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| Western Kentucky University |
| 2017 Interim Report |
| Council on Education for Public Health |

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| WKU Public Health Faculty  August, 2017 |

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# A. Implemented a systematic approach to using evaluation data to improve the programs within the unit of accreditation based on data collected. The report must present evidence that the program follows its established processes (eg, meeting minutes, description of proposed and/or implemented changes based on data collection). (Criterion 1.2)

Guiding statements drive what we measure, which, in turn, informs programmatic operations. This deceptively simple framework requires a strong infrastructure, nimble processes, and a commitment to continuous improvement.

Before implementing a systematic approach to using our evaluation data, we first had to address the barriers that led to this compliance issue. To strengthen our infrastructure, we streamlined our governance structure (detailed in our response to compliance issue D) and revised policies and procedures. While transitioning to the 2016 Criteria, we revised our guiding statements, crafted new measures, and overhauled our assessment plan and instruments (discussed in our response to compliance issue B). In doing each of these things, we’ve made our processes more nimble, responsive, and transparent.

Our commitment to comprehensive evaluation and continuous improvement is demonstrated throughout this document. Moreover, a commitment was made by the Dean of the College of Health and Human Services, Dr. Neale Chumbler, who instituted a policy to pay program coordinators an additional month of salary in the summer[[1]](#footnote-1). Program coordinators now have time to compile data collected during the academic year into a comprehensive annual report, to be used for strategic planning and program improvements during the subsequent academic year.

Data-Driven Changes

Few of the changes we made this past academic year can be linked directly back to our targeted measures in Criterion 1.2. However, all of the changes made were informed by data, and followed the program’s policies and procedures for shared governance. Most involved input from program constituents, which complies with 2016 Criterion F1, and from students, which complies with 2016 Criterion A3.

The following table presents some of the changes made and the data source(s) that informed them. Some of these changes are detailed elsewhere within this interim report, and some of the data sources are presented en toto in the appendices.

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| **Change Implemented** | **Informed by** |
| Revised committee structure | Self-Study |
| Revised MPH core curriculum | Curricular competency alignment by MPH faculty (2016 Criteria)  Modified nominal group technique to identify desired MPH skills (with both MPH Committee and Advisory Committee) |
| Eliminated health education and environmental health concentrations | Enrollment data  Faculty concentration survey  Informal interviews with students and alumni  Discussion with Curricular Transition Steering Committee |
| Course content revisions (in progress) and additions | Employer survey  MPH student exit surveys  BSPH student exit surveys  Key informant interviews  Advisory Committee recommendations |
| Revised MPH internship policy and procedures | Informal interviews with students and alumni  Preceptor feedback  Advisory Committee meeting |
| Revised orientation and handbook | MPH student exit survey |
| Increase diversity of advisory committee (in progress) | Comparison of active members to identified priority populations |
| Created online undergraduate certificate in public health | State-wide Building Epidemiologic Capacity in Kentucky (BECKY) meeting  Discussions with health department leaders/managers |
| Created page to post meeting minutes and program documents to ensure transparency and foster shared-governance | Accreditation site visit report |

# B. Articulated and implemented procedures to regularly evaluate the program’s measurable objectives and to adjust targets as appropriate. (Criterion 1.2)

The 2016 Criteria promote a holistic approach to evaluation and substantially revise how evaluation practices are defined. Very few criterion require targets; instead, the focus is on creating meaningful goals and measures, and using mixed-methods to assess the program’s performance. Our response herein details our actions that comply with 2016 Criteria B5 and B6.

Overview of Evaluation Requirements by Criterion

Following a thorough review of the 2016 Criteria, we crafted a table outlining data needs by criterion. In its original form, the table served as a springboard for the changes made to our evaluation practices. In its most current form, the table, located in Appendix A, serves as an organizing structure for assessment activities.

Guiding Statements

We crafted our guiding statements in collaboration with our Advisory Committee. Prior to the meeting, committee members were emailed and tasked with reviewing current guiding statements and asked to come prepared with suggestions (Appendix B). At the meeting, a modified nominal group technique was used to develop the vision and goals. The mission and values were reviewed and revised by the group at large. Refinements to guiding statements occurred during a jointly-held curriculum committee meeting, and were later approved by the [Joint MPH-BSPH Committee](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_april17/topnav_1column.php).

Measures

Unique measures were created to operationalize our goals. We identified multiple quantitative and qualitative methods to collect data and triangulate findings. Measures, and the methods through which data are collected, will be reviewed annually as part of our strategic planning process, and modified as needed. Instruments and tools are in the process of being created, and will launch in the 2017/2018 academic year.

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| **Instructional Goal:  Cultivate an educational experience that is integrative, comprehensive, interdisciplinary, and based on current best practices in public health.** | | |
| **Evaluation Measures** | **Data Collection Method** | **Responsible for Review** |
| Courses that embed applied practices experiences | Faculty Annual Report  APE Forms | Assessment Committee  APE Coordinator |
| Courses that use guest lectures by PH practitioners | Faculty Annual Report | Assessment Committee |
| Extracurricular workshops/ trainings by PH practitioners. | Announcements Attendance Report | Program Coordinators |
| Student perception of instructional quality | Student Surveys  Exit Surveys | Assessment Committee  Program Coordinators |
| Higher-order learning objectives and assessments | Syllabi Review | Curriculum Committees |
| Courses employing active-learning techniques. | Competency Alignments  Faculty Annual Reports  Student Surveys | Curriculum Committees  Assessment Committee  Assessment Committee |
| Interdisciplinary electives and certificates that complement public health practice. | Course Catalogues | Program Coordinators |
| Faculty participating in professional development related to instruction | Faculty Annual Report | Assessment Committee |
| Perception of practice-ready preparation | Exit Surveys  3 year Alumni Surveys  Alumni Testimonials | Program Coordinators  Program Coordinators  Program Coordinators |
| Courses incorporating technology | Faculty Annual Report | Assessment Committee |
| **Service Goal: Facilitate a culture of service that is collaborative, inclusive, and beneficial to diverse communities** | | |
| **Evaluation Measures** | **Data Collection Method** | **Responsible for Review** |
| Applied practice experiences serving diverse communities. | APE Forms  Internship Forms | APE Coordinator  BSPH Coordinator |
| Faculty and student service collaborations | Faculty Annual Report  Student Survey | Assessment Committee |
| Community-based service projects | Faculty Annual Report | Assessment Committee |
| Service to profession | Faculty Annual Report  Student Survey | Assessment Committee |
| Student extracurricular service projects | Student Survey | Assessment Committee |
| Professional development workshops/trainings provided to priority populations | Faculty Annual Report  Sign-In Sheets | Assessment Committee  Faculty |
| Students participate in student organizations | Membership Lists  Committee Reports | Student Organization Leadership; Faculty sponsor |
| **Scholarship Goal: Promote a collaborative environment conducive to timely and innovative scholarship that contributes to evidence-based public health practices and policies.** | | |
| **Evaluation Measures** | **Data Collection Method** | **Responsible for Review** |
| MPH students complete CITI training | Completion Forms | MPH Coordinator |
| Student research collaborations with faculty and other students | Faculty Annual Report  Student Survey | Assessment Committee |
| Students and faculty disseminate research through presentations and publications. | Student Survey  Faculty Annual Report | Assessment Committee |
| Primary faculty teaching load conducive to research | Faculty Annual Report | Assessment Committee |
| Faculty grant applications | Faculty Annual Report | Assessment Committee |
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Assessment Plan

The following table summarizes the assessment plan, approved at the [May Joint MPH-BSPH Committee meeting](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_may17/topnav_1column.php), and the instruments/tools that will be used to monitor program activities. Select summary findings from each of these instruments/tools will be compiled into a comprehensive annual report during the summer; the MPH and BSPH coordinators are jointly responsible for producing this report. Data used to inform the report will be stored on the shared drive.

The annual report will be presented during the August workday and used for strategic planning for program improvements. It will be disseminated to the external advisory committee, departmental and college administrators, and electronically on the program webpage.

|  |  |  |
| --- | --- | --- |
| **PROGRAM SURVEYS** | **When** | **By Whom** |
| ***1 yr alumni survey:*** Census of alumni, approximately one year post-graduation, identified through institutional research (IR) reports and social media, to determine current status (working, continuing education, looking/applying, not looking/applying). Informs CEPH annual report and B3-1. | Annually | MPH Coord  BSPH Coord |
| ***MPH 3 yr alumni survey:***Census of alumni, approximately three years post-graduation and identified through IR reports and social media, to determine perceptions of success in achieving program competencies and ability to apply competencies in post-graduation placements (B4); use of career services (H4); participation in student mentoring and alumni activities. | Annually | MPH Coord |
| ***BSPH 3 yr alumni survey:***Census of alumni, approximately three years post-graduation and identified through IR reports and social media, to determine perceptions of success in meeting foundational domains and program competencies, and ability to apply them in post-graduation placements (B4); use of career services (H4). | Annually | BSPH Coord |
| ***Student Survey:*** Census of continuing MPH and BSPH students. Measures perceptions of class size and availability of faculty (C2); involvement in service beyond APE/internship (F2); inclusivity/ culture (G1); satisfaction with advising (H1); satisfaction with career advising (H2); student governance (A3); and, student goal measures | Each April | MPH Coord  BSPH Coord |
| ***MPH Exit Survey:*** Census of graduating MPH Students to determine perception of how well program prepared on competencies, career preparation, perceptions on advising, class size , instruction, innovations. | End of each semester | MPH Coord |
| ***BSPH Exit Survey:***  Census of graduating students BSPH Students to determine perception of how well program prepared on competencies and foundational knowledge, career preparation, perceptions on advising, class size, instruction, innovations. | End of each semester | BSPH Coord |
| ***Orientation Survey****:* Census of newly matriculating MPH students and newly admitted BSPH students to inform advising and assess prior experience in health/PH (H4), if multilingual (H4), and if member of priority diversity population(s) (G1). | Start of each semester | MPH Coord  BSPH Coord |
| ***Faculty Annual Report:*** Census of primary faculty assessing goal measures for scholarship, service, instruction; professional development; measures for E3, E4, E5. | Each May | Assess Comm |
| **INTERNAL ASSESSMENTS (non-survey)** |  |  |
| ***MPH Syllabi Review:*** higher order objectives; learning objective alignments to competencies, foundational knowledge (MPH), foundational domains (BSPH); assessment alignments. | Annually | MPH Curriculum Committee(CC) |
| ***BSPH Syllabi Review:*** higher order objectives; learning objective alignments to competencies, foundational domains (BSPH); assessment alignments. | Annually | BSPH CC |
| ***MPH Competency Alignment:*** content review vis a vis competencies and foundational knowledge. | 3.5 yrs | MPH CC |
| ***BSPH Competency Alignment:***  content review vis a vis competencies and foundational domains. | 3.5 yrs | BSPH CC |
| ***BSPH Internship Forms:*** Annual summary of placements; Preceptor perception of students’ readiness for practice | Annual | BSPH Coord |
| ***Institutional Research Reports:*** Graduation data; some diversity data; advisee headcounts; SAT/ACT (BSPH); GRE/TOEFEL (MPH); | Annual | MPH Coord  BSPH Coord |
| ***Virtual Suggestion Box:*** Anonymous online venue to share suggestions, complaints, etc. | Ongoing | MPH Coord  BSPH Coord |
| ***Student Forums/Focus Groups:*** Provide student feedback and suggestions on issues related to program operations and curricula. | Ongoing | MPH Coord BSPH Coord PHUGAS |
| ***Diversity:*** tracking form to monitor priority populations from IR reports and orientation survey | Annual | Diversity Comm |
| ***APE Forms:*** APE agreements; project officer’s assessment; student reflections | Ongoing | APE Coord |
| ***MPH Internship Forms:*** Internship agreements; preceptor evaluations; internship report | Ongoing | APE Coord  BSPH Coord |
| ***ILE Tracking Form:*** Summary of ILE projects; faculty ratings | Each Sem | MPH Coord |
| **EXTERNAL ASSESSMENTS (non-survey)** |  |  |
| ***External Advisory Meetings:***  Review annual report; assess perceptions of graduates’ readiness for practice; review guiding statements and measures; professional development needs (F4); APE projects/internships; | Annual | Faculty |
| ***Academic Health Department Meetings:*** Professional development needs (F4); APE projects/internships; perception of graduates | Annual | AHD liaisons |
| ***Key Informant Interviews:*** Provide professional opinions on program and curricula, on an as needed basis. | Ongoing | MPH Coord  BSPH Coord |

By charge, the Assessment Committee is responsible for developing assessment instruments and tools, in conjunction with the committees/coordinators responsible for collecting the data.

The assessment plan and instruments/tools will be reviewed annually. Recommendations to modify the assessment plan must be approved through the Joint MPH-BSPH Committee, per policy.

# C. Implemented an evaluation plan for the BSPH program to consistently evaluate program targets, outcomes and the program’s effectiveness and to adjust strategies or targets as appropriate. The evaluation plan must include surveys or other data collection of community stakeholders, as well as program students and alumni. The report must include preliminary data from all instruments. (Criterion 1.2)

Modifying our governance structure (discussed in our response to compliance issue D), and having common or similar data collection methods as the MPH, will ensure the BSPH program is consistently evaluated henceforth, as described in the previous section. Our response herein focuses on the BSPH data collected since our accreditation site visit.

BSPH Student Exit Survey

The BSPH Exit Survey captures data related to several objectives in 2011 Criterion 1.2. A baseline administration of the BSPH Exit Survey was conducted in August 2016 with the sixteen 2015/2016 graduates; nine (56.3%) completed the survey. The survey was administered again in June 2017 with the sixteen 2016/2017 graduates; ten (62.5%) completed the survey. A summary report for each iteration is located in Appendices C and D respectively.

Students’ perception of proficiency on each of the 70 individual competencies was measured using a 5 point scale (1=not proficient, 5=very proficient). The identified target -- 80% of students rate proficiency as 4 (of 5) or higher – was set for the competency *area* (objective I1.1.e). This measurement disconnect was addressed by as such: Each individual competency rated as 4 or higher by at least 80% of respondents was considered met. Then, we calculated the proportion of met competencies within each competency area. The summary data for each year are presented below. Individual competencies not meeting the target are noted in the full reports.

*Competency-area proficiency perceptions of BSPH Graduates*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Competency Area | # Compe-tencies | AY 15-16 | | AY 16-17 | |
| # Met | % Met | # Met | % Met |
| Biostatistics | 8 | 0 | 0%\* | 0 | 0%\* |
| Epidemiology | 9 | 7 | 78%\* | 3 | 33%\* |
| Public Health Administration | 9 | 9 | 100% | 6 | 67%\* |
| Environmental Health | 8 | 1 | 13%\* | 4 | 50%\* |
| Behavioral & Social Sciences | 9 | 9 | 100% | 3 | 33%\* |
| Analytical Assessment & Critical Thinking | 5 | 3 | 60%\* | 0 | 0%\* |
| Communication | 6 | 6 | 100% | 2 | 33%\* |
| Cultural Competence | 4 | 4 | 100% | 4 | 100% |
| Leadership and Professionalism | 6 | 6 | 100% | 2 | 33%\* |
| Program and Policy Development | 6 | 6 | 100% | 5 | 83%\* |

NOTE: Given the survey’s low response rate, it’s possible that those who responded were more favorably disposed to the program. To mitigate potential response bias for 2015/2016, we used a minimum threshold of eight students responding 4 (of 5) or higher when determining if a competency target was met which, because of low numbers, yielded an 89% threshold (8 of 9 students). In 2016/2017, an eight-student threshold was used (80%; 8 of 10 students).

*Additional BSPH outcome measures*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | | **Target** | **AY 15-16** | **AY 16-17** |
| I1.2.a | Students rate the relevance of course content to career goals as 4 (of 5) or higher   * Core Courses * Concentration Courses | 80%  80% | 100%  100% | 78%\*  90% |
| I1.3.b | Students rate quality of instruction as 4 (of 5) or higher on PH exit survey | 80% | 100% | 70%\* |
| R1.3.b | Present at professional conference | 20% | 11%\* | 0%\* |
| S1.1.c | Students participate in PH student organizations (KPHA) | 30% | 33% | 30% |
| S1.1.d | Students participate in service project outside of internship or course requirement | 50% | 56% | 100% |

\* Target not met

Data from the baseline survey informed discussions that led to course content changes. Data from the 2016/2017 academic year will be used as part of the strategic planning process for the 2017/2018 academic year.

Employer Survey

In August 2016, we also administered a survey to assess BSPH students’ readiness for practice. The methodology and findings are discussed in our response to compliance issue I.

Curricular Review

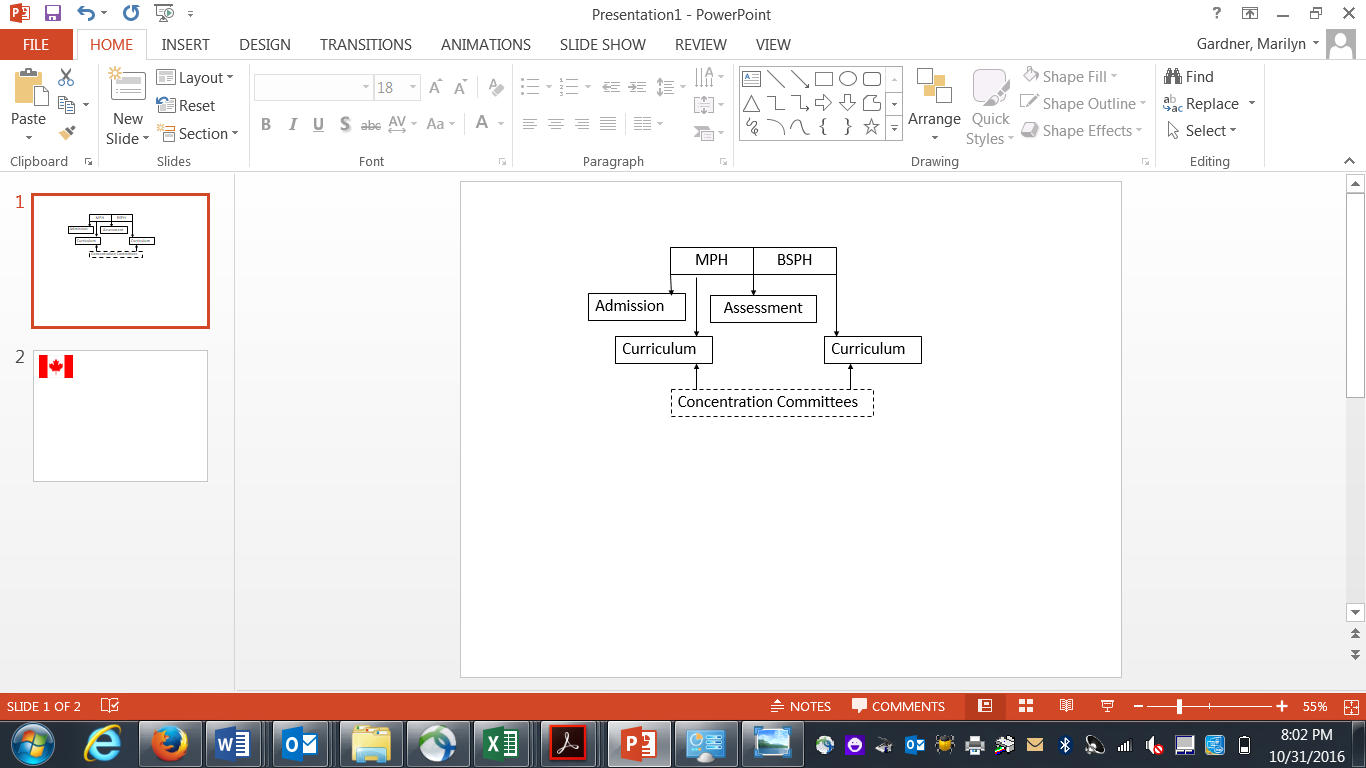
We conducted a comprehensive review of required public health courses taught by BSPH faculty. Course objectives, content, and assessments were aligned to the foundational domains and foundational competencies delineated in the 2016 Criteria. A master grid was created and evaluated by the BSPH committee at its [workday in January](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_jan2017workday/topnav_1column.php). In order to be considered aligned with a foundational domain or foundational competency, at least 50% of committee members had to rank the objectives, content, and assessment as “Clearly Met.” The information gleaned from this process is being used to modify course content, and contributed to changes in curriculum. Although not addressed in 2011 Criterion 1.2, we present this synopsis as evidence of the BSPH program engaging in evaluation practices.

# D. Implemented a functional governance structure that allows for the program’s committees and faculty to be engaged in the governance processes. The report must present evidence (eg, committee meeting minutes) that program faculty are involved in governance processes. (Criterion 1.5)

Revised committee structure

The existing committee structure was largely created in 2007. At that point in time, accreditation did not extend to undergraduate degrees; thus, our committee structure applied exclusively to the MPH program. Prior to our 2015 self-study, the BSPH program was subsumed within the existing MPH committee structure that included six standing committees, some of which were not applicable to the BSPH program. As noted in our self-study, our governance structure was cumbersome and taxing on the faculty. Many standing committees did not meet regularly nor comply with their charges. Student representation was spotty, at best.

On [November 16, 2017](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_nov2016/nov_2016_topnav_1column.php), the governance structure was simplified to increase program efficiencies and responsiveness, foster shared-governance, ensure meeting the specific needs of each degree program, and avoid overburdening faculty. As passed by unanimous vote, the MPH and BSPH programs now function as a single, coordinated operating unit, yet still retain separate governance structures that identify voting units, delineate program-specific committees, and articulate program-specific charges, including those under the purview of the program coordinators.



As shown in the figure above, the Joint MPH-BSPH Committee currently has one standing committee: Assessment. Individually, each program has a curriculum committee, comprised of the memberships shown in the following table. The MPH committee also has a standing admissions committee. The policies and procedures for these committees can be [viewed online](https://www.wku.edu/publichealth/mph_pages_etc/program_governance.php).

Ad hoc committees are convened, as needed, to address specific time-limited issues or tasks. As we further transition into the new criteria, it may become evident that on-going issues would be best served by standing committees; if so, we will create them at that time. Ad-hoc committees and new standing committees may be added at any level (joint, MPH, or BSPH).

*Governance structure: Membership and charge*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Joint Committee** | **MPH Committee** | **BSPH Committee** |
| **Voting Members** | - Primary faculty  - Full-time instructors  - Adjunct/Part-time  instructors[[2]](#footnote-2)  - Graduate Student[[3]](#footnote-3)  - Undergrad Student3 | - Grad. primary faculty  - Graduate student3  - Graduate Adjuncts2 | - Primary faculty  - Full-time instructors  - Adjuncts/Part-time  instructors2  - Undergrad student3 |
| **Charge** | - Strategic Planning  - Program Operations  - Assessment[[4]](#footnote-4)  - Accreditation | - Admissions  - Curriculum  - Ad hoc committees, prn | - Curriculum  - Ad hoc committees, prn |
|  |  |  |  |
| **Chair** | Program Coordinators co-chair | MPH Program Coordinator | BSPH Program Coordinator |

Transparency

It is our contention that transparency is essential to shared governance, as it fosters involvement, ownership, and accountability. Thus, we created a [public webpage](https://wku.edu/publichealth/news/mphmeetins.php), linked to the departmental website, where meetings are communicated. Current and past agendas for the Joint MPH-BSPH Committee meetings are hyperlinked therein. Each agenda is hyperlinked with supporting documentation and minutes from the previous meeting. All committees are required to keep minutes which, too, are hyperlinked on the agendas. The URL is communicated to students directly, through program materials and announcements, and through the student governance organization (discussed below). The URL was also provided to advisory committee members.

Evidence of Faculty Involvement in Program Governance

Program governance is carried out through our committee structure. By policy, all standing and ad hoc committees are advisory, and recommendations must be voted on during the Joint MPH-BSPH Committee meetings. Faculty attendance and voting is documented in meeting minutes, which are hyperlinked in the agendas. Faculty participation in meetings during the 2016/2017 academic year is summarized in Appendix E.

Student Involvement in Program Governance

In fall 2016, two MPH students chartered a student governance organization for all currently-enrolled undergraduate and graduate public health students. The organization – Public Health Undergraduate and Graduate Associated Students (PHUGAS) – was approved as an official student organization on November 10, 2016 by the WKU Student Government Association. Per their charter, PHUGAS s/elects students to serve on program committees. Student participation in meetings during academic year 2016/2017 is summarized in Appendix E.

# E. Articulated and begun to implement program-specific practices for achieving diversity, including systematic processes for recruitment of diverse faculty, staff and students. (Criterion 1.8)

The 2016 Criterion G1 guided our approach to addressing this compliance issue.

In January, we convened a diversity ad hoc committee, consisting of three primary faculty and one student identified through PHUGAS. The committee’s charge was to 1) recommend priority under-represented populations and its rationale for choosing them, and 2) recommend goals for increasing representation.

Priority Under-Represented Populations

The committee’s priority population recommendations were based on a desire to attain a faculty complement that reflects the diversity of our nation, and a student body that more closely represents state demographics. The priority population recommendations were adopted by unanimous vote at the Joint MPH-BSPH Committee meeting on [March 8, 2017](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_march2017/topnav_1column.php):

* Hispanic/Latinx
* African-Americans
* Immigrants/first generation
* Persons from medically under-served regional communities
* Persons identifying with under-represented or marginalized groups

Goals for Increasing Inclusivity

The committee also identified five goals, which were also passed at the March 8, 2017 Joint MPH/BSPH meeting. They then identified strategies for meeting each goal, which were passed at the [May 10, 2017](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_may17/topnav_1column.php) Joint MPH-BSPH Committee meeting. The goals, strategies, any actions taken to date, and action plans are articulated below.

*Goal 1: Foster a culture of inclusivity and cultural competence*.

1. Encourage all faculty/staff to go through green dot and safe-space training.

Action Taken: Green dot training during August 14th workday

1. Include diversity information and resources in program materials.

Action Taken: Diversity statements included student handbook, orientation, and website

1. Articulate inclusivity as a core value for the PH programs.

Action Taken: Inclusivity highlighted as a core value: “***I****nclusive, culturally-competent, and equitable”*

1. Infuse inclusivity into strategic planning process and program operations.

Action Taken: Professional development plan for organizations serving marginalized populations.

Action Plan: Propose joint MPH-BSPH standing Inclusion and Equity committee; work with newly created CHHS Diversity Officer.

1. Increase diversity of external advisory committee.

Action Plan: Revise committee membership to include priority populations.

*Goal 2: Attract, hire, and retain diverse faculty that reflects the demographics of the nation and inclusive of those from under-represented or marginalized groups.*

1. Create programmatic policy for faculty recruitment to ensure position announcements are distributed to institutions and organizations with access to marginalized populations.

Action Taken: In process of creating contact list for future position announcements.

Action Plan: Create statement to include on position announcements.

*Goal 3: Encourage faculty to engage in scholarship and service involving marginalized and under-represented populations.*

1. Highlight faculty research and scholarship to priority populations in CHHS newsletter and program social media.

Action Plan: Create process/procedures to ensure timely reporting of actions.

Action Plan: Identify graduate assistant(s)/students to assist with social media.

1. Create on-going service/scholarship relationships with community organizations.

Actions Taken: Service relationship established with International/Refugee Center and Warren County School District English Language Learners/GEO Center

Action Plan: Create inventory of agencies serving marginalized and under-represented populations; identify opportunities for collaboration.

*Goal 4: Increase our efforts to attract, retain and graduate a diverse student population reflective of the diversity in the Commonwealth and inclusive of those from under-represented or marginalized groups.*

1. Work with TRIO to identify potential qualified undergraduate students.

Action Taken: Met with coordinator of TRIO program.

Action Plan: Develop recruitment materials; attend recruitment events.

1. Recruit for undergraduate and graduate programs through recognized student organizations serving priority populations.

Action Taken: Identified salient WKU student organizations.

Action Plan: Develop and disseminate group-specific recruiting messages.

1. Identify and address recruitment and retention barriers.

Action Taken: [PHUGAS Student Government Association resolution](http://www.wku.edu/sga/accountability/resolution_4-17-s.pdf) to support international student scholarships for length of academic program.

Action Plan: Launch orientation survey to assess priority population status not captured by University; examine data to prioritize recruitment strategies.

*Goal 5: Provide student engagement opportunities for scholarship and service within marginalized and under-represented populations.*

1. Embed applied practice experiences serving marginalized populations into courses.

Action Taken: Working with BRDHD to identify projects.

1. Promote service/engagement opportunities via program’s social media, calendar, and other communication systems.

Action Taken: Opportunities announced via social media.

Action Plan: Identify staff to communicate of opportunities in a timely manner.

1. Highlight student research and service to priority populations in CHHS newsletter and program social media.

Action Taken: Photos/synopsis of events posted on social media.

Action Plan: Identify staff/graduate assistant to seek and post student submissions.

Diversity Evaluation Plan

Process evaluation will be used to monitor actions taken related to our diversity goals, and used to refine or revise strategies and plans as needed. An orientation survey was developed to capture priority-population data that are not provided in institutional reports. Results, along with institutional data, will allow us to track and monitor our efforts to attract students in our priority populations, and adjust strategies as needed.

Additionally, we will monitor students’ perceptions of culture through items on our student and exit surveys. Faculty and staff perceptions of culture are captured at the college-level.

# F. Developed, disseminated and implemented guidelines for the practical experience that addresses the generalist concentration. (Criterion 2.4)

Under the 2011 criteria, we operationalized the practical experience as a 280-hour competency-based internship for all MPH students, regardless of concentration. During our site visit in March 2016, the internship manuals did not specifically address the generalist concentration as we had only admitted our first three generalist-concentration students during the previous semester; per program requirements, internships are typically completed during the final semester of study, or after completing at least 30 credit-hours of MPH coursework.

In January 2017, 18 students were enrolled in the MPH generalist concentration. As shown in the table below, none of these students were eligible for internship based on credit-hours earned.

*Cumulative credit-hours earned by Generalist MPH students, January 2017*

|  |  |
| --- | --- |
| Credit-Hours | Number of Students |
| 0 - 6 | 8 |
| 9 - 12 | 7 |
| 15 - 18 | 1 |
| 21 - 24 | 2 |
| 27+ | 0 |

When the 2016 Criteria launched, we made significant revisions to the MPH program, including phasing out the health education and environmental health concentrations, and the *required* internship. Per University policy, when a program changes its requirements, all students must be provided the opportunity to transition to the revised program. Program changes were communicated broadly, and most generalist students opted to transition to the revised program (15; 83%). The three generalist students who did not opt to transition will be required to complete a 280-hour internship.

Revised Internship Materials

Based on student and preceptor feedback, internship materials were revised substantially for all students, and now align with the foundational and program competencies required by the 2016 Criteria. A competency crosswalk was created for students who did not transition to the revised program. A copy of the materials and crosswalk are found in Appendices F and G respectively.

Revised Applied Practice Experience Requirements

Students transitioning to the revised program, and those beginning the MPH program in fall 2017 or after, will adhere to the revised applied practice experience requirements, which include options other than internships. These will be discussed in our compliance report, as they fall outside of the scope of this compliance issue.

# G. Implemented procedures to regularly review MPH core and concentration competencies and to revise competencies as appropriate. (Criterion 2.6)

Core Competencies

Foundational competencies are prescribed in the 2016 Criteria and thus cannot be revised. To ensure compliance, we conducted an exhaustive competency alignment for foundational competencies and foundational knowledge. Each MPH faculty was tasked with completing a competency grid for each required core course taught. The form delineates course learning objectives that fall within a competency, summarizes the content and methods used to meet the learning objectives, and identifies related assessments, as such:

|  |  |  |  |
| --- | --- | --- | --- |
| Competency | Course Learning Objective (as on syllabus) | Course Content/Activity | Assessment of content |
| Evidence-based Approaches to Public Health | | | |
| 1. Apply epidemiological methods to the breadth of settings and situations in public health practice |  |  |  |

The individual course grids were combined into a master grid, so that for each foundational competency or knowledge item, each course[[5]](#footnote-5) was listed along with its related learning objectives, content, methods, and assessments. Some competency and knowledge items had multiple courses listed; others had none.

Those present at the [January MPH workday](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_jan2017workday/topnav_1column.php) assessed and rated each course listed relative to the competency/knowledge item. Ratings -- clearly met, partially met, not met, or not enough information to determine – were then summarized. Courses rated as “clearly met” by more than 50% of those present were identified as meeting that foundational competency or knowledge item.

Gaps were identified, and considerable discussion was held about whether existing courses could be adapted or whether new courses needed to be created. This discussion spurred the substantial revision of the MPH program, which included adding existing courses to the core, creating a new course, and revising course content.

This process will be repeated during our August MPH workday with the revised curriculum, and every 3.5 years thereafter.

Concentration Competencies

Competencies used for the health education and environmental health concentrations are those established and routinely updated by national organizations. However, these concentrations are being phased out, based on data collected from students, alumni, faculty and the curricular transition steering committee members regarding the desirability of concentration offered. As such, the procedures described herein relate to competencies for the revised general MPH.

We used a multi-level, modified nominal group technique to articulate unique competencies for the revised general MPH. During our January 2017 workday, faculty were asked to individually identify the top ten skills all MPH students should have when they graduate. Faculty dyads discussed one another’s lists and created a master list. This process was repeated with successively larger groups until a single group list was created. This process was repeated with advisory committee members in March 2017, with faculty serving as small-group facilitators.

Many of the desired skills/competencies identified by both groups were subsumed within the foundational competencies[[6]](#footnote-6). Those that were not, however, were used to generate these five unique competencies for our general MPH:

1. Apply health behavior theories and models to address public health problems.
2. Describe the role of budgeting; methods of seeking extramural funding; and methods of financial analysis in making decisions about policies, programs and services.
3. Discuss theoretical models and methods used to understand, explain, and ameliorate health disparities[[7]](#footnote-7).
4. Integrate social determinants into public health science, practice, and research.
5. Identify the direct and indirect population health effects of environmental hazards (biological, chemical and physical) on humans, animals and the ecology

These competencies have been added to the competency-alignment grid, and will be assessed as described in the section above.

Competency Review

Beginning fall 2018, we will review our concentration competencies annually during our MPH workday in August and again during our advisory committee meeting in September.

# H. Implemented procedures to ensure that all generalist MPH students identify competencies and complete coursework that relates to the stated competencies. The report should provide samples of individual students’ competency sets and the coursework selected to address those competencies. (Criterion 2.6)

The Focus Area Competency Alignment Form (FACAF) requires MPH students in the original generalist concentration to identify five unique competencies, in conjunction with their advisor, and to select courses to meet them. The following information was abstracted from the FACAFs of the three generalist MPH students who did not opt to transition to the revised MPH.

|  |  |
| --- | --- |
| **Competencies Identified** | **Courses that Meet Competencies** |
| **Student 1** | |
| 1. Design theory-based worksite health promotion programs | PH 502: Health Promotion in the Workplace  PH 575: Program Planning |
| 2. Describe a healthy culture and supportive environment within the workplace | PH 502: Health Promotion in the Workplace  PH 564: Public Health Issues in Women’s Health |
| 3. Demonstrate marketing strategies for health promotion programs within the workplace | PH 502: Health Promotion in the Workplace  PH 575: Program Planning |
| 4. Utilize effective communication techniques with employees and employers, including conflict resolution | PH 576: Educational Methods and Techniques  PH 548: Community Health Organization |
| 5. Advocate for programs and policies and programs that will improve health of the workforce. | PH 502: Health Promotion in the Workplace  PH 548: Community Health Organization |
| **Student 2** | |
| 1. Assess hazards in the built and natural environments on human and ecosystem health | PH 577 Environmental Toxicology  EHS 580  Solid and Hazardous Waste Mgmt  PH 571   Air Quality Management  PH 510 Watershed Management and Science |
| 2. Propose appropriate solutions to environmental health problems. | PH 577 Environmental Toxicology  EHS 580  Solid and Hazardous Waste Mgmt  PH 571   Air Quality Management  PH 510 Watershed Management and Science |
| 3. Describe the mechanisms of toxicity of biological, chemical, and physical stressors. | PH 577 Environmental Toxicology |
| 4. Use epidemiological, exposure assessment toxicological, and statistical techniques in assessing the risks associated with environmental hazards. | PH 577 Environmental Toxicology  EHS 580  Solid and Hazardous Waste Mgmt  PH 571   Air Quality Management |
| 5. Synthesize information from divergent sources to communicate scope of environmental problem. | PH 530: Independent Investigations |
| **Student 3** | |
| 1. Assess hazards in the built and natural environments on human and ecosystem health | PH 577 Environmental Toxicology  EHS 580  Solid and Hazardous Waste Mgmt  PH 571   Air Quality Management  PH 510 Watershed Management and Science |
| 2. Propose appropriate solutions to environmental health problems. | PH 577 Environmental Toxicology  EHS 580  Solid and Hazardous Waste Mgmt  PH 571   Air Quality Management  PH 510 Watershed Management and Science |
| 3. Describe the mechanisms of toxicity of biological, chemical, and physical stressors. | PH 577 Environmental Toxicology |
| 4. Use epidemiological, exposure assessment toxicological, and statistical techniques in assessing the risks associated with environmental hazards. | PH 577 Environmental Toxicology  EHS 580  Solid and Hazardous Waste Mgmt  PH 571   Air Quality Management  PH 630: Advanced Epidemiology |
| 5. Synthesize information from divergent sources to communicate scope of environmental problem. | PH 530: Independent Investigations  PH 630: Advanced Epidemiology |

In the revised general MPH program, all students will achieve the five generalist competencies described in our response to compliance item G.

# I. Collected and assessed data from employers on graduates’ readiness for practice. The report should present data and analysis. (Criterion 2.7)

Collected Data

In mid-August 2016, we sent a link to an online survey that assessed graduates’ readiness for practice to a total of 211 internship preceptors, employers, health department directors, and other state public health employees. The survey link was opened 51 times; 36 useable responses were gathered, yielding a 17% useable response rate.

Assessed, Analyzed, and Used Data

Under the 2011 Criteria, we operationalized readiness for practice as at least 70% of the employer survey respondents rating our graduates as 4 (of 5) or higher on how well they demonstrate competence in each of the core competency areas (objective I1.1.c). As reported in the table below, targets were met in all but three competency areas: public health administration for BSPH students, and epidemiology and biostatistics for MPH students.

*Percentage of respondents rating 4 or higher on competencies*

|  |  |  |
| --- | --- | --- |
| **Competency** | **BSPH** | **MPH** |
| Biostatistics | 70.0 | 66.7\* |
| Epidemiology | 72.7 | 66.7\* |
| Public Health Administration | 69.0\* | 78.9 |
| Environmental Health. | 91.6 | 82.4 |
| Behavioral and Social Sciences. | 72.9 | 82.4 |
| Analytical Assessment/ Critical Thinking | 83.3 | 80.0 |
| Communication | 84.7 | 80.0 |
| Cultural Competence | 92.3 | 84.2 |
| Leadership and Professionalism | 92.4 | 84.2 |
| Program and Policy Development | 88.3 | 84.2 |

*\* Below target*

In Fall 2016, we added PH 483, Administration of Health Programs, to the required BSPH curriculum. Although this course addition was not prompted by the data, it is plausible that the data reflect our previous lack of a dedicated administration course at the BSPH level.

We conducted key informant interviews to identify specific desired MPH skill sets for epidemiology and biostatistics. Information gleaned is being used to revise existing course content, and was used to develop the content for one of the new required core courses in the revised MPH. While these changes will strengthen our program and better prepare our students for public health practice, our students are compared to MPH students in dedicated epidemiology/biostatistics concentrations or programs, and thus may continue to be evaluated less favorably by employers. One key informant, for example, stated that all MPH students should have at least five courses in epidemiology.

Respondents were also asked how likely they would be to seek out and/or employ other WKU graduates (5 point scale, not likely to very likely), and how our graduates rate in comparison to graduates from other institutions on academic preparation and on professionalism (3 point scale, less prepared, better prepared). Nearly all respondents stated they were likely or very likely to seek out and/or employ other WKU graduates (89.5% MPH and 100% BSPH); all rated our students’ academic preparation and professionalism as either better than or about the same as students from other institutions. The table below shows three percentage of respondents reporting the highest ratings by degree level. The full report is in Appendix H.

*Percentage of respondents rating WKU graduates highly*

|  |  |  |
| --- | --- | --- |
| **Item** | **BSPH** | **MPH** |
| Very likely to seek out WKU graduates | 58.3 | 73.7 |
| Academic preparation better than other institutions | 41.7 | 18.8 |
| Professionalism better than other institutions | 45.5 | 29.4 |

As we transition to the 2016 Criteria, we will explore multiple methods to gather employer’s feedback on student outcomes, and examine the effectiveness of each.

# J. Implemented practices to plan and manage workforce development activities based on identified community needs. (Criterion 3.3)

2016 Criteria F3 and F4 were used to guide our response to this compliance issue.

Priority Communities

We identified two priority communities for delivering professional development activities: our two academic health department (AHD) partners (see Appendices I and J), as workforce/professional development is part of these partnership agreements; and, local organizations serving marginalized populations, as this is part of our diversity plan.

Professional Development Needs

Several formal and informal avenues assess professional development needs: BECKY[[8]](#footnote-8) meetings, AHD bi-annual meetings, a workforce/employer survey, discussions with leadership and staff in public health and related agencies, advisory committee meetings, and faculty research on current trends in public health.

Implementation Plan

Prior to the beginning of the academic year, the AHD liaisons identify three to five potential professional development topics and logistical parameters (duration, format, etc.). These topics are discussed at our faculty workday in August, and at least one topic is selected for implementation. Every other year, we will select a local organization that serves a marginalized population and reach out to the director to identify professional development needs. Faculty are encouraged, when possible, to involve students in the planning and implementation of the professional development activities.

Assessment

Process evaluation measures will be kept to track the number of health department employees who enroll in the certificate program and the number of people attending professional development workshops/trainings.

As part of our annual report, we will provide a synopsis of our professional development activities, including those which occur outside of our formal process.

Implementation Example

At the [October 2016 BECKY meeting](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_nov2016/nov_2016_topnav_1column.php), state health department personnel emphatically expressed the need for local health department employees to be educated in the core public health disciplines. Specifically, they called for an online undergraduate certificate. In response, we submitted a proposal to create an online undergraduate public health certificate program. The certificate was approved by the [Board of Regents](https://www.wku.edu/regents/documents/2017/bor_meeting_agenda_and_packet_7-28-17.pdf) on July 27, 2017, and will launch in the 2017/2018 academic year.

1. Program coordinators are on nine-month contracts. [↑](#footnote-ref-1)
2. One vote, collectively [↑](#footnote-ref-2)
3. Selected/elected by student governance organization (PHUGAS) [↑](#footnote-ref-3)
4. Standing committee [↑](#footnote-ref-4)
5. Some courses were taught by more than one faculty member, and were treated as distinct courses for assessment purposes. [↑](#footnote-ref-5)
6. [Master list of competencies/skills](https://wku.edu/publichealth/mph_bsph_meetings/ay_16-17_meetings/mph_april17/topnav_1column.php) [↑](#footnote-ref-6)
7. Modified by email vote in May 2017, as original competency was too closely related to a foundational competency [↑](#footnote-ref-7)
8. Building Epidemiologic Capacity in Kentucky [↑](#footnote-ref-8)