS	Project - tobacco intervention among adolescents	2014-2015

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Rajae	Member	Sustainable Detroit	Air pollution and trash incineration campaign	2015-2016 2016-2017
Stevenson	Partner	Detroit Soup	Provided technical assistance for evaluation activities	2016-2017
Stevenson	Partner	Lawn Academy	Provided technical assistance for evaluation	2016-2017
Wren	Member	Mental Health Task Force, Oakland County Health Division	Planning and implementing mental health and suicide prevention activities	2014-2015 2015-2016 2016-2017
Wren	Member	Energizing Connections for Healthier Oakland (ECHO), Oakland County Health Division	Served on three different county-wide strategic planning committees	2013-2014 2014-2015

3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.

Table 1.2.c. Outcome Measures for Service				
Service Goal: Goal: Faculty and students will launch productive health-related partnerships with relevant organizations.				
Outcome Measure	Target	Year 1 (2013-2014)	Year 2 (2014-2015)	Year 3 (2015-2016)
At least 80% of primary faculty members will be engaged in at least one productive partnership with a community-based organization.	80%	66% (2) N=3	50% (2) N=4	60% (3) N=5
At least 80% of primary faculty members will be engaged in a productive partnership with a national, state, or local public health organization or non-profit agency.	80%	100% (3) N=3	75% (3) N=4	100% (5) N=5
The MPH Advisory Board, composed of faculty, alumni, student, state and county health department, and non-profit organization representatives, will meet three times per year.	3 meetings	1	2	3
At least one faculty member will facilitate a public health service or training event in the local community each year.	1	1	2	1
At least 75% of students will engage in at least one	75%	No data	No data	No data

service activity with a national, state, or local public health organization or non-profit agency over the course of their study, not including as part of practicum placements or other course requirements.				
---	--	--	--	--

3.2.e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4

The MPH-affiliated student organization “Public Health Professionals” engaged in community service activities that are outside those required for the completion of the MPH degree. As an example, after a field trip to the Bell Building, a program that provides permanent housing to individuals who have experienced chronic homelessness, students decided to volunteer to support a small community garden that was in place on the property for tenants to use. This garden was initially started by an MPH student who wrote a grant proposal to a local organization, securing support to put in two raised garden beds. Students noted that some of the vegetables were not eaten and that there were several weeds in the beds at the end of the growing season. They started organizing a service day where students went to close the beds that season and planted vegetables the following season. They asked tenants what vegetable would be eaten and made a plan to donate seeds. Members of the student organization also conduct public health awareness activities, as part of Public Health Awareness Week and organized participation in a local March of Dimes event.

Below are other examples of student involvement in service:

- An incoming MPH student worked with Dr. Cheezum on a service/research project with Oakland County Schools, helping to conduct focus groups to assess the mental health and bullying-related needs of students in three school district.
- A student organized a 5k run to raise funds for a health issue.
- A student worked with a feeding program for low-income children while she was in Belize for her practicum. (This work was outside her practicum responsibilities.)
- A student participated in the Homeless Count night in Oakland County.

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

This criterion is met. Service is an integral part of the MPH program, interwoven throughout the program’s faculty members’ research and students’ coursework. Service is in alignment with the university’s strategic plan and supported through the tenure and promotion process.

Strengths

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- The program’s focus on community-based participatory research and service learning strongly supports this criterion.

Weaknesses

- We only incorporated our final service-related objective, related to students’ service activities outside of the program’s requirements, in the past year. We do not yet have data on this goal. While our students often come into the program with an interest in serving their community, we had not institutionalized that into the expectations of our students before incorporating this objective.

Plans

- The incorporation of our final service-related objective, “At least 75% of students will engage in at least one service activity with a national, state, or local public health organization or non-profit agency over the course of their study, not including as part of practicum placements or other course requirements” will strengthen our program’s emphasis on service for our students. We will discuss this objective in recruitment activities, new student orientation, and throughout the curriculum. This will instill a stronger culture on service, especially when considered in conjunction with the other service-related aspects of our program, such as its focus on community-based participatory research and service learning. We expect that this will increase our students’ engagement in service activities while students, but also after graduation.
- As the reputation for our program builds, we are receiving an increasing number of requests for assistance from different community-based organizations. We are working on a process for organizing these requests and creating a structure to be able to respond to them in a way that provides learning opportunities for students and utilizes faculty expertise, without leading to overwhelming service responsibilities.

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.

3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

Once a year, the MPH Advisory Board (MPH Advisory Board) will have a discussion about continuing education needs. We started this activity this past year; this discussion took place at the October 12, 2016 MPH Advisory Board meeting. At this meeting, the MPH Advisory Board identified the following areas for workforce development needs:

- Data analysis and qualitative methods
- Grant writing
- Needs assessments
- Survey development
- Program evaluation
- GIS Mapping

To further prioritize these (or other) workforce development needs, we created a Workforce Development Survey in Survey Monkey (see ERF) that asked participants to note on which of these professional development training needs they would be interested in attending workshops. The link to this survey was sent to all community-advisory board members and alumni. It was requested that recipients forward the email to their colleagues working locally in the field of public health. We received 26 responses to this survey. The survey also asked respondents to provide their contact information if they would like to be included in our professional development workshop mailing list. This survey helped us prioritize these workshops.

Additionally, moving forward, the MPH Program Planning Committee will be systematically using data from the employer survey and alumni survey to identify areas for workforce development to meet continuing education needs in the community. This will be part of the annual retreat that the faculty have each year when they review the data. This can help the program in prioritizing needs communicated by the MPH Advisory Board, as well as look for other areas of professional development needs in the community.

3.3.b. A list of the continuing education programs, other than certificate programs offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/continuing education activities may be reported in a separate table.

In the first few years of implementation, our professional development activities were limited to capacity building workshops conducted by faculty relevant to our expertise:

- Dr. Wren has provided training related to mental health and suicide prevention

- Dr. Cheezum has provided presentations on qualitative research, the use of community-based participatory research to address social determinants of health inequalities, and the use of mixed methods in community-based participatory research

On Wednesday, June 21st, we hosted a workshop entitled “Writing Successful Grant Proposals.” This workshop was designed for the beginning grant writer and had three guest panelists/instructors:

Michelle Bosau, M.A., CFRE
Director of Corporate and Foundation Relations
Oakland University

Akia Burnett, MSW, MBA
Acting Unit Manager, Obesity Prevention Programs
Michigan Department of Health and Human Services

Alex Delavan, MBA
Director of Sponsored Programs
Oakland University

Twenty-four participants from community-based organizations attended the event. To publicize the workshop, we sent an email to our community partners and asked them to forward the event flyer. We also posted the workshop on our website. The flyer, agenda, and evaluation feedback can be found in our ERF.

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

We have not offered any certificate programs or non-degree offerings in the last three years.

3.3.d. Description of the program’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

The MPH program has started its workforce development initiative this past year. This initiative will continue to use an iterative process to assess workforce development needs, design workshops in response to these needs, advertise these workshops through our webpage and our listserv to community partners, evaluate each workshop, and incorporate evaluation findings into the planning and implementation of these workshops. MPH faculty participation in planning and conducting these workshops counts toward their service requirements for tenure and promotion.

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

- Dr. Cheezum provided a brief workshop on qualitative research for needs assessment for Oakland County Department of Community Health.

- Dr. Cheezum conducted a workshop on the use of collaboration to address social determinants of health for the Healthy Pontiac, We Can! Coalition.
- Dr. Rajae co-led a workshop at Wayne State University's Iraq Youth Leaders Exchange Program on community mapping.
- Dr. Stevenson has given informal trainings with the Lawn Academy on evaluation practices and logic models.

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

This criterion is partially met. As a new program, we have been focusing on issues of initial implementation and evaluation. With our commitment to the local region and its public health infrastructure, we are excited to have recently launched the workforce development initiative.

Strengths

- We have focused energy on building relationships with community partners. These relationships have been built and strengthened through faculty service, class projects, students' practicum placements, and our alumni. These relationships are assets as we launch our workforce development initiative.
- Our community partners, such as Oakland County Department of Community Health, have already turned to our faculty to provide workshops to different groups of community partners, and our faculty have been responsive to these requests.
- Our faculty have a broad range of skills and some come with professional experience in the field of public health prior to joining academia. These expertise are aligned with the workforce development needs articulated by the MPH Advisory Board and further acknowledged through the workforce development survey.

Weaknesses

- As a new MPH program, we have been focused on program implementation of our new academic program and have only recently launched the Workforce Development Initiative. While we have two Workforce Development Workshops planned for the next few months, we have not yet conducted a formalized workforce development initiative, other than providing educational workshops upon the request of partners.

Plans

- As we launch the Workforce Development Initiative, we will be hosting two workshops: Grant Writing in June and Program Evaluation in October. We will conduct an assessment of these evaluation activities to hone our implementation methods to ensure that they fit the needs of our community partners.
- We will assess workforce development needs semi-annually and will conduct at least two workforce development activities per year in response to communicated needs.

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.

4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests.

Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

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Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
MPH Program	Rebecca Cheezum	Assistant Professor	Tenure-track	50%	MPH	Boston University	Social Behavioral Science	Health Behavior Health Education, Community- based Participatory Research	Community based participatory research, Understanding how social and structural factors Impact health among vulnerable populations.
					PhD	University of Michigan	Health Behavior/Hea lth Education		
MPH Program	Florence Dallo	Associate Professor	Tenured	50%	MS	University of Michigan	Middle Eastern Studies	Epidemiolog y	Assessing the health and disease status of Middle Eastern individuals in Michigan and the U.S.
					MPH	University of Michigan	Epidemiology		
					PhD	University of Texas - Medical Branch	Preventive Medicine & Community Health		
MPH Program	Mozhgon Rajae	Assistant Professor	Tenure-track	50%	MS	University of Michigan	Environmenta l Policy & Planning	Environment al Health	Assessing environmental determinants of disease in vulnerable populations, particularly around issues of environmental justice and the built
					MPH	University of Michigan	Environmenta l Quality & Health		
					PhD	University of Michigan	Environmenta l Health Sciences		

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									environment.
MPH Program	Laurel Stevenson	Assistant Professor	Tenure-track	50%	MPH	Indiana University	Public Health	Health Behavior Health Education, Global Health, Program Planning & Evaluation	Community-based research in low resources areas, mixed methods, evaluation, global health
					PhD	Indiana University	Health Behavior		
MPH Program	Caress Dean	Assistant Professor	Tenure-track	50%	MPH	University of Missouri-Columbia	Health Policy and Promotion	Health Management and Policy	Chronic disease prevention and management among vulnerable populations.
					PhD	Saint Louis University	Public Health		
MPH Program	Kwami Sakyi	Assistant Professor	Tenure-track	50%	MSPH	Johns Hopkins University	Social and Behavioral Intervention Program in International Health	Statistics, Maternal and Child Health	Maternal and child health issues in resource-limited settings
					PhD	Johns Hopkins University	Social and Behavioral Intervention Program in International Health		

4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program. See

N/A – No part time or adjunct faculty are anticipated for Fall, 2017.

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The MPH program is focused on training the next generation of leaders in public health practice. As such, we aim to bring a practice-based focus to our curriculum. Program Director, Dr. Rebecca Cheezum, worked for nearly ten years in public health practice, focusing on HIV prevention and youth development work in the Maine, the West Indies, and Boston. She has worked for community-based non-profit organizations and the Boston Public Health Commission. Dr. Cheezum integrates her experience into her classes. For example, the work she did coordinating the Metro-Boston Haitian REACH 2010 Coalition is used as one of three examples of community-based participatory research partnerships she uses throughout her Principles of Community-based Participatory Research course. She uses other smaller examples, such as what it was like to work cross culture on the above mentioned coalition (as the only white and non-Haitian member of the group). Dr. Cheezum has also considered skills that she had to develop while working in the field of public health (e.g., meeting facilitation, how to lead when you do not have true authority) and has discussed this in her courses. Dr. Cheezum also uses examples of her work with the Bell Building and the experiences of individuals who live there who have experienced chronic homelessness in her community-based participatory research course and her social determinants of health course.

The program also relies on guest-lecturers to bring their public health experience into the classroom to our students – or bring our students to their community to hear about their public health experience. Below are examples of guest speakers or other ways that the faculty integrate perspectives from the field into the classes:

- The course, Principles of Community-based Participatory Research, includes guest lectures by staff of the Tumin Center, a drop in center for Detroit's homeless and Coleman Yoakum, a community organizer living in Pontiac, as guest speakers.
- Alex Delevan, Oakland University's Director of Sponsored Programs, guest lectures on preparing budgets and staff from the Communication and Marketing Department of Oakland University for the course Planning, Implementation, and Evaluation of Public Health Interventions.
- Introduction to Environmental Health Sciences includes guest speakers Erica Wallace of Oakland University RecWell on vectorborne diseases; Michelle

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Martinez of Third Horizon Consulting on race, class, and privilege in Southwest Detroit; and Nick Leonard of Great Lakes Environmental Law Center on environmental justice and the legal system.

- The Organization and Administration of Health and Medical Care Programs course includes a guest speaker on health care delivery to individuals living with disabilities.

4.1.d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Outcome Measures for Faculty Qualifications

Outcome Measure	Target	2015-2016 (Year 3)	2016-2017 (Year 4)	2017-2018 (Year 5)
Number of core areas for which we have a designated faculty member with relevant expertise	Year 3: 4 Year 4: 5	3 (HBHE, Epidemiology, Environmental Health)	4 (HBHE, Epidemiology, Environmental Health, Health Management)	5 (HBHE, Epidemiology, Environmental Health, Health Management and Policy, Statistics)
Number of courses that integrate service learning	3 required courses	2	2	
Percentage of primary faculty that attend at least one teaching workshop, pedagogical conference, or other professional development activity related to instruction	100%	60% (3) N=5	67% (4) N=6	

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

This criterion is met.

Strengths

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- Oakland University has a strong institutional commitment to new faculty hiring, faculty governance, and faculty development
- The MPH Program shares this commitment in its own faculty hiring, mentoring, and development activities
- The core MPH faculty are diverse in key sociodemographic indicators, specialty or scholarly pursuits
- We have hired a new faculty member to teach biostatistics beginning fall 2017.

Weaknesses

- It has been challenging to identify and retain a faculty member with expertise in biostatistics. In part, this is because full-time tenure-track faculty in the School of Health Sciences must teach 20 credit workloads – in other words, faculty are responsible for teaching five (5) four-credit courses in either a 3-2 or 2-3 load during the 8-month academic year. This teaching does not allow for the quantity of research that, we have found, biostatisticians desire.
- As a small MPH program and relatively small School, we do not have the student demand – especially at the graduate level – to support the teaching workload and specialized curricular offerings of a full-time biostatistics faculty member. Consequently, we hired and lost one full-time tenure-track biostatistics faculty member and have employed two other part-time faculty since then.

Plans

- We are excited to announce that Dr. Kwame Sakyi will be joining our faculty in Fall, 2017.

4.2 Faculty Policies and Procedures

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

Oakland University faculty members' rights and responsibilities are spelled out in a number of documents. Full-time tenured and tenure-track MPH faculty are, by definition, members of the bargaining faculty whose work is governed by the current contract executed between Oakland University and our chapter of the American Association of University Professors (AAUP). The 2015-2020 AAUP contract can be found at <http://www.oaklandaaup.org/res/2015-20agreement.pdf> and is also provided in the Resource File.

The School of Health Sciences Review Statement is a companion document to the AAUP contract and further articulates the processes by which faculty are reviewed for tenure and promotion (see Resource File)

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

Oakland University's Center for Excellence in Teaching and Learning (CETL) conducts an orientation for new faculty and provides useful information and links to help all faculty develop their instructional skills. Available online at <https://www.oakland.edu/Assets/Oakland/cetl/files-and-documents/Handbooks/2016-2017FacHandbookAug4.pdf>, the Faculty Handbook covers a broad range of faculty development topics including, but not limited to, class policies, sample syllabi, important student forms, processing class overrides, grading and electronic grade changes, extensive lists of student and faculty support services, and a campus map (See Resource File).

MPH Faculty have participated in the following professional development opportunities related to public health:

- APHA Making a Connection: Climate Change and Mental Health at the American Public Health Association Annual Meeting.
- APHA Making the Connection: Changing Climate through Health Community Design and Transportation
- Public health-related talks on campus, such as a seminar on the ethics of vaccinations.

MPH faculty have also participated in instructional workshops at CETL or e-Lis (for online learning). These workshops range from Learning Institutes (year-long faculty-led series on a pedagogical topic), one-time workshops, and "coffee and conversations" (informal discussions on a topic amongst faculty). Some examples are:

- How to teach an online course (Workshop series)
- Active Learning (One-time workshop)
- Revisiting Course Evaluations (One-time workshop)
- Problem-based Learning (Learning Institute)
- Supervising Graduate Student Writing (Learning Institute)

MPH faculty have participated in the following research-related faculty development opportunities:

- Dr. Dallo participated in the Faculty Leaders Program at RAND Corporation and Pardee Graduate School.
- Dr. Rajaei participated in the CETL workshop “Research Positioning and the International Conference on Mercury as a Global Pollutant.
- Dr. Stevenson participated in University of Michigan’s Mixed Methods Workshop.
- Dr. Dean went to an Academy Health conference and attended sessions on utilizing CMS data.
- Dr. Cheezum annually attends the American Public Health Association Annual Meeting and attends various scientific sessions.

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

The School of Health Sciences’ Review Statement provides the standards and formal procedure by which teaching, research, and service are evaluated for faculty re-employment, tenure, and promotion. Satisfactory demonstrated performance and promise for future development in all categories for which the faculty member is responsible are required. Faculty members will be rated as satisfactorily meeting or not meeting the criteria in each of the categories. The accomplishments needed to achieve a satisfactory rating vary with the review level (i.e., re-employment on the tenure track, final tenure review, promotion to full professor) and are described in detail in the Review Statement.

Evidence of teaching effectiveness may include course syllabi, reading lists, class handouts, major assignments, tests and examinations, and other course materials in all formats and delivery systems. Faculty may also provide detailed descriptions and analyses of new courses or curricula developed, revisions to courses undertaken to address student performance or feedback, and commentary about the range/diversity of courses offered.

The School of Health Sciences considers the strongest evidence of faculty scholarship to be peer-reviewed publications in journals or books. Further evidence for the evaluation of scholarship and research may include seeking and/or securing competitive or meaningful university and external funding; presentations of invited and/or peer-reviewed papers or posters at professional meetings; published books that have been critically evaluated; and copyrights, licenses, or patents granted on products or services.

Service to the program, School, University, profession and public is at the core of Oakland University’s new mission statement and highly valued. Faculty may evidence this meaningful service in a number of ways including but not limited to participating in the planning or delivery of programs related to the profession; membership and constructive participation on school or university committees; membership and constructive participation in local, state, regional, national, or international organizations related to the profession.

The School’s Faculty Personnel Action Committee (FPAC) is responsible for guiding the faculty member in selecting documents for their dossier, and soliciting feedback from reviewers

regarding scholarly work and service contributions. Based on this evidence, and on an anonymous vote of all bargaining unit faculty of the School, FPAC provides an evaluation letter summarizing the candidate's performance in teaching, scholarship and service relevant to the appropriate level of review and recommends a decision regarding re-employment, promotion and/or tenure.

The School's Committee on Appointment and Promotion (CAP) conducts the next level of review, evaluating all material gathered by the candidate and by FPAC. The CAP provides a written recommendation on reappointment or promotion of the candidate that is included in the dossier forwarded to the next appropriate level in the review process

The Faculty Re-employment and Promotion Committee (FRPC) is the university-level committee with representatives drawn proportionately from the College and Schools that conducts the final faculty-driven review of teaching, research, and service and makes a recommendation to Oakland University. Oakland shall then review the candidate according to the approved Review Statement, considering the information and recommendation submitted by the academic unit, and, if separate, the recommendation by the departmental chairperson, CAP and FRPC in rendering its decision.

The Public and Environmental Wellness Department Chair (Dr. Dallo) is responsible for faculty supervision. She provides guidance throughout the tenure and promotion process and is responsible for writing a letter that is included in the tenure and promotion dossier at each level of review. The program director does not have a formal role in the evaluation and supervision of MPH faculty, but is available for mentorship to more junior faculty.

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

The School of Health Sciences uses a single, standardized, de-identified, online course evaluation system. With approximately four weeks remaining in any given semester, students receive an email with a link to complete anonymous and confidential evaluations of their courses. The evaluation consists of 24-items each measured using a 5-point Likert-type scale where 1=Excellent and 5= Unsatisfactory. Students are asked to evaluate such elements as faculty presentation style, the extent to which the faculty member stimulated their interest in the subject and motivated their best work, value of the course to career and educational goals, and effectiveness of the course in helping development competence. One of the items is an open-ended text question asking for any additional comments. Two of these questions form the basis of faculty members' evaluation for re-employment, tenure, and promotion. Q10 asks "What is your overall evaluation of the instructor?" and Q14 asks "Provide an overall rating of this course as a learning experience." These data are systematically reviewed by the MPH Program Director, individual faculty, deans, and (as scheduled) members of FPAC, CAP, and FRPC. They are included in the faculty members dossier at each stage of tenure and promotion review.

The process for reviewing course evaluations is changing due to a new structure of the School of Health Sciences. The Department Chair (Dr. Dallo) has access to course evaluations. Each semester, the Program Director (Dr. Cheezum) will sit down with the Department Chair to review course evaluations from MPH courses to identify any issues. If an issue is noted in the

course evaluations, this will be addressed with the faculty member. Additional support, mentorship, or referrals (e.g., to the Center on Excellence in Teaching in Learning) will be offered to the faculty member. The course evaluations may also indicate the need for curricular changes or resources needed by the program (e.g., help with statistical computing); these needs will be considered by the Department Chair and the Program Director.

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

This criterion is met.

Strengths

- Oakland University is very committed to recruiting and retaining faculty, particularly those on the tenure-track. Considerable institutional resources have been channeled through the Provost's Office to the Center for Excellence in Teaching and Learning to support program directors, new faculty, and part-time instructors.
- The current contract between Oakland University and the American Association of University Professors (AAUP) faculty union provides considerable clarity with respect to new faculty hiring, the tenure and promotion review processes, and even matters related to leave, sabbaticals, travel, and workload.
- The School of Health Sciences Review Statement governs the tenure and promotion processes for MPH core faculty. MPH faculty have experience serving on the FPAC and CAP committees that also provides important institutional memory and experiences to help more junior faculty members.
- Student input is highly valued by the MPH program. We routinely review student course evaluation data and have a mechanism for addressing pressing academic concerns in real time with our student representatives who attend monthly MPH Program Committee meetings.

Weaknesses

- None at this time

Plans

- We continue to improve our own internal processes. Some of the MPH core faculty are among the newest members of the School's faculty. We have a vested interest in their success as teachers, researchers, and public health professionals that will aid in their tenure reviews. We are moving forward with more specific peer mentoring plans. We are excited that Dr. Kwame Sakyi will join our faculty in Fall, 2017.

4.3 Student Recruitment and Admissions

4.3.a. Description of the program’s recruitment policies and procedures. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each.

We continue to recruit, review, and admit a competitive student cohort. We are pleased with the range and quality of undergraduate institutions represented in our student cohort. We believe that we are increasing our reach and professional networking thanks to a productive relationship with Oakland University’s Communication and Marketing team. The MPH program has been featured in the President’s holiday video, Provost’s annual report, YouTube and Facebook video pre-roll advertising, and Pandora commercial segments. Communication and Marketing staff recently shot video footage with MPH students, faculty, and alumni to use in new advertising campaigns that help us engage in meaningful face-to-face and online recruitment efforts.

MPH faculty frequently talk about public health as a profession and our graduate program in particular when they teach relevant undergraduate courses (e.g., HS 201 Health in Personal and Occupational Environments; HS 302 Community and Public Health; HS 450 Law, Values, and Health Care). MPH faculty and staff participate in on-campus Graduate Open Houses sponsored each semester by Oakland University’s Graduate Studies Office. MPH core faculty take turns hosting, on average, three MPH Information Sessions each semester that are held in the Human Health Building. We have offered our MPH Information Session in a fully online webinar format in order to extend our reach to working professionals and prospective students outside our more traditional catchment area. We plan to do more online webinars in the future. Our student organization, Public Health Professionals, also provides outreach to undergraduate students.

Each fall semester, one of these MPH Information Sessions immediately follows the MPH Practicum Poster Session in order to give prospective students a broader view of our program and our students’ accomplishments. In addition, MPH core faculty, staff, and students have traveled within the State of Michigan to graduate program open houses at Grand Valley State University, Western Michigan University, Kalamazoo College, the University of Detroit-Mercy, The University of Michigan in Ann Arbor and Dearborn, and Michigan State University. We have also sponsored a booth each year at the annual meeting of the American Public Health Association (APHA) that has allowed us to broadly recruit prospective students and faculty candidates alike.

4.3.b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each.

The MPH Admissions Committee, comprised of all MPH core faculty with staff support from the MPH Program Coordinator, makes all of the admissions policies and formally reviews applications. In general, the MPH program follows general admissions policies and procedures established by the Graduate Studies Office. We require that applicants provide the following:

- Official transcripts indicating baccalaureate degree from a regionally accredited undergraduate institution;
- Undergraduate overall grade point average of at least 3.0;

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- Application for Admission to Graduate Study;
- Graduate Record Examination (GRE) score from within the last five (5) years;
- Three (3) recommendation forms and supporting letters from faculty members, supervisors, or professional mentors;
- Personal Statement of no more than 1000 words describing the applicant's reasons for seeking an MPH degree, related public health experiences, and long-term professional goals; and, if relevant,
- International applicants will additionally have to meet the University's standards established in the International Student Supplemental Application Packet.

Prospective students who wish to be considered for early admission as well as for any Graduate Assistantships (GAs) must have complete application packets on file in the Office of Graduate Admissions by February 1 for an intended September start. We do, however, engage in a holistic and rolling admissions process that will consider late applications until such time as a full incoming cohort is identified for the Fall semester. MPH core faculty individually review each prospective student's application packet prior to the MPH Admissions Retreat scheduled for late February/early March. At the retreat, the MPH core faculty engage in a shared-decision making process that results in several potential admissions decisions: admit, conditional admit, waitlist, or declined admission. Students who receive conditional offers of admission have been those whose overall undergraduate GPA is lower than 3.0 but whose personal statement, letters of recommendation, and performance in relevant classes speak to a strong potential for success in public health. In situations where conditional offers of admission have been granted, these students have been required to successfully complete PH 640 (Statistical Methods in Public Health) in Fall semester and PH 650 (Introduction to Epidemiology) in Winter semester with at least a 3.0 GPA in each course in order to be offered an unconditional admission in the following academic year.

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to websites addresses may be included.

Oakland University produces an online graduate catalog. Information about the MPH program, application deadline and requirements, program degree requirements, and satisfactory academic progress can all be found at:

http://catalog.oakland.edu/preview_program.php?catoid=21&poid=2960

The MPH program has also produced its own informational brochure (see Electronic Resource File) as well as tailored recruiting materials (e.g., clothing, pens, water bottles, Grizzly bear, etc).

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format.

Table 4.3.1 Admissions Process Data: Information on Applicants, Acceptances, and New Enrollments, by Specialty Area for the last 3 years

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2013 to 2016					
		2013	2014	2015	2016
MPH Program	Applied	16	27	34	36
	Accepted	14	15	24	26
	Enrolled	12	11	13	18

4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See

Table 4.3.2 Total Enrollment Data: Students Enrolled in each Area of Specialization Identified in Instructional Matrix for each of the last 3 years

Table 4.3.2 Student Enrollment Data from 2015-2018						
	2015-2016		2016-2017		2017-2018	
	HC	FTE	HC	FTE	HC	FTE
Evidence-based public health practice	25	24.5	32	31.5		

4.3.f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

Table 4.3.f. Outcome Measures for 4.3.f				
Outcome Measure	Target	2014-2015	2015-2016	2016-2017
Each incoming cohort meets the projected size	2014-2015: 12 2015-2016: 15 2016-2017: 18	11	13	18
Average undergraduate GPA at least a 3.0	3.0	3.25 N=11	3.45 N=13	3.47 N=18
At least 80% of our students successfully complete program and graduate within two years.	80%	90% N=11	TBD	TBD

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

This criterion is met.

Strengths:

- Our recruitment strategy of faculty and staff outreach at job fairs has helped us bring in students from various undergraduate institutions.
- As our program’s reputation builds, prospective students have “heard about” us before our initial contact with them at graduate fairs.

Weaknesses:

- It can be difficult to recruit students as an unaccredited program. We look forward to being accredited!

Plans:

- We plan to expand some of our recruitment activities. We will host more online webinar info sessions, including one over the summer and one in the fall. We plan to produce a video about our program that provides some of the info included in our info sessions that prospective students can view online. We plan to improve our website; it provides the basic information, but there is nothing that is particularly “grabbing” about it at this time. We plan to engage students in our initiative to expand our recruitment activities.

4.4 Advising and Career Counseling

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

4.4. a. Description of the program’s advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Once students are admitted to the program, they are assigned a faculty advisor, depending on their background and interest, to assist them through the program. All primary faculty serve as advisors/mentors to MPH students and receive service activity recognition. All students are welcomed to build relationships with any and all faculty.

Each academic year begins with a day-long orientation for new students. The orientation introduces key program and graduate school administrators and staff. The students learn about major program academic expectations, rules and procedures necessary for course selection, registration, etc. The students are given time to ask questions and socialize with the other students. The orientation concludes with convocation for the new students, featuring introductions and welcomes from program faculty, current students, and alumni.

Table 4.4.a.1. Distribution of advisees by faculty, Fall 2013 – Winter, 2017

Semester and Year	Faculty	# Advisees
Fall 2013	3	12
Winter 2014		12
Fall 2014	4	22
Winter 2015		22
Fall 2015	5	25
Winter 2016		24
Fall 2016	6	32
Winter 2017		31

4.4. b. Description of the program’s career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program’s student population

One of the strengths of this program is that it is small. Our faculty student ratio is approximately 5:1. This ratio, coupled with the teaching philosophies and commitment to mentorship of our faculty, mean that students have quite a bit of access to faculty for academic, career, and professional advising. While students are assigned to a faculty advisor, there is also the understanding that students have relationships with multiple faculty members. It is not uncommon that a student will meet with multiple faculty members to discuss academic or professional questions.

Career and placement advice is provided by the students’ advisors, advisory board, program mentors, program administrators and the University’s Career Services. Information is infrequently sought during the student’s time of academic coursework, but increases considerably as graduation and career opportunities approach. The capstone course integrates aspects of career advising into the curriculum, such as fine-tuning resumes/CVs, cover letters, interview techniques, professional dining skills, and on-line portfolios.

The MPH program has a designated liaison with the University’s Career Service’s office, Ms. Denise McConkey. Ms. McConkey has provided workshops to the student organization, Public Health Professional, during Capstone course, and at other times as needs arise. Career Services regularly informs students of employment opportunities through the website. As MPH faculty become aware of specific job and other placement opportunities, information may also be sent directly to specific students and alumni know to have particular skills/interests in that area.

The MPH program provides a few events that provide our students with contact with potential employers: the poster session following the summer practicum (where community partners and practicum preceptors are invited) and a networking luncheon in the winter semester when first-year students and community partners are invited and we structure it to facilitate relationship building with the hope that this helps with building relationships for summer practicum placements and future employment.

The University hosts a career fair, and our MPH students are encouraged to attend. Public health students have access to our alumni who are eager to meet with them and share their wisdom and career advice about life beyond Oakland University MPH program.

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

We are currently implementing a survey of our alumni. This survey will help us to ascertain the degree to which students are satisfied with advising and career counseling services.

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Table 4.4.c.1. Student concerns and program responses regarding program operations, Fall 2016.	
Student concerns	Program response
<p>I was somewhat satisfied by the career advising. I do think this was do (sic.) to it being the first cohort year. I believe that there should be more discussion surrounding career goals and opportunities. This could include more focused elective options or bringing in current professionals.</p> <p>There was not much assistants with the career advising. Needs improvement.</p>	<p>We are putting in place two new policies that will require contact between students and faculty advisors or other faculty members, which will likely increase this contact for some students:</p> <ol style="list-style-type: none"> 1. Students will be required each spring to complete a Plan of Study form by March 31st. This will require the students to discuss progress in the program and will likely require discussion of career goals. 2. In the winter of the first year and fall of the second year, students will meet with a faculty member to discuss their progress on professional competencies (to be instituted this fall).
<p>Some people walk into the program not knowing what kind of career they want to end up in, and I was one of those students. My advisor did not provide me with much direction at all, luckily another MPH faculty's open door policy was beneficial as I was able to seek advice from them and so I was directed into the right path. I am one of the lucky few OU MPH graduates that either have a job or have moved into further education. Unfortunately for a few others they are still hunting for a career two years after graduation, which is simply unacceptable. The OU MPH program needs to offer help to those still searching for a career, because the more time passes after graduation the tougher it will be for them to find jobs. I wish to see this MPH program allowing students more career opportunities in the future, especially now that they have established a stronger connection with healthcare organizations.</p>	<p>Starting Fall, 2017, we will hold at least one alumni event per year. This will provide an opportunity for our alumni to network with each other. It will also provide opportunities for contact between alumni and MPH faculty.</p>

4.4. d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Complaints or concerns about the program or the policies of the program must be put in writing and directed to the Master of Public Health Program Director, Public and Environmental Wellness Chair, or the Dean of the School of Health Sciences. The nature of the complaint, the date, name, and signature of the person making the complaint should be written in the complaint.

Complaints or concerns about faculty, students, or staff should first be discussed with the particular individual. If the complaint is not resolved then the Master of Public Health Program Director may be contacted. The complaint should be in writing with the nature of the complaint, date, name and signature of the person making the complaint. The Master of Public Health Program Director will address the complaint with the appropriate person, committee, or academic administrator for review and resolution. The Master of Public Health Program Director will follow-up with the person who made the complaint regarding the resolution.

If at any time a student feels he/she cannot resolve the complaint at the level of School of Health Sciences, he/she should contact the Division of Student Affairs and Enrollment Management at www.oakland.edu/StudentAffairs.

We have not had any formal grievances to date.

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

We believe Criterion 4.4 is partially met.

Strengths:

- Our faculty are each assigned students for whom they will serve as faculty advisor. The student to faculty advisor ratio is small.
- We have seen improvement over the years in the student perception of academic and career advising.

Weaknesses:

-

Plans:

- Starting Fall, 2017, we will hold at least one alumni event per year. This will provide an opportunity for our alumni to network with each other. It will also provide opportunities for contact between alumni and MPH faculty.
- We are putting in place two new policies that will require contact between students and faculty advisors or other faculty members, which will likely increase this contact for some students