SELF-STUDY REPORT

Submitted to the Council on Education for Public Health (CEPH) Accreditation

March 2018
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List of Abbreviations

AAPA = American Association of Physician Assistants
ABGC = American Board of Genetic Counseling
ACBSP = Accreditation Council for Business Schools and Programs
ANAC = Associated New American Colleges
APHA = American Public Health Association
ARC - PA = Accreditation Review Commission of Education for the Physician Assistant
ATS = Academic Technology Services
AY = Academic Year
BSPH = Bachelor of Science in Public Health
CAPTE = Commission on Accreditation in Physical Therapy Education
CASPA = Central Application Service for Physician Assistants
CEPH = Council on Education in Public Health
CEU = Continuing Education Unit
CGPH = Community Global Public Health Programs
CHS = College of Health Sciences
DHHS = U.S. Department of Health Services
EMCH = Enrollment Management /Community Health
ESL = English as Second Language
FDCC = Faculty Development Coordinating Committee
FDF = Faculty Development Fund
FEPAC = Forensic Science Education Program Accreditation Commission
FPC = Family Planning Council
FT = Full Time
FTE = Full-Time Equivalent
GAPC = Graduate Academic Programs Committee
GIS = Geographic Information Systems
HC = Headcount
ID = Inter Department
ILE = Integrated Learning Experience
IO = Instructional Objective
IOM = Institute of Medicine
MCHES = Master Certified Health Education Specialist
MMS = Master of Medical Science
MPCAC = Masters in Psychology and Counseling Accreditation Council
MPH = Masters of Public Health
MPH/ IPCR = Master of Arts in International Peace and Conflict Resolution
MPH/ MACP = Master of Arts in Counseling Psychology
MPH/ MMS = Physician Assistant Studies
MPH/DPT = Doctorate in Physical Therapy
MSCHE = Middle States Commission on Higher Education
List of Abbreviations

MSHE/ MAHE = Masters of Science/Arts Health Education
NASAD = National Association of Schools of Art and Design
PA = Physician Assistant
PBH = Public Health
PDE = Pennsylvania Department of Education
PHSS = Public Health Students Society
PPHA = Pennsylvania Public Health Association
RO = Research Objective
SEPCHE = Southeastern Pennsylvania Consortium of Higher Education
SFR = Student Faculty Ratio
SIR = Student Instructional Report
SO = Service Objective
SPSS = Statistical Package for the School of Sciences
TOEFL = Test of English as a Foreign Language
Introduction

The Department of Public Health of the College of Health Sciences at Arcadia University offers two accredited programs: a Master’s and a Bachelor’s level degrees in the discipline of public health. An MPH is offered in one concentration area, Community Health. The degree may be acquired as a stand-alone degree or as a dual degree, including the following offerings: a) MPH/MMS (Physician Assistant Studies), b) MPH/IPCR (Master of Arts in International Peace and Conflict Resolution), c) MPH/DPT (Doctorate in Physical Therapy), and d) MPH/MAC (Master of Arts in Counseling). The Bachelor of Science in Public Health (BSPH) is offered in one concentration area, Global Health.

The Department was established formally in January 2016, reporting to the Dean of the College of Health Sciences. This standing demonstrates an ongoing commitment to the growth of public health programming at Arcadia University. The Department was founded upon a long history of community public health and global health programming at Arcadia University. Namely, in 1999, Richard Polis, Ph.D., Graduate Dean at Arcadia University, convened a meeting of directors of all graduate health-related programs: Physical Therapy, Physician Assistant, Genetic Counseling, Health Education, and Counseling Psychology. The Health Programs Committee voted unanimously to develop a MPH degree that would balance the clinical focus of the health-related graduate degrees with the population-health focus of a Public Health degree. From the outset, Arcadia University designed the MPH to emphasize education, research, and practice with a global perspective that built on Arcadia’s strengths in internationalization and globalization. The Graduate Academic Programs Committee, the Faculty and the Board of Trustees (Spring 2000) approved the program. Prior to January 2016, the MPH was housed as a freestanding academic program unit, Community & Global Public Health (CGPH) within the College of Health Sciences. The first cohort of MPH students entered in September 2001 followed by the first class of dual-degree (MMS: Physician Assistant and MPH) students in May 2002. This Program received CEPH accreditation in 2013. Since 2013, the program increased faculty, including adding an internship coordinator position, and developed a BSPH program, which began enrolling majors in August 2016. The BSPH accreditation fell under the existing MPH accreditation after a substantive change report was approved by CEPH.

Our Program mission remains to prepare students to assume active roles in health promotion and disease prevention in diverse communities by emphasizing education, research, and practice with a global perspective. We also seek to have the Programs (MPH and BSPH) recognized in local, state, national and international arenas for providing a quality, student-focused education that builds on Arcadia’s strengths in internationalization and globalization.
Criterion 1: The Public Health Program

Criterion 1.1 The Mission: The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

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

Arcadia University Department of Public Health’s mission flows directly from the University’s Vision Statement: *Enhancing health in a global environment through a multidisciplinary community effort.* This Vision encompasses the broad mission of public health as defined by CEPH, “to enhance health in human populations, through organized community effort.”

The mission of the Arcadia MPH and the BSPH Program is to educate and train community public health professionals to promote the health of individuals, families, communities and the environment. This is accomplished through a program with a global perspective that integrates learning, research, service, and practice.

The Advisory Board and the Faculty have refined the mission statement as the program has grown. The Advisory Board includes educational and practice experts, adjunct faculty, students, and alumni and the current membership list can be located in ERF 1.1. The Program’s mission and commitment to educate public health professionals frame all Program activities.

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

Guided by Arcadia University’s six core values of Civility, Diversity, Excellence, Integrity, Intellectual Freedom and Stewardship, the Program promotes the following values:

**Values Statement 1: Multidisciplinary Learning Community**

In line with the University’s commitment to intellectual freedom and respect for varying points of view and disciplines, the Program establishes and promotes opportunities for multidisciplinary learning. Multidisciplinary learning allows for broader understanding of the contexts in which positive health outcomes can be achieved within communities and bridges disconnects that might be present in public health practice. Students, via the MPH and BSPH, participate in courses along with students from other major disciplines and/or those acquiring dual degrees. This value is further represented in internship opportunities and community public health initiatives.

**Values Statement 2: Critical Thinking**

Critical thinking allows one to move beyond content and towards effective application of knowledge.

Throughout the coursework and during their thesis work, the programs create opportunities for students to think critically about existing knowledge in the field, assess areas where more remains to be known, and envision how this knowledge can be applied in the future.

**Value Statement 3: Engaging with Diverse Communities**

Social justice and respect for diverse perspectives is the basis of effective and sustainable public health work.
Throughout the coursework, in the practical experience, and through service work and trips, the programs challenge students to embrace social justice and engage with diverse communities locally, nationally and globally.

**Value statement 4: Integrity**

Integrity of our work is essential to its value.

Instilling integrity in academic work and into the leadership development of students is a commitment of the Department faculty. Students are challenged with opportunities for ethical decision-making both in the classroom and when working with diverse communities and organizations regionally and globally.

**Value Statement 5: Service-Minded Professional**

Use our knowledge, resources, and skills to serve communities

The Department, including students, faculty, and staff, focus their work on the people they serve, instilling a desire to understand the needs of the community members they engage with during the Program and after, and to address those needs.

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

MPH program goals in relation to the major functions of instruction, research, and service are summarized in the following table (Table 1.1c).

<table>
<thead>
<tr>
<th>Function</th>
<th>Program Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction</td>
<td>To prepare a diverse, academically engaged student body for public health practice by integrating an interdisciplinary, global perspective into coursework, internships and capstone experiences designed to foster core public health competencies.</td>
</tr>
<tr>
<td>Research/Scholarship</td>
<td>To engage faculty and students in conducting and disseminating scholarly and applied public health research.</td>
</tr>
<tr>
<td>Service</td>
<td>To engage faculty and students in translating knowledge into outreach and service that impacts collaborative community &amp; global public health initiatives, on campus, in the surrounding community, and abroad.</td>
</tr>
</tbody>
</table>

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

Table 1.1.d presents measurable objectives specific to each Program goal. As indicated in 2.8, the evaluation tools are still in development for the BSPH program, which started in Fall 2016. Thus, objectives and qualitative indicators are primarily related to the MPH program, except those related to Faculty research and service.
Table 1.1.d Goals, objectives, and qualitative indicators

**Goal 1 (Instruction)** To prepare a diverse, academically engaged student body for public health practice by integrating an interdisciplinary, global perspective into coursework, internships and capstone experiences designed to foster core public health competencies.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Qualitative Indicator</th>
</tr>
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<tbody>
<tr>
<td><strong>Objective 1.</strong> Infuse the curriculum with a global perspective to prepare students to compare public health policies and practices across diverse cultures and countries.</td>
<td>At least 60% of the courses in the core curriculum will include at least 2 lessons on a public health issue in an international and/or diverse populations. (Evaluation Instrument: Syllabi Review) At least 30% of Capstone Research Projects will be completed on a research a topic focused on a population outside the US. (Evaluation Instrument: Capstone &amp; Internship Abstract Booklet)</td>
</tr>
<tr>
<td><strong>Objective 2.</strong> Prepare students to translate public health knowledge from core courses into evidence-based practice during internship and capstone and after graduation.</td>
<td>At the completion of the Capstone Research Project, at least 70% of students will self-report a proficient level of competency overall (4 out of 5). (Evaluation Instrument: Degree Completion Survey) At the completion of the Capstone Research Project, faculty will rate at least 70% of students as having achieved a proficient level of competency on the final written report, oral presentation, and formal poster preparation and presentation. (Evaluation Instrument: Capstone Course Core Competency Evaluation) Internship Preceptors will rate at least 70% of students as proficient (4 out of 5) on the preceptor core competency evaluation form. (Evaluation Instrument: MPH Internship Preceptor Evaluation) At the completion of the MPH Program, the overall competency self-reported score for students at graduation will be 20% higher than the overall competency self-reported score on the Pre-Core Competency Survey administered to all new students entering the program and reported at baseline. (Evaluation Instrument: Pre- and Post-Core Competency Survey) Employers will rate at least 70% of Arcadia alumni employees as demonstrating competencies indicated either at the level expected for the job or higher than the level expected. (Evaluation Instrument: Employer Survey)</td>
</tr>
<tr>
<td><strong>Objective 3.</strong> Create classroom environments that are interdisciplinary, where students are pursuing varying careers, including those that merge public health and with another discipline.</td>
<td>At least 50% of students in the MPH program will be pursuing a dual degree which creates an interdisciplinary classroom environment (Evaluation Instrument: Enrollment Reports)</td>
</tr>
<tr>
<td><strong>Objective 4.</strong> Provide students with the opportunity for a practical understanding of public health practice in international community based settings.</td>
<td>At least 30% of students will complete an international/global internship experience. (Evaluation Instruments: Capstone &amp; Internship Abstract Booklet)</td>
</tr>
</tbody>
</table>
### Goal 2 (Research) To engage faculty and students in conducting and disseminating scholarly and applied public health research.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Qualitative Indicator</th>
</tr>
</thead>
</table>
| **Objective 1.** All Primary (fulltime, tenured or tenure track) faculty will maintain an active research agenda that results in the following products of scholarship: publications, presentations, and collaboration with community organizations through consulting, research, and/or advising. | At least 80% of primary faculty will submit one or more research manuscripts for publication annually. (Evaluation Instrument: Faculty Annual Report)  
At least 80% of primary faculty will make one or more research presentations annually (at an academic or professional meeting or as an invited lecture). (Evaluation Instrument: Faculty Annual Report)  
At least 50% of all primary faculty will be involved in externally funded research through Arcadia University and/or a grant awarded to a community organization and/or prepare a grant for submission to a funding agency. (Evaluation Instrument: Faculty Annual Report) |
| **Objective 2.** Faculty will engage students in conducting collaborative public health research projects and disseminating information in community settings. | At least 50% of students completing the Capstone class will submit abstracts to the Annual College of Physician’s Public Health Section Student Poster Presentation in Philadelphia. (Evaluation Instruments: Faculty Annual Report and Capstone & Internship Abstract Booklet)  
At least 10% of students by graduation will present or publish research in collaboration with faculty. (Evaluation Instruments: Faculty Annual Report and Degree Completion Survey) |

### Goal 3 (Service): To engage faculty and students in translating knowledge into outreach and service that impacts collaborative community & global public health initiatives, on campus, in the surrounding community, and abroad.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Qualitative Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1.</strong> Faculty will engage in service roles on campus that serve to advance the University’s and Department’s missions.</td>
<td>At least 75% of Primary (full-time tenure-track or tenured) faculty will report providing a service to the University, such as serving on a University committee, annually. (Evaluation Instrument: Faculty Annual Report)</td>
</tr>
</tbody>
</table>
| **Objective 2.** Students will engage in service activities on campus and with communities as part of their internship, capstone, or volunteer activities. | At least 40% of students will participate in volunteer public health related activities within the university and/or in the surrounding community. (Evaluation Instrument: Degree Completion Survey)  
At least 30% of recent graduates (3 years after graduating) will self-report engaging in public health service activities. (Evaluation Instrument: Alumni Survey) |
| **Objective 3.** Faculty will engage with local, state, national and/or international organizations community-based organizations to provide expertise, such as serving on planning or advisory boards. | At least 50% of Primary (full-time tenure-track or tenured) faculty will report engaging in a service activity to community organizations on the local, state, national, and/or international level annually. (Evaluation Instrument: Faculty Annual Report) |
1.1e. Description of the manner through which the mission, values, goals, and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The mission, goals and objectives are periodically reviewed by the Primary Faculty, Advisory Committee and students in the program. In Spring 2010, the Program Director initiated a process to review and revise the mission, goals and objectives of the MPH program to reflect significant growth and organizational developments at Arcadia University. In June 2010, the Primary Faculty, working with a consultant, undertook a week-long review of the MPH programs’ mission, goals and objectives and resources that included meetings with faculty and advisors from the dual degree programs, key administrators, and students. During July and August 2010, the Primary Faculty and consultant completed a draft vision statement and revised the mission, goals and objectives to reflect the increased focus on global perspectives, the expansion of dual degrees to include the MPH/DPT and MPH/MAC degree programs.

In September 2010, the Program Director convened an MPH Evaluation Committee to review the draft and subsequently asked all faculty (Primary Faculty along with selected Adjunct faculty) to review and comment on the document. Representatives of the student organization were also asked to comment. The revised document was distributed to members of the Advisory Board and the Evaluation Committee for review and comment. Since then, the BSPH and MPH Curriculum and Evaluation Committee review Program mission, values, goals and objectives annually to monitor student progress based on outcomes assessed.

During the development of the BSPH (2016), the faculty and advisory board members reviewed the existing mission, values, goals, and objectives (which were specific to the MPH Program) to understand how the BSPH aligned with mission fulfillment. The faculty and advisory board members determined that the BSPH program aligned well with current objectives existing mission, values and goals. This review also led to determining the Global Health concentration as being most likely to contribute to fulfilling the existing mission. After discussion, the faculty made some slight adjustments to the stated goals incorporating the global focus the BSPH.

During the self-study process for the 2018 re-accreditation review, the Primary Faculty, many of whom were not present when the mission, values, goals, and objectives were established, revised the values. This revision was to better align with the current character of the Department’s programs with the current core values of the University. University leadership and the advisory board are currently reviewing these values to provide input (1.1.b).

1.1f. 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.

Faculty, students, alumni, advisory board members, University leadership, and the public are able to access the mission and values Programs through our website [https://www.arcadia.edu/college-health-sciences/departments-faculty/public-health]. The Programs goals and objectives are accessible through the department web page. We will post this self-study after final input from CEPH. The 2013 Self-Study is available at [https://www.arcadia.edu/system/files/Public%20accessible%20to%20all%20site%20users/8090/CGPH-CEPH-Self-Study-Report.pdf].

Figure 1.1.f provides a flow chart of the processes of Program review and development that engage various specific stakeholder groups. The figure shows the collection of inputs from the indicated
stakeholder groups through different sources, the review and summary of the information during faculty meetings, with a feedback loop where relevant decisions are shared with relevant parties.

Figure 1.1.f Flowchart of Information Sharing with Stakeholder Groups of the Programs
1.1g 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
Arcadia’s MPH Program has a clearly defined vision and mission statement with goals, objectives, and measures that are succinct, focused and guide program administration.

The program has formulated a vision, mission, goals, and objectives that are consistent with the values and mission of Arcadia University and major policy bodies including the Institute of Medicine. Students who enroll in Arcadia’s MPH Program enter a program in which public health practice skills and competencies are taught in a broad framework of multidisciplinary, global perspectives that foster community-based public health outreach and service.

Weaknesses
Integrating stakeholders beyond the primary faculty and current students into ongoing curriculum review is challenging given time constraints. However, email communications and document sharing are used throughout the year to gather and integrate input from alumni, advisory board members and university leadership.

Plans
The Program is currently in the process of evaluating the existing curriculum to identify courses that meet the new MPH core competencies (CEPH 2016 Criteria) and defining new concentration competencies to supplement the new core competencies. In addition, the program will set up a clearer process for annual review of the mission, values, goals and objectives by the program stakeholders. A plan for implementation is in place and will be implemented beginning AY 2019-20.
Criterion 1.2 Evaluation. The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals, and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

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

Our evaluation process is designed with the explicit intent of measuring progress in the previously outlined objectives related to instruction, research, and community service. Table 1.2a1 presents the data collection schedule, person(s) completing the evaluation, the measure used to collect data and the objective that it is designed to evaluate.

An evaluation plan for the BSPH has been developed (See Table 2.8c).
<table>
<thead>
<tr>
<th>Instruction Objectives</th>
<th>Evaluation Instrument</th>
<th>Timing of Data Collection</th>
<th>Who completes the evaluation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Instruction) Objective 1. Infuse the curriculum with a global perspective to prepare students to compare public health policies and practices across diverse cultures and countries.</td>
<td>Syllabi Review</td>
<td>Annually: May MPH Curriculum Meeting</td>
<td>MPH Curriculum &amp; Evaluation Committee</td>
</tr>
<tr>
<td></td>
<td>Capstone &amp; Internship Abstract Booklet</td>
<td>Spring</td>
<td>Administrative Assistant, Internship Coordinator, Capstone Instructors</td>
</tr>
<tr>
<td>(Instruction) Objective 2. Prepare students to translate public health knowledge from core courses into evidence-based practice during internship and capstone and after graduation.</td>
<td>Pre &amp; Post Competency Survey</td>
<td>PRE: Every Fall, Spring, Summer; Prior to First Class in Program POST: Every Fall, Spring, Summer, at time of Graduation</td>
<td>PRE: Entering Students POST: Graduating Students</td>
</tr>
<tr>
<td></td>
<td>Capstone Course Core Competency Evaluation</td>
<td>Each Spring upon completion of PBH696</td>
<td>Faculty</td>
</tr>
<tr>
<td></td>
<td>MPH Internship Preceptor Evaluation</td>
<td>Completion of the MPH Internship (PBH 689)</td>
<td>Preceptor</td>
</tr>
<tr>
<td></td>
<td>MPH Student Internship Evaluation</td>
<td>Completion of the MPH Internship (PBH 689)</td>
<td>Students</td>
</tr>
<tr>
<td></td>
<td>Degree Completion Survey</td>
<td>Every Fall, Spring, Summer, at time of Graduation</td>
<td>Graduating Students</td>
</tr>
<tr>
<td></td>
<td>Alumni Survey</td>
<td>Every three years</td>
<td>Alumni</td>
</tr>
<tr>
<td></td>
<td>Employer Survey</td>
<td>Every three years</td>
<td>Employers’ of Alumni</td>
</tr>
<tr>
<td>(Instruction) Objective 3. Create classroom environments that are interdisciplinary, where students are pursuing varying careers, including those that merge public health and with another discipline.</td>
<td>Enrollment Reports</td>
<td>Fall, Spring, Summer</td>
<td>Chair, Administrative Assistant, Enrollment Management staff</td>
</tr>
<tr>
<td>(Instruction) Objective 4. Provide students with the opportunity for a practical understanding of public health practice in international community based settings.</td>
<td>Capstone &amp; Internship Abstract Booklet</td>
<td>Spring</td>
<td>Administrative Assistant, Internship Coordinator, Capstone Instructors</td>
</tr>
</tbody>
</table>
## Research Objectives

<table>
<thead>
<tr>
<th>Objective being assessed</th>
<th>Evaluation Instrument</th>
<th>Timing of Data Collection</th>
<th>Who completes the evaluation?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Research) Objective 1.</strong> All Primary (fulltime, tenured or tenure track) faculty will maintain an active research agenda that results in the following products of scholarship: publications, presentations, and collaboration with community organizations through consulting, research, and/or advising.</td>
<td>Faculty Annual Report</td>
<td>Annually</td>
<td>Faculty with review and comment from Chair/Dean./Provost</td>
</tr>
<tr>
<td><strong>(Research) Objective 2.</strong> Faculty will engage students in conducting collaborative public health research projects and disseminating information in community settings.</td>
<td>Degree Completion Survey</td>
<td>Every Fall, Spring, Summer, at time of Graduation</td>
<td>Graduating Students</td>
</tr>
<tr>
<td></td>
<td>Faculty Annual Report</td>
<td>Annually</td>
<td>Faculty with review and comment from Chair/Dean./Provost</td>
</tr>
</tbody>
</table>

## Service Objectives

<table>
<thead>
<tr>
<th>Objective being assessed</th>
<th>Evaluation Instrument</th>
<th>Timing of Data Collection</th>
<th>Who completes the evaluation?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Service) Objective 1.</strong> Faculty will engage in service roles on campus that serve to advance the University’s and Department’s missions.</td>
<td>Faculty Annual Report</td>
<td>Annually</td>
<td>Faculty with review and comment from Chair/Dean./Provost</td>
</tr>
<tr>
<td><strong>(Service) Objective 2.</strong> Students will engage in service activities on campus and with communities as part of their internship, capstone, or volunteer activities.</td>
<td>Degree Completion Survey</td>
<td>Every Fall, Spring, Summer, at time of Graduation</td>
<td>Graduating Students</td>
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<td><strong>(Service) Objective 3.</strong> Faculty will engage with local, state, national and/or international organizations community-based organizations to provide expertise, such as serving on planning or advisory boards.</td>
<td>Faculty Annual Report</td>
<td>Annually</td>
<td>Faculty with review and comment from Chair/Dean./Provost</td>
</tr>
</tbody>
</table>
1.2b Description of how the results of the evaluation processes described in Criterion 1.2a are monitored, analyzed, communicated, and regularly used by managers responsible for enhancing the quality of programs and activities.

Chair/Directors and Administrative Assistant works closely with students and faculty to ensure that the appropriate information is collected in a timely manner to monitor program progress.

Monthly and Ad-hoc Faculty Meetings. The faculty meets monthly to discuss issues related to admission, enrollment, courses, student activities, and graduation. Additionally, the Chair calls ad hoc meetings to discuss special events, time sensitive curriculum issues, and/or student issues as needed. Faculty generate solutions for any concerns generated from evaluation data and those solutions are put forth primarily to the Advisory Board and students for comment. Where necessary other stakeholders (as described in Table 1.1.e) such as the student body, alumni, community partners (preceptors), and University Leadership are engaged on solution generation. Over the past five years, the ad hoc committee meetings and follow-up activities have led to changes in the format and content of the new student orientation, advising materials, student-faculty handbooks, and revisions to the alumni survey, the workforce development survey, and the employer survey. Below, we summarize how we use specific evaluation data to revise the MPH program.

MPH Curriculum & Evaluation Committee. The MPH Curriculum & Evaluation Committee utilizes data to identify at least 2 courses which require committee review during the Annual Syllabi Review meeting. Decisions made at this meeting are shared with adjunct faculty, the advisory board, and as required, the University’s Academics Committee. The Chair selects the courses discussed after review of course evaluations and in consultation with Faculty. The Chair seeks to identify the courses that are in most need of revision. Revisions may be required for a variety of reasons including: changes in the field, less favorable course evaluations, instructor change, or having a course that has been unchanged for more than three semesters.

BSPH Curriculum & Evaluation Committee. The BSPH Curriculum & Evaluation Committee currently meets once per semester to develop new courses and all course proposals receive input from all committee members including students and faculty (Public Health and outside). Additionally, the Director and the primary Global Health faculty member meet monthly to review course development progress. Decisions made at this meeting are shared with adjunct faculty, the advisory board, and as required, the University’s Academics Committee. During the Spring 2018 semester, the committee’s focus has shifted to evaluation tool development and the development of procedures to review evaluation data and implement data-driven decision making.

MPH Admissions Committee. The Admissions Committee meets monthly during the Fall semester to interview and review MMS applicants, which is the Program’s largest applicant pool. Given the new SOPHAS membership (effective November 2017), the Committee intends to hold monthly meetings in the Spring semester as well, beginning in March 2018. These meetings serve as an opportunity to review projected enrollments, review applicants, and review admissions procedures to ensure enrollment targets are met. Dual degree advisors and faculty from collaborating attend as needed.

1.2c Data regarding the program’s performance on each measurable objective described in Criterion 1.1d 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 CEPH Outcome Measures Template.
Table 1.2c shows program performance by Goal area and objective over the past three years.

### Table 1.2c  MPH Program Performance Data on Outcome Measures

| GOAL 1. Instruction: To prepare a diverse, academically engaged student body for public health practice by integrating an interdisciplinary, global perspective into coursework, internships and capstone experiences designed to foster core public health competencies. |
|---|---|---|---|
| Objective | Qualitative Indicator | Target | AY 2015-16 | AY 2016-17 | AY 2017-18 |
| **Objective 1.** Infuse the curriculum with a global perspective to prepare students to compare public health policies and practices across diverse cultures and countries. | At least 60% of the courses in the core curriculum will include at least 2 lessons on a public health issue in an international and/or diverse populations. (Evaluation Instrument: Annual Syllabi Review) | 60% | 66% | 75% | 75% |
| | At least 30% of Capstone Research Projects will be completed on a research topic focused on a population outside the US. (Evaluation instrument: Capstone & Internship Abstract Booklet) | 30% | 53% | 50% | TBD |
| **Objective 2.** Prepare students to translate public health knowledge from core courses into evidence-based practice during internship and capstone and after graduation. | At the completion of the Capstone Research Project, at least 70% of students will self-report a proficient level of competency overall (4 out of 5) (Evaluation Instrument: Degree Completion Survey). | 70% | 82% | 84% | 70% |
| | At the completion of the Capstone Research Project, faculty will rate at least 70% of students as having achieved a proficient level (4 out of 5) of competency on the final written report, oral presentation, and formal poster preparation and presentation. (Evaluation Instrument: Capstone Course Core Competency Evaluation) | 70% | 83% | 82% | TBD |
| | Internship Preceptors will rate at least 70% of students as proficient (4 out of 5) on core competencies. (Evaluation Instrument: Internship Preceptor Evaluation). | 70% | 96% | 81% | TBD |
| | At the completion of the MPH Program, the overall competency self-reported score for students at graduation will be 20% higher than the overall competency self-reported score on the Pre- Competency Survey administered to all new students entering the program and reported at baseline. (Evaluation Instrument: Pre- and Post-Core Competency Survey) | 20% | 87% | 105% | TBD |
Employers will rate at least 70% of Arcadia alumni employees as demonstrating competencies indicated either at the level expected for the job or higher than the level expected. (Evaluation Instrument: Employer Survey)

| Objective 3. Create classroom environments that are interdisciplinary, where students are pursuing varying careers, including those that merge public health and with another discipline. | At least 50% of students in the MPH program will be pursuing a dual degree which creates an interdisciplinary classroom environment (Evaluation Instrument: Enrollment Reports) | 50% | 49% | 50% | 47% |

| Objective 4. Provide students with the opportunity for a practical understanding of public health practice in international community based settings. | At least 30% of students will complete an international/global internship experience. (Evaluation Instruments: Faculty Annual Report and Capstone & Internship Abstract Booklet) | 30% | 35% | 14% | TBD |

Goal 2 (Research): To engage faculty and students in conducting and disseminating scholarly and applied public health research.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Qualitative Indicator</th>
<th>Target</th>
<th>AY 2015-16</th>
<th>AY 2016-17</th>
<th>AY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1. All Primary (fulltime, tenured or tenure track) faculty will maintain an active research agenda that results in the following products of scholarship: publications, presentations, and collaboration with community organizations through consulting, research, and/or advising.</td>
<td>At least 80% of primary faculty publish 1 or more research manuscripts annually. (Evaluation Instrument: Faculty Annual Report)</td>
<td>80%</td>
<td>75%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>At least 80% of primary faculty will make 1 or more research presentations annually (at an academic or professional meeting or as an invited lecture). (Evaluation Instrument: Faculty Annual Report)</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>At least 50% of all primary faculty will be involved in externally funded research through Arcadia University and/or a grant awarded to a community organization and/or prepare a grant for submission to a funding agency. (Evaluation Instrument: Faculty Annual Report)</td>
<td>50%</td>
<td>67%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Objective 2. Faculty will engage students in conducting collaborative public health research projects and disseminating information in community settings.</td>
<td>At least 50% of students completing the Capstone class will submit abstracts to the Annual College of Physician’s Public Health Section Student Poster Presentation in Philadelphia. (Evaluation Instruments: Faculty Annual Report and Capstone &amp; Internship Abstract Booklet)</td>
<td>50%</td>
<td>90%</td>
<td>45%</td>
<td>93%</td>
</tr>
</tbody>
</table>
At least 10% of students by graduation will present or publish research in collaboration with faculty. (Evaluation Instruments: Faculty Annual Report and Degree Completion Survey) | 10% | 14% | 9% | 16%

### Goal 3 (Service): To engage faculty and students in translating knowledge into outreach and service that impacts collaborative community public health initiatives, on campus and in the surrounding community.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Qualitative Indicator</th>
<th>Target</th>
<th>AY 2015-16</th>
<th>AY 2016-17</th>
<th>AY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1.</strong> Faculty will engage in service roles on campus that serve to advance the University’s and Department’s missions.</td>
<td>At least 75% of Primary (full-time tenure-track or tenured) faculty will report providing a service to the University, such as serving on a University committee, annually. (Evaluation Instrument: Faculty Annual Report)</td>
<td>75%</td>
<td>75%</td>
<td>60%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Objective 2.</strong> Students will engage in service activities on campus and with communities as part of their internship, capstone, or volunteer activities.</td>
<td>At least 40% of students will participate in volunteer public health related activities within the university and/or in the surrounding community. (Evaluation Instrument: Degree Completion Survey)</td>
<td>40%</td>
<td>53%</td>
<td>77%</td>
<td>TBD²</td>
</tr>
<tr>
<td>At least 30% of recent graduates (3 years after graduating) will self-report engaging in public health service activities. (Evaluation Instrument: Alumni Survey)</td>
<td>30%</td>
<td>44%</td>
<td>N/A³</td>
<td>N/A³</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 3.</strong> Faculty will engage with local, state, national and/or international organizations community-based organizations to provide expertise</td>
<td>At least 50% of Primary (full-time tenure-track or tenured; non-tenure track) faculty will report engaging in a service activity to community organizations on the local, state, national, and/or international level annually. (Evaluation Instrument: Faculty Annual Report)</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

¹ The Capstone & Internship Booklet will be reviewed to assess global capstone and internships after it is printed in May 2018.

² Students graduating in AY17-18 will complete the Degree Completion survey and Pre- and Post-competency survey in May 2018, thus data is not available at this time. Similarly, the Faculty teaching Capstone in AY17-18 will complete the Capstone Course Core Competency Evaluations in May 2018 and their Annual Reports in June 2018. Preceptors will complete Internship Evaluations for the Spring 2018 semester in May 2018.

³ The Employer Survey, Workforce Development Survey, and Alumni survey are administered in alternating years; thus, each is only collected every three years.
1.2d 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.

Arcadia University’s MPH Program was initially accredited in June 2013. At the time of our first review and site visit, the Community & Global Health Program had three primary faculty, a program support specialist, and numerous adjunct faculty.

In the Summer 2016, the Department Chair/MPH Program Director received a letter announcing our timeline for reaccreditation and were given the option of using either the existing 2011 criteria for review or adopting the new 2016 criteria scheduled to be presented at APHA in November 2016. The MPH Program Director discussed these options with both the college dean and the faculty. A review of the draft 2016 criteria was conducted over the summer with phone calls to our accreditation specialist at CEPH and meetings with the dean. In August 2016, the MPH Program Director created a matrix of the proposed 2016 criteria and presented this with a matrix of the 2011 criteria for discussion at our Fall faculty meetings held in August, September, and October 2016. Faculty engaged in a discussion of the pros and cons of using one set of criteria over the other with questions focused primarily on the newly defined MPH competencies that are required moving forward of all existing MPH Programs. After compiling faculty questions and clarifying our understanding of what would be expected of us in the reaccreditation process with CEPH, the faculty unanimously agreed to use the existing 2011 criteria. Faculty realized that this was an opportunity to review and revise our existing curriculum and engage in a deliberative process of infusing our curriculum with some newly defined competencies that we currently offer in elective courses but are not part of our core curriculum. The department has also noted that the program’s current concentration competencies are now defined as part of the new 2016 MPH core competencies, which requires the program to define new concentration competencies. Given the need to review our current curriculum to realign it with the newly defined competencies and be able to collect at least one year’s worth of evaluation data, we realized that this process would take us longer than the time we have to prepare our self-study and engage in our required site visit. Thus, we chose to use the 2011 criteria for our reaccreditation.

During the Fall 2016, the MPH Program Director developed the plan for the self-study. A matrix was set up by criteria with timelines and assignments for working groups of faculty, students, and staff (ERF 1.2). The MPH Program Director, in consultation with the primary faculty, identified current students to sit on the evaluation and curriculum committee. With the initiation of the BSPH program Fall 2016, a Curriculum committee which included undergraduate students was established. All primary faculty, staff, selected adjunct faculty, alumni, and representatives of MPH and MPH dual degree students participated at some point in the process. The MPH Program Director met with administrative staff campus-wide to request university level data for the past three years needed to complete the required templates. The MPH Program Director met regularly with key administrators, such as the college dean, enrollment management, human resources, finance, and the registrar, to obtain data and to keep the college dean informed of the progress of the process.

The Provost’s administrative manager, Ms. Kristin Judge, provided information on organizational systems and served as the point of contact for gathering information from faculty and administrators across campus. The departmental administrative assistant maintained databases created for the initial self-study in 2010-2011, created new databases and regularly maintains all existing databases with new information as it is collected. Karena Whitmore replaced Lindsay McGann as the new departmental Administrative Assistant effective October 2017.
Additionally, three graduate assistants (M. Wilson MPH/DPT and R. Singer MPH/MMS, 2016-2017; W. DebRoy, 2017-2018), contributed to the self-study by assisting staff and faculty with data entry and qualitative comment reports for each of the surveys conducted over the past academic year.

Over the past 3 years, the advisory board has been apprised of changes to the MPH program, new initiatives (BSPH degree), and changes to the university organizational structure. Members of the board have contributed to updating evaluation instruments, such as the alumni survey and the employer survey, to improve both the quality of the competency assessment and to glean important information concerning the direction of MPH programs in the future and the skills employers would like graduates of public health programs to have upon graduation.

During the Fall 2017, the MPH Program Director convened a meeting of the Advisory Board to review and update the members on the state of the program, admissions, diversity, accreditation issues, and new initiatives. The MPH Program mission, vision, goals and objectives were reviewed along with a discussion of the program curriculum and the new 2016 CEPH core competencies being adopted. The Advisory Board commented and made substantive suggestions related to the curriculum, the practical experience requirement, and the focus and scope of the culminating experience. Meeting minutes summarize the recommendations and comments put forth during advisory board meetings and are available in ERF 1.2.

As of January 2018, the Chair (K. DiSantis) took over leadership of the self-study preparation. Preliminary comments were addressed and the revised report was reviewed in depth by all primary faculty, the Provost, and the Dean of the College of Health Sciences prior to submission. The Final Report was shared with all stakeholders (Students, Alumni, Advisory Board members, Dual Degree program advisors, and Community Partners) in preparation for the site visit.

1.2e 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.

Strengths

Evaluation tools were developed as a result of the previous self-study (2011) to measure students’ levels of core competency upon entry into the program and upon graduation. A clear system of data collection was established and has been maintained. Additionally, based on results and feedback, the following instruments were developed, revised, and/or updated to reflect changes in the curriculum and the method of measuring competencies:

a) Alumni survey
b) Employer survey
c) Worksite development survey
d) Preceptor student evaluation
e) Student internship site evaluation (developed 2012-13; revised evaluation scale SP 2016)

These efforts have strengthened the procedures we use for evaluating how well we are meeting program objectives. Our ability to collect, store, retrieve and share information with faculty, students,
administrators, and other stakeholders essential to our MPH program has improved significantly over the past three years.

Weaknesses

While data from evaluation instruments is readily shared with stakeholders, the extent to which stakeholders’ perspectives impact decision-making is not well monitored. Creating clearer processes for collecting stakeholder feedback and integrating it into decision-making and strategic planning is needed in the future.

Under the 2011 Criteria, the program consistently met targets. Thus, targets might have required readjustment over time. The faculty and stakeholders who develop the 2016 evaluation instruments will keep this in mind as they develop a process for annual target review.

Plans

During the AY 2016-2017 and Fall of 2017, the MPH Curriculum and Evaluation Committee revised the Departments’ value statements and the measurable objectives for instruction, research, and service. Additionally, a revision of Programs’ competencies and curriculum is taking place through active committee work in AY 2017-2018 to come into compliance with the 2016 Criteria.

As the Department grows in number of Faculty, we will establish smaller committees, rather than having all faculty members on all committees. This will create new communication streams from Committees to the full faculty. In AY2018-19, the faculty will review the current committee list and based on feedback the Chair will propose the number and types of committees needed for the Department and develop a policy and procedural document to advise committees on their charge and the communication expectations. All faculty will review, revise, and ratify the final document.
Criterion 1.3 Institutional Environment: The program shall be an integral part of an accredited institution of higher education.

1.3a. 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.

Over the past 30 years, Arcadia University grew from being a small independent undergraduate, liberal arts college serving a traditional-age student body, to a comprehensive university serving between about 3800 men and women per year, ages 17 to 77 in full and part-time undergraduate (approximately 2500) and graduate programs (approximately 1300). In 2001 the institution changed its name from Beaver College to Arcadia University and began expanding programs. Today, Arcadia offers 4 doctoral, 35 masters, 9 dual degrees, and 30 Certificates programs. The main campus is located just northwest of Philadelphia.

The University operates one of the largest study abroad programs in the U.S., serving another 3,000 students each year. Arcadia is committed to keeping average class size small for many graduate courses and maintaining a favorable student/faculty ratio (approximately 13:1). Over the past ten years, the number of full-time faculty at Arcadia increased by nearly 50 percent, complemented by highly qualified part-time faculty. Arcadia enjoys a national and international reputation for its study abroad program and its mission-driven promise to provide a distinctively global, integrative and personal learning experience – while preparing students to contribute and prosper in a diverse and dynamic world (ERF 1.3).

Arcadia is a member of the Associated New American Colleges (ANAC), a national consortium of twenty-two selective, small to mid-size (2,000-7,500 students) independent colleges and universities, that are dedicated to purposefully integrating liberal education with professional studies and civic engagement. Members of the ANAC are often cited collectively and individually as models of the intentional integration of teaching and learning, scholarship, and service.

Arcadia is also affiliated with The Southeastern Pennsylvania Consortium for Higher Education (SEPCHE). This organization of eight independent higher education institutions in the Greater Philadelphia region works collaboratively to promote quality and efficiency of academic programming, student access, faculty development, institutional operations and community outreach, through sharing a range of activities, services, technology and information.

Arcadia maintains strong commitments to relevant academic excellence. The Arcadia Promise affirms that students will have a distinctively global, integrative and personal learning experience that prepares them to contribute and prosper in a diverse and dynamic world. The Arcadia Promise summarizes the collective experiences of generations of alumni, faculty and staff who create Arcadia's distinguished learning environment. Faculty and staff challenge Arcadia students to achieve their full potential and to recognize their ability and responsibility to make choices that affect the future of their world. Whether they pursue an undergraduate, graduate or continuing education path, all students are part of a mutually supportive community. Through interactions with faculty, staff and peers representing a diversity of cultural backgrounds, students gain self-confidence and respect for others, learn by using the latest technologies, and acquire essential skills and knowledge that prepare them for a rich and meaningful life. The 2014 Open Doors Report identified Arcadia as having the highest undergraduate international study abroad participation rate in the United States for the past eight years.

The Middle States Commission on Higher Education (MSCHE) accredits Arcadia University as a whole. Other organizations that accredit specialized programs at Arcadia are shown in Table 1.3a below.
Table 1.3a. List of Accrediting Organizations for Arcadia University Programs

<table>
<thead>
<tr>
<th>University Program/Unit</th>
<th>Accrediting Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional</td>
<td>Middle States Commission on Higher Education (MSCHE)</td>
</tr>
<tr>
<td>Art &amp; Design</td>
<td>National Association of Schools of Art and Design (NASAD)</td>
</tr>
<tr>
<td>Education</td>
<td>Pennsylvania Department of Education (PDE) – Teacher education approved for Pennsylvania, New Jersey, New York and other states through PDE reciprocity agreements</td>
</tr>
<tr>
<td>Forensic Science</td>
<td>Forensic Science Education Program Accreditation Commission (FEPAC)</td>
</tr>
<tr>
<td>Genetic Counseling</td>
<td>American Board of Genetic Counseling (ABGC)</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Commission on Accreditation in Physical Therapy Education (CAPTE)</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>Accreditation Review Commission of Education for the Physician Assistant (ARC-PA)</td>
</tr>
<tr>
<td>Psychology (graduate)</td>
<td>Masters in Psychology and Counseling Accreditation Council (MPCAC)</td>
</tr>
<tr>
<td>Public Health</td>
<td>Council on Education for Public Health (CEPH)</td>
</tr>
<tr>
<td>School of Global Business</td>
<td>Accreditation Council for Business Schools and Programs (ACBSP)</td>
</tr>
</tbody>
</table>

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

Arcadia University is organized in three Colleges and two Schools: The College of Arts and Sciences, the College of Health Sciences, and the College of Global Studies; The School of Education and the School of Global Business. The Department Chairs report to the Dean of the College of Health Sciences and the Dean reports to the Vice President for Academic Affairs/Provost. Chart 1.3b is the organizational chart for the University. More detailed organizational charts are available as in ERF 1.3.
Chart 1.3b Arcadia University, College of Health Science, and Department of Public Health Organizational Chart
1.3c. Description of the program’s involvement and role in the following:

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

**Budget Negotiations.** In November each year, the department chair submits a budget request for the next academic year to the Dean of the College who presents these, with recommendations, to the Provost. In preparation for these budget negotiations, the Department Chair consults with the Program Directors, faculty, the student organization and the Advisory Board to identify priorities for academic and related program resources. Budget requests in the past have included additional graduate assistant monies, faculty and student research/travel support, support for faculty development (training programs), and equipment/software. The Provost then negotiates on behalf of Colleges/Schools and Programs to allow for increases to operating budgets.

**Indirect Cost Recovery.** The MPH Program Director implements, but does not make policy decisions related to distribution of indirect costs recoveries and the distribution of tuition and fees. The current policy, designed in part to incentivize external funds acquisition, is that Departments recover 15% of the facilities and administration costs collected by the University from external funding. This policy applies to all Departments across the University and Departments do not negotiate this rate.

**Distribution of Tuition and Fees.** Tuition and fees are collected centrally and are not distributed uniformly (e.g. % of revenue) to Departments. Rather, the previously described budget negotiation process is the methods use to increase operating budgets.

**Student Scholarships.** The Department receives scholarship funds from Enrollment Management. Arcadia University offers scholarships to students enrolled in fulltime Graduate Programs and to students pursuing the full-time dual degrees.

**Fundraising.** The PHSS funds small fundraisers on and off campus to support their activities. No other fundraisers for the Department have been held.

Personnel recruitment, selection and advancement, including faculty and staff

**Requests of Additional Faculty and Staff.** The Department Chair makes requests for additional Faculty and Staff to the Dean. If supported the Dean submits to the Provost and CFO. Requests for additional faculty and staff are made as enrollments increase and/or the curricular and administrative demands increase in the Department.

**Hiring.** After the Chair receives written approval for hires, the primary faculty form a search committee that includes at least one member from another department within the College. The committee conducts the search, interviews prospective candidates and recommends hires. In addition to the Search Committee, the College Dean interviews candidates for tenure track faculty lines and provides input on candidates’ qualifications and appropriateness. The Search Committee makes recommendations to hire; the Provost makes the final decision to hire tenure-track faculty in consultation with the dean. Staff hires are made on the recommendation of the Department Chair to the Dean of the College.

**Promotion and Tenure.** Faculty submit annual reports to the Department Chair. The chair reviews the reports, makes comments, reviews the reports with faculty individually to review progress toward promotion and/or tenure and then forwards the reports to the dean. The College Dean and Provost reviews the reports, makes comments and sends the report with comments back to the respective faculty with a copy to the Department Chair. These annual reports are the basis of the materials required for Tenure and
Promotion reviews. The Provost’s Office assigns a mentor, outside the Department, to new faculty members for the first year; the goal is to help acclimate to the role of the faculty member at the University. The Provost’s Office assigns a different mentor, outside the Department, to faculty members during the third year of employment. The third year review is a process that prepares the faculty member for the tenure year. A dossier is completed that includes a narrative self-reflection about teaching, scholarship, and service. The mentor presents a summary of the faculty member’s progress to members of the Promotion & Tenure Committee. The Provost, Dean, Faculty Chair, Mentor, and faculty member meet to discuss accomplishments and areas that need to be improved.

Tenure review routinely occurs during the Fall of the sixth year unless Faculty negotiated another date during their hiring. Tenure and promotion are de-coupled thus, two separate reviews occur for those intending to be reviewed for both in their sixth year. The Department Chair reviews with faculty the procedures for applying for tenure and promotion that are included in the Faculty Handbook. Faculty members must submit a letter to the Provost stating their intent to apply for either tenure or promotion during the semester prior to the review. The faculty member proceeds with the preparation of materials required to present to the P&T Committee, which are due in October for a Fall review and in December for a Spring Review. Guidelines for both the tenure process and the promotion process are included in the University Faculty Handbook (available at https://www.arcadia.edu/faculty-handbook); the tenure review weighs teaching quality and service more heavily and promotion weighs scholarship accomplishments more heavily. The definition for scholarship is “creative intellectual work that is validated by peers and publicly communicated”. Materials used to review candidates include: CV, Syllabi, Student Evaluations, Examples of Scholarship, Outside Evaluators’ Reviews (at least 2), and Letters of Support (Internal, External, Solicited, Unsolicited).

The Review process involves an interview with the P&T Committee. After their review is complete, the P&T Committee recommends action to the Provost who makes final decisions based on the Committee reports. All decisions are approved by the President and the Board of Trustees.

Academic standards and policies, including establishment and oversight of curricula. Arcadia University’s shared governance structure gives the faculty direct input in academic policies and structures, including the establishment and oversight of curricula. Departments or programs develop and approve all proposals for new programs or significant changes to the curriculum and then submit it to the Academics Committee of the Faculty Senate for review and approval. The Academics Committee is comprised of faculty assigned from the general pool of Faculty Senators and administrators, with attention paid to appropriate representation of the University’s Schools and Colleges. On approval, changes are recorded in the Faculty Senate meeting minutes. Proposals for new programs are sent to the Academics Committee for review; approved proposals then go first to the full faculty senate for review. New programs are given two readings; the first introduces the proposed program and a faculty member is assigned to collect additional information related to any objections from the university faculty voiced during the time between readings. After the second reading, the proposal is presented to the full faculty for approval. The Board of Trustees gives final approval for all new programs and changes to existing programs, which impact credit requirements.

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

Not applicable
1.3e. 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.

Not applicable

1.3f. 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 is an integral part of an accredited university, housed in an appropriate College, and reports directly to the College Dean as do heads of all other health related professional programs. The university has clear processes and relationships in place for budgeting, personnel actions, and approval of curricula. These enable the MPH Program to secure the resources it needs to fulfill its mission.

The MPH program gained significant autonomy in the 2011 reorganization of academic programs into colleges and schools. The Community & Global Public Health Unit within the College of Health Sciences formally was named the Department of Public Health in January 2016.

Weaknesses

The Department Faculty are primarily junior tenure-track faculty, thus the ability to assign mentors is limited. The Dean and Faculty in other Departments within the College and University, particularly Biology, Genetic Counseling, Physical Therapy, and Health Administration have provided mentorship regarding tenure and promotion review processes. Additionally, the University assigns all faculty a third-year mentor from outside the Department who guides faculty in how to prepare for tenure and promotion review.

Plans

The Department Chair will request additional resources as the need arises to accompany growth related to expansion of the department to include both graduate and undergraduate degrees. The Department is working to create alternative sources of revenues that would go directly to the Department, such as indirect from external grants, research services to community partners, and continuing education offerings in order to expand our support for faculty and student research and travel.
Criterion 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.

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

Chart 1.4a below shows the organization of College of Health Sciences and the Department of Public Health.

Chart 1.4a Department of Public Health Organizational Chart

Effective January 2016, the Community and Global Public Health Unit (CGPH) was named the Department of Public Health within the College of Health Sciences. With the establishment of the Department, the MPH Director became both the Chair and MPH Director. In Fall 2017, the former Chair retained the MPH Director assignment to assist with the new Chair’s transition from Director of Undergraduate Public Health to Chair/MPH Director. As of Spring 2018, the Chair has subsumed the MPH Director assignment and is transitioning another faculty member into the Director of Undergraduate Public Health. As of Fall 2018 we will return to the structure shown in Chart 1.4.a where the Chair/MPH Director assignments are married and the Director of Undergraduate Public Health is separate. In this structure, the Director of Undergraduate Public Health Reports to the Chair and the Chair/MPH Director reports to the Dean. The organizational chart illustrates how the program intersects with all the other programs offered within the Department of Public Health.

Currently, the Department Chair is the Chair of all Committees except for BSPH related Committees. Thus, there is no reporting structure from MPH related Committees to the Chair. For BSPH Committees, the Director of Undergraduate Public Health is Chair of all Committees and reports committee work directly to the Chair and to faculty during monthly faculty meetings.
1.4b. Description of the manner in which interdisciplinary coordination, cooperation, and collaboration occur and support public health learning, research, and service.

The Chair provides leadership for the day-to-day operation of the Department and works closely with the college and university leadership. The Provost and College Dean are committed to the Department and its collaborative efforts, and they encourage and support these efforts by open communication and recognition of Departmental faculty’s work. The monthly meetings of the Dean of the College of Health Sciences with department chairs help to ensure coordination, cooperation, and collaboration between Departments and the Dean additionally provides monthly one-on-one meetings with each Chair to allow for added support.

The University, College and Department leadership strongly support collaboration for teaching, scholarship, and service and encourage faculty and students to seek opportunities for collaboration with regional public health organizations by providing resources to help with such efforts (e.g.: use of faculty time and graduate assistants for support of public health community initiatives). The university recognizes the importance of collaborative efforts in service and scholarship in consideration for promotion and tenure.

Evidence of collaborative efforts include:

**Instructional Examples:**

- **Dual Degree Programs:** Master of Public Health with 1) Master of Medical Science (Physician Assistant); 2) Master of Arts in International Peace and Conflict Resolution (IPCR); 3) Doctorate of Physical Therapy; 4) Master of Arts in Counseling

- **Linked degrees with concentrations in public health:** International Peace and Conflict Resolution with public health; Master of Arts in Counseling with a concentration in public health

- **Interprofessional Education (IPE) Committee:** The Dean of the College of Health Sciences established an InterProfessional Education Committee Fall 2015, to explore collaborative learning opportunities within the college. The committee developed a case study that was presented Fall 2016 and involved students from public health, physician assistant studies, physical therapy, and genetic counseling. Based on the IPEC core competencies, the case study, using standardized patients, aimed to address two key domains: (a) increasing knowledge of the roles and responsibilities of other disciplines and (b) improving attitudes regarding inter-professional collaborations. Students participated in 2 two-hour sessions which involved a patient simulation in which the patient met the professionals in a pre-operation scenario and in a second session post-op where a discussion of the diagnosis and treatment plans were covered. The sessions provided an opportunity for students to observe other professionals filling their respective roles and a chance to envision additional roles for their own profession. The sessions included debriefings and large group discussions where students were asked to ascertain how inter-professional teamwork can enhance patient care and promote health. A formal evaluation of the case study is ongoing and will assess the effect of the learning experience on student knowledge and attitudes. The case study and related materials are located in **ERF 1.4.**

- **Regional Collaborations with Public Health Community Organizations:** A consortium agreement was established in Fall 2017 that aims to establish an Emergency Medical Services (EMS) and Public Health education program through a collaboration between Arcadia University, the Montgomery County Department of Public Safety, and Montgomery County Community
College (ERF 1.4). Additionally, there are past and current collaborations to offer educational opportunities to students of these organizations and to local community members. For example, a joint symposium with the local health department (Montgomery County Health Department), the County Department of Public Safety, and Montgomery County Community College was conducted in April 2017 and another is planned for April 2018.

Research Example:

- **GRANT (Growing Research and Networking Together)** is led by Public Health faculty member, Dr. Longacre, and aims at providing feedback on developing grant proposals through peer support from faculty members across the University. It also provides the opportunity to explore future collaborations across disciplines in externally funding research.

Service Examples:

- **Guatemala- Hearts in Motion.** In collaboration with Hearts in Motion, students from education, physical therapy, and public health travel and spend anywhere from one week, one month or up to six months working with the organization to improve health conditions in Zacapa, Guatemala. MPH students are able to use this site for their required public health internship.

- **Guatemala- Mayanza.** Ms. Jami Smith, MPA, MEd, PA-C and Director of Didactic Education for the Department of Medical Science at Arcadia University founded a non-profit organization, Mayanza. Through the work of this organization, Ms. Smith takes an inter-professional group of healthcare providers (Physician Assistants, Physician Assistant students, Dental Hygienists and MPH students) to Santiago Atitlan, Solola- Guatemala to participate in a School Health Project. The project focuses on Dental Health but has also expanded to meet other needs of the school community including nutritional education and hand washing instruction. Student summary of activities and accomplishments from the 2018 trip are located in ERF 1.4.

- **IPE Belize:** During the AY 2015-2016, an IPE experience was developed and funded by the College of Health Sciences to create an inter-professional international experience for faculty and students from the College (Public Health, Physical Therapy, Genetic Counseling, Physician Assistant), the Graduate Counseling Program, and the School of Education. Faculty and students travelled to Ambergris Caye, Belize in August 2016 and 2017 for a ten-day experience. Faculty and students from across the University observed each discipline’s interaction with community members and provided support and feedback on the patient experience. Students participated in projects involving the (a) Ministry of Health: Zika virus knowledge survey; (b) Food Bank: community nutrition education; (c) Poly Clinic: public health information workshops; (d) Teacher Workshops: teaching strategies for health promotion in classrooms; (e) Learning Fairs: nutrition, Diabetes, high blood pressure, baby bottle tooth decay; (f) Volunteer Activities: included the demolition of homes damaged by the hurricane that occurred one week prior to the trip; and (g) Door-to-Door health screenings. The 2016 trip schedule and summary are located in ERF 1.4.

1.4c **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**
Arcadia University has a longstanding commitment to fostering an environment conducive to teaching and learning, research and service. The MPH program is an integral part of a College that facilitates interdisciplinary communication, cooperation and collaboration both internally and externally. The Department of Public Health has engaged in new initiatives that involve inter-professional endeavors with faculty and students from within the College of Health Sciences and other schools and departments across campus.

The Department has also developed key partnerships with the Montgomery County Community College, Montgomery County Department of Public Safety (which includes the EMS Institute) and the Montgomery County Department of Health. These partnerships led to interdisciplinary educational opportunities for Arcadia students and local public health professionals.

**Weaknesses**

The existing structure in the Department places the majority of leadership control in the Chair. With the growth of the Department faculty, there is a need to adopt more collaborative procedures for decision-making.

**Plans**

The Department of Public Health plans to continue to grow opportunities for faculty and students to collaborate across disciplines and expand areas where service experiences can be developed and grow into ongoing program initiatives with community-based domestic, global, and international organizations. An Abstract reporting on the results of the IPE Case Study was accepted to the Teaching Prevention Meeting (APTR) and will be presented by Public Health, Physician Assistant, and Physical Therapy Faculty in April 2018.

To address the identified weakness related to Departmental organization, a Strategic and Organization Planning Working Group will be established in AY2018-19 to review and revise Committee lists and organizational and reporting structures, and to develop a new Strategic Plan for the Department. This process will lead to a Departmental structure that best utilizes the expertise within the Department and will emphasize shared governance.
Criterion 1.5 Governance: The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision-making.

University Level Oversight

The Dean of the Health Sciences and the Dean of Graduate and Undergraduate Studies work with the Chair of Public Health to ensure adherence with Arcadia University and the Graduate Office standards, policies, and procedures. The Dean of Health Sciences sits in the Provost’s Cabinet where academic policy decisions are made in collaboration with the Dean of Graduate and Undergraduate Studies. The Dean of Health Sciences, Chair of Public Health, and personnel from Enrollment Management and the Office of University Relations serve as a Marketing Committee to review the website and associated materials. The Dean, after consultation with the Chair, sits on the Tuition and Fees committee with the Provost and CFO to set tuition and fee amounts for upcoming academic years. The Dean, Provost, and CFO collaborate with the Chair to review current and projected budget needs. Staff act in an advisory capacity to the Department Chair and Program Directors as needed and are assigned specific oversight functions.

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

Formation and Functions of Committees. The Department Program committees reflect the strong involvement of the dual degree students and fulltime MPH and BSPH students. Students participate on committees as representatives of the student body, and they may or may not be members of PHSS (student organization). Students are selected to create a balance of degree programs represented, their willingness to serve and provide honest inputs, and their experience (academic, professional). Adjunct Faculty are also involved in committee work as needed. MPH Alumni and Dual degree advisors (from outside the Department) are ad-hoc members of select committees who are included as needed. Adjunct faculty, faculty advisors from other departments, student representatives, and alumni representatives are invited to meetings (in-person or via phone). If they cannot make a meeting time, their input is collected through email and document comments. The materials to be reviewed and discussed are sent electronically prior to the meeting for review. All members of the committees contribute to the discussion and review of items. Committee input influences the final products (e.g. proposal for new course) which go to Faculty Meetings for Final input and revisions. Meeting Minutes from all faculty meetings are located in ERF 1.5. The primary decision making process at the Committee or Departmental level currently is to reach general consensus and vote if needed in major items.

MPH & BSPH Program Standing Committees

MPH & BSPH Curriculum & Evaluation Committee: This committee is charged with reviewing, proposing and approving changes to the MPH Program policies, procedures and curriculum. Members include the Primary fulltime public health faculty, selected adjunct faculty, the Dual Degree Program Advisors and student and alumni representatives.

2016-18 Membership

Primary Faculty:
Andrea Crivelli-Kovach, PhD, MA, Professor
Katherine DiSantis, PhD, MPH, Assistant Professor, Chair
Margaret Longacre, PhD, MSHE, Assistant Professor
Heather deVries McClintock, PhD, MSPH, MSW, Assistant Professor
Dejenaba Gordon, MPH, Assistant Professor & Internship Coordinator

**Student Organization Representatives:**
Michelle Lai, MPH/MMS student
Rebecca Dhawan, MPH student
Sabrina Gonzalez, BSPH student
Kaitlyn Mummert, BSPH student

**Adjunct Faculty:**
Terri Clark, MPH (2016-2017)
Dene Mitchell (2017- present)
Lindsay McGann (2017- present)

**Ad-hoc members:**

**Dual Degree Advisors:**
Marty Eastlack, PhD, MPH/DPT Faculty advisor
Amy Cox, PhD, MPH/IPCR Faculty Advisor
Eleanora Bartoli, PhD, MPH/MACP Faculty Advisor
Diana Noller, C-PA, MPH/MMS Faculty Advisor

**Alumni Representative:**
Noelle Voges, MPH 2015

**MPH Admission Committee:** Charged with reviewing all applicants to MPH program including Dual Degree applicants. The decisions for admission are sent to the Graduate Office for processing. Members include all Primary fulltime public health faculty and one or more staff from Enrollment Management. The other degree program’s Admission Committee reviews applicants to the Dual Degree Programs independently.

**2016-18 Membership**

**Primary Faculty:**
Andrea Crivelli-Kovach, PhD, MA, Professor
Katherine DiSantis, PhD, MPH, Assistant Professor, Chair
Margaret Longacre, PhD, MSHE, Assistant Professor
Heather deVries McClintock, PhD, MSPH, MSW, Assistant Professor
Dejenaba Gordon, MPH, Assistant Professor & Internship Coordinator

**Administrative Membership:**
Karena Whitmore, MA, Administrative Assistant (October 2018-current)
Lindsay McGann, MPH, Administrative Assistant (2016- August 2017)

**Enrollment Management Representatives:**
Erin Kardon, Enrollment Management, Graduate Programs Director
Colby Langweiler, Enrollment Management Counselor
Pamela Milcos-Smith, Enrollment Management, Graduate Programs Assistant
MPH & BSPH Marketing and Communications Committee (AY15-16; AY16-17)

Primary Faculty & Staff
Andrea Crivelli-Kovach, PhD, MA, Professor
Katherine DiSantis, PhD, MPH, Assistant Professor, Chair

Enrollment Management Representatives
Erin Kardon
Colleen Pernicello
Colby Langweiler
Alison Venditti

University Relations Staff:
Laura Baldwin

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

General program policy development:
The Public Health Department conducts regular faculty meetings in which fulltime faculty meet monthly for one and a half to two hours. Faculty review and discuss questions and concerns within the department and individual programs, student progress and concerns, curricular issues, existing and new policies, overall concerns that need to be addressed in the faculty or student handbook. Decisions regarding the program are made and put into effect as appropriate or sent to the college and/or provost if additional approval is needed at those levels. The existing policy documents are only student-related: Graduate and Undergraduate Catalogs, Capstone Handbook, Internship Handbook, and MPH Student Handbook. The Chair leads annual revisions to the Student Handbook and the Capstone Handbook brings them to the Faculty for feedback, thus the above Committees do not influence them. The Internship Coordinator leads the annual revision of the Internship Handbook and reports changes to the Chair, thus the above Committees do not influence them. Currently the Department does not have a Departmental Faculty & Staff Handbook.

Planning and evaluation:
The MPH Program Curriculum & Evaluation Committee meets every May and on an as needed during the academic year. Issues regarding program resources and evaluation of specific program elements are reviewed monthly at general faculty/staff meetings. This committee stays current with new and innovative ways of assessing student performance and competencies. We discuss proposed changes in evaluation tools and implementation in this committee and at the monthly department meeting. Faculty engage stakeholders, mainly students, alumni, adjunct faculty, and advisory board members, in discussions of proposed changes to evaluation methods.

To address the new 2016 CEPH criteria and MPH competencies, curriculum meetings took place during Fall 2016 and throughout the AY 2017-2018 to discuss changes being proposed to the MPH curriculum to comply with the new 2016 competencies.
Budget and resource allocation:

The Provost and CFO provides the colleges and schools with approved operating budgets for the upcoming academic year in June each year. Funds are allocated to specific line items based on the prior year’s expenditures, anticipated increases in existing expenditures, and requests for new line items from the Department Chairs and College Deans, per the previously described negotiation process. Budgets are monitored by the Chair and Administrative Assistant in coordination with the Finance department who provides monthly statements on expenditures. In addition, the Dean and College Administrative Manager ensure that spending is contained within the College Budget. The Chair signs off on expenses. If changes in allocation of funds are desired during the fiscal year due to a change in need, the Chair brings such changes to the Department Faculty and if consensus is reached, allocations are altered. If additional funds are needed during the fiscal year, requests are made to the Dean.

Student recruitment, admission, and award of degrees:

Recruitment:

The Department Chair, MPH Program Director, BSPH Program Director, and the administrative assistant meet regularly with (a) the college level Enrollment Management (EM) staff to discuss student recruitment and open houses for the program and (b) Dual Degree advisors to discuss recruitment of students for their respective dual degree program.

Review of Applications/Admissions

Applicants to the MPH Program complete online applications with Enrollment Management. Applications are kept electronically in an online system. Once a file is complete, EM notifies the Department Chair, Program Directors, and the administrative assistant. The Admissions Committee reviews and accepts students into the MPH on a rolling basis. Selected members of the committee review applications and make comments regarding the applicant on the control sheet before a decision is made regarding acceptance. An interview is not required for acceptance into the program but applicants are sometimes contacted via phone or e-mail to schedule a phone interview to clarify questions about their application.

Applicants to the dual degree in MPH/MMS are required to have an in person interview prior to acceptance into the dual degree program. Interviews are scheduled for selected days throughout the fall semester and include application reviews and interviews with faculty from both programs. Review of each candidate takes place the day of the interview and acceptance or rejection letters are sent within one week of the interview.

Applicants to the BSPH Program complete an online or paper application with Enrollment Management. Applications and supporting credentials are kept electronically in an online system. Applicants are assigned to an Enrollment Management counselor based on the geographic location of their high school or mailing address. Once a file is complete, the Enrollment Counselor does a preliminary review of the application. He or she then makes a recommendation for admission and, if appropriate, scholarship award. That recommendation is then forwarded to a Review Committee to approve. The Review Committee consists of the Executive Director for Enrollment Management and Assistant Vice Presidents for Enrollment Management. Once the student is accepted into the university, the student chooses their major course of study. For the BSPH, students are accepted into the BSPH major on a rolling basis.
**Awarding of Degree**

Students must file a degree completion form with the Graduate Office during their final semester. Graduate Office Staff review each student’s transcript to assure that the student has completed all requirements for the MPH degree. The Undergraduate Office Staff review transcripts for the BSPH degree. Questions regarding student status are referred to the Department Chair and MPH and BSPH Program Directors. When all degree requirements have been satisfied and final grades are posted, the student is eligible for graduation.

**Faculty recruitment, retention, promotion and tenure:**

On receipt of approval to hire a tenure-track faculty member, the Primary Faculty form a search committee that also includes faculty from at least one dual degree program. The committee conducts the search, interviews prospective candidates and recommends hires. In addition to the Search Committee, the College Dean interviews candidates for tenure track faculty lines and provide input on candidates’ qualifications and appropriateness. The Search Committee and Dean make the recommendations to hire; the Provost makes the final decision to hire tenure-track faculty. Adjunct faculty are selected by the Department Chair in consultation with the Primary Faculty. Final authority over these hires rests with the Department Chair.

Regarding retention, the University offers training opportunities, faculty development sessions, seed funding, internal awards, social events, mentoring programs and clear guidance (both in written form and through oral presentations) on performance expectations to enhance retention, promotion and tenure. Faculty members are assigned a first year mentor from outside the Department to navigate the University and a third year mentor outside the Department to navigate the third year review, which occurs for all faculty (Tenure track and non-tenure track). The third year review includes feedback from the Mentor, Promotion & tenure Committee, Provost, Dean, and Chair. The Promotion & Tenure committee leads the review for the tenure and promotion process; if a Departmental faculty member is on the committee at the time a faculty peer is being reviewed, they are required to recuse themselves from the review.

This is augmented annual review and meetings with the Chair (at least annually) to review faculty achievements and to revise faculty goal and to discuss mutual concerns. All Tenure-track and non-tenure track faculty are reappointed annually based on the Department Chairs recommendation to the Dean and Provost. Tenured faculty do not require annual reappointment but do submit the annual reviews to the Chair.

**Academic standards and policies, including curriculum development:**

The Department Curriculum & Evaluation Committee meets annually each May/June to review courses offered over the past academic year, and to discuss suggestions from the Advisory Board and student organization and comments noted on the worksite and alumni surveys related to curriculum. It has been practice to review at least two syllabi in depth. This is the meeting during which faculty make decisions related to updating and/or adding new content to individual courses and propose new courses to develop and take through the appropriate committee approval process during the coming academic year. Each summer, the Chair and Program Directors update the graduate and undergraduate catalogs, the internship handbook, and capstone handbook to ensure accurate information.

New courses require review by the University’s Academic Committee. Prior to submitting to this Committee, the Department convenes a group from members of the Department Curriculum & Evaluation Committee which in most cases has included 2 primary faculty members with content area knowledge, 1
adjunct if they have content related knowledge, and 2 students. If the course relates to any other discipline on campus, such as Biology or Healthcare Administration, the draft of the course proposal is shared with a faculty member of that Department for input and to be sure the course will not be redundant to currently offered courses on campus. When the course proposal group has a final draft, they are required to bring it to a faculty meeting for a reading, at which point comments are collected and changes are made prior to submitting the proposal. Once reviewed and approved by the Academics Committee of the Faculty Senate, requested revisions are assessed and the course proposal group finalizes the course syllabus. At this point the course can be added to the Catalog which is revised each June.

**Research and service expectations and policies:**

The Department Chair discusses research and service expectations, including reporting policies, with all new faculty hires. Expectations are in line with the Objectives stated in criterion 1.1. Beyond reporting policies, there are no explicit policies regarding research and service, rather they are embedded in tenure and promotion policies. During a tenure-track faculty members third year at the University, faculty perform a self-assessment with the assistance of a tenured mentor from outside of their Department. During this process, the mentor, the Promotion & Tenure Committee, Provost, Dean, and Chair recognize successes and perceived deficiencies for achieving promotion and/or tenure. The chair also reviews each faculty member’s annual report and after discussing each with the College Dean, meets with each Primary Faculty member to review research and service productivity.

**1.5c. 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 MPH and BSPH Programs at Arcadia University follow the bylaws and policies adopted by the university for administrators, faculty, and students in general. Specific bylaws regarding governance of the public health programs have not been developed. The general Faculty By-Laws can be found in the University Faculty Handbook and are located at [https://www.arcadia.edu/faculty-handbook](https://www.arcadia.edu/faculty-handbook).

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

Table 1.5.d displays the Committee work of full-time faculty.

**Table 1.5d Program Faculty Service**

*(Key: C = College level; U = University; D = Departmental)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic Year</th>
<th>Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea Crivelli-Kovach</td>
<td>2013-2015</td>
<td>Graduate Academic Standing Committee (U)</td>
</tr>
<tr>
<td></td>
<td><em>Ad hoc</em></td>
<td>IRB: Expedited Review Committee (U)</td>
</tr>
<tr>
<td></td>
<td>2005-2014</td>
<td>Wellness &amp; AOD Committee (U)</td>
</tr>
<tr>
<td></td>
<td>2015-2016</td>
<td>Judicial Board Committee (U)</td>
</tr>
<tr>
<td></td>
<td>1996-present</td>
<td>MPH Admissions Committee (D)</td>
</tr>
<tr>
<td></td>
<td>2009-present</td>
<td>MPH Curriculum &amp; Evaluation Committee (D)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic Year</th>
<th>Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katherine DiSantis</td>
<td><em>Ad hoc</em></td>
<td>IRB: Expedited Review Committee (U)</td>
</tr>
<tr>
<td></td>
<td>2013-present</td>
<td>MPH Curriculum &amp; Evaluation Committee (D)</td>
</tr>
<tr>
<td></td>
<td>2014-2016</td>
<td>Faculty Senate, Senator (U)</td>
</tr>
<tr>
<td></td>
<td>2015-present</td>
<td>IPE Committee (C)</td>
</tr>
<tr>
<td></td>
<td>2012-present</td>
<td>MPH Admissions Committee (D)</td>
</tr>
<tr>
<td></td>
<td>2017-present</td>
<td>BSPH Curriculum Committee (D)</td>
</tr>
<tr>
<td></td>
<td>2017-present</td>
<td>Middle States Accreditation Committee (U)</td>
</tr>
</tbody>
</table>
1.5e. **Description of any student roles in governance, including any formal student organizations.**

In 2011, Graduate students formed the Public Health Student Society (PHSS) in Community & Global Public Health and Health Education to serve as their official organization, to promote academic achievement and clinical excellence, and to promote the public health practitioner as a member of the community. This society was designed to raise awareness of public health work and the profession of public health on campus and in the local community.

All Public Health students enrolled in the Masters of Public Health (MPH); the Masters of Science in Health Education (MSHE), all dual degree programs (MPH/MMS, MPH/IPCR, MPH/DPT, and MPH/MAC), and newly enrolled students in the BSPH degree are members. All students are encouraged to actively engage in planning outreach awareness and educational activities for the Arcadia campus and surrounding community.

Students collectively created the Student Organization By-Laws (**ERF 1.5**). Officers volunteer annually and there is an election process outlined, if more students volunteer than available officer positions. Representatives of the PHSS (referred to throughout this report as the student organization for clarity) are invited to attend faculty meetings and meet with the Chair as needed, but their primary contact is their Faculty Liaison. The Faculty Liaison mentors the students as they develop ideas and plan events. The Faculty Liaison also brings all final ideas/event plans to the faculty for approval. The PHSS also participates in the orientation of new students. The PHSS does not play a direct goal in governance of the Programs.

Arcadia University’s Student Governance Organization represents the undergraduate population and promotes student self-advocacy through open meetings and collaboration with the Staff Council, Faculty Senate, and Office of the Provost.

1.5f. **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

Arcadia University is committed to the MPH Program as demonstrated by having a Steering Committee that includes members of the Executive Council, a College level contribution to recruitment through Enrollment Management, and services of the Dean of Graduate and Undergraduate Studies for student services and faculty development, including a formal mentoring program for junior faculty. The establishment of Faculty Senate has allowed for more shared governance between faculty and administration leadership. Regarding student participation, the “personal attention” motto of Arcadia exists in practice within the Department of Public Health, where students are active in committee work and engage with faculty on regular basis to provide their input which enhances academic excellence.

The current governance structure of the Department is well developed in terms of the existence of committees, the definition of their charge and the inclusion of Primary Faculty, Adjunct Faculty, and dual-degree faculty where appropriate. The Advisory Board plays a role in governance by providing their input and recommendations, which are integral to policy changes made by the Department.

Public Health Faculty contribute to university service at a level appropriate to their rank and other service responsibilities. There is a student organization but their focus is primarily to establish and enhance public health activities (e.g. service, student education, advocacy) on campus and in nearby communities. To ensure student participation in governance, selected student representatives serve on appropriate program level committees.

Weaknesses

Primary Faculty have heavy responsibilities for governance at the departmental/program level given their teaching and research responsibilities and the overall size of the department. Additionally, there is a need to formalize the governance structure in the Department. All decisions currently are made using consensus procedures, but as the Department grows there will be a need for establishing governance procedures that more clearly define the influence primary faculty, adjunct faculty, advisory board members, students, alumni, and community partners.

Plans

The Chair will charge the Strategic and Organization Planning Working Group (to be established in AY18-19) with developing organizational procedures that clearly state how Committee work will influence decision-making. For example, committees will vote on items and their recommendation will be presented to Faculty who will comment and then vote on a decision. Clear definitions will need to be outlined to define what items require a vote.
Criterion 1.6  Fiscal Resources: The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research, and service objectives.

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

As a private university, Arcadia University does not have legislative appropriations and is largely tuition dependent. As a small university organized into schools and colleges, Arcadia has a highly centralized budgetary allocation system. A 15-member University Tuition and Fees Advisory committee sets the tuition and fees annually. The Committee is comprised of the President’s cabinet, Provost’s cabinet, staff from the office of finance and administration, financial aid, and enrollment management, and representatives from Faculty Senate. The academic deans consult with department chairs about the consequences of increased tuition on enrollment projections prior to the meetings. University revenues, including tuition and fees, are pooled and distributed centrally to cover faculty, staff and administrative salaries, benefits and program operating budgets. Each department/program, such as Public Health, has its own line item budget. Each year, units submit requests for operating budgets and for capital expenses, i.e., equipment >$5,000, generally with an incremental growth of from one to four percent. Any proposed increases above the typical university-wide growth rate must be individually justified. The deans of each school and college review budget proposals and make recommendations to the Provost, who in turn evaluates requests in relation to overall resources. The Provost and the CFO determine the overall allocations to Academic Affairs and other university units. The deans of each school/college and department chairs receive final budgets approved by the Provost by June of each academic year.

A department that receives federal and other grants can share in the overhead that grant funding generates. Current policy allows 15% of the Facilities and Administrative costs collected for an award to be returned to the department in which the grant is housed. Arcadia University has a clearly defined Facilities and Administrative Cost Recovery and Distribution Policy (ERF 1.6).

The breakdown of distributed funds is as follows:

- General University Fund 25%
- Account of the Provost 10%
- Account of the Office of Sponsored Research 15%
- Account of the Dean of the College/School 30%
- Account of the Department Housing the Grant 15%
- Account of the PI 5%

Additionally, the university delineates the mechanisms used to manage external funds received as gifts and sponsored awards. The University manages all external funds in accordance with applicable federal, state and local laws and regulations, as well as with the specific terms and conditions of any Gift or Sponsored Award. While both Gifts and Sponsored Awards (usually in the form of a grant agreement or contract) are often awarded in response to a proposal with a specific work plan or activity, the mechanisms used to manage these respective types of funds differ greatly, and are primarily determined by the requirements of the Donor or Sponsor. The purpose of this Policy is to provide a framework to
facilitate the appropriate classification of private support received by the University as either a gift or a sponsored award. This categorization is essential for ensuring that the appropriate office or department manages the funding in a manner consistent with such classification and for ensuring that it is treated correctly for tax and accounting purposes (ERF 1.6).

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

Budget Narrative

Tuition and fees are not reported as a source of funds because these go directly to the university and are allocated centrally back to departments/programs. As described in 1.6a, funds from tuition and fees are distributed to colleges, departments, and programs through a variety of budget line items including faculty and staff salaries and benefits, department and program operating budgets, and faculty and student support as indicated in Table 1.6.1.

During the self-study period, the tuition generated by all Department of Public Health, Community and Global Public Health programs is noted as follows:

<table>
<thead>
<tr>
<th>AY 2015-16</th>
<th>AY 2016-17</th>
<th>AY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,745,260</td>
<td>$1,635,120</td>
<td>TBD</td>
</tr>
</tbody>
</table>

At Arcadia University, 100% of all full-time faculty and staff salaries/benefits are a guaranteed line item in the university budget. MPH faculty are not required to seek outside grants or funding to cover any portion of their salaries. However, faculty are encouraged to pursue grant funding for their research since this is a criterion for promotion and tenure. University funds are available for faculty to conduct research on a competitive basis and for faculty development and conference expenses. Small grants to support research and faculty development are available to faculty annually upon application. Although these funds are not guaranteed to each faculty member, consistently, Public Health faculty members have been awarded such support in varying amounts each year, with preference being given to non-tenured junior faculty to support their research and development.

During the self-study period, one faculty held a grant administered directly by Arcadia University, while several faculty submitted grants that were not funded. At Arcadia, faculty members are encouraged to participate in research through grants and contracts administered outside of Arcadia University through community organizations and non-profit institutions. One day a week is unofficially allocated to faculty for their research efforts. Faculty generally work off campus to focus their time and efforts on their research. Additionally, faculty without summer stipends for administrative work devote their summer to research projects.

Externally administered grants may provide additional travel funds and funding for student support. The Office of Sponsored Research and Projects [OSRP] systematically tracks grants applied to through the university; they do not track those where faculty may serve as co-PIs or consultants. Faculty report outside consulting work in the Annual Faculty Report. Thus, faculty have conducted some of their research as consultants on grants with collaborating community-based public health agencies. Faculty often play significant roles in the developmental phase of grant proposals as well as conducting funded
research awarded to community-based organizations. Because research consulting with outside organizations is not processed through the OSRP at Arcadia University, nor systematically tracked, we do not show consulting as either a Source of Funds or Expenditure in Table 1.6.1.

<table>
<thead>
<tr>
<th>Table 1.6.1 Sources of Funds and Expenditures by Major Category, 2013 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
</tr>
<tr>
<td>State Appropriation</td>
</tr>
<tr>
<td>Grants/Contracts</td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
</tr>
<tr>
<td>Endowment</td>
</tr>
<tr>
<td>Gifts</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

| Faculty & Staff Salaries | $12,803.00 | $315,838.00 | $311,665.00 | $388,337.00 | $406,066.00 |
| Faculty & Staff Benefits | $3,749.00 | $92,931.00 | $78,620.00 | $100,257.00 | $106,893.00 |
| Operations | $14,078.00 | $14,078.00 | $14,078.00 | $14,078.00 | $12,578.00 |
| Travel | $0.00 | $0.00 | $0.00 | $0.00 | $1,500.00 |
| Student Support | $41,000.00 | $42,000.00 | $51,100.00 | $26,350.00 | $11,275.00 |
| University Tax | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Total | $71,630.00 | $464,847.00 | $455,463.00 | $529,022.00 | $538,312.00 |

1 Tuition and fees are collected centrally by the University and are not considered a source of funds for the Department Programs.
2 Grants/Contracts do not include research grants received by faculty members as PIs, as these grants fund research, not Departmental Operations.
3 In AY 13-14 and the years prior, full-time faculty salaries were allocated to Academic Affairs, and not to individual Department units. Thus the faculty salaries & benefits do not include full-time faculty during AY 13-14.

1.6c. 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 the public health program faculty who may have their primary appointment elsewhere.

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

### Table 1.6d Outcome Measures for the MPH Program Resources by Academic Year

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 2015-16</th>
<th>AY 2016-17</th>
<th>AY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants/Contracts/ICR: within the University</td>
<td>At least 2 grants submitted through the University per year</td>
<td>1 grant submitted</td>
<td>3 grants submitted</td>
<td>1 grant submitted; 1 Sub-award/Contract submitted</td>
</tr>
<tr>
<td>Faculty Support</td>
<td>Increase university funds available for Faculty development by 2% each year</td>
<td>$1000: Travel 0%</td>
<td>$1000: Travel 0%</td>
<td>$1000: Travel 0%</td>
</tr>
<tr>
<td>-Travel Grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Faculty Development Grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Faculty</td>
<td>Increase FT faculty positions as needed based on student/faculty ratios</td>
<td>30% increase (addition of 1 Non tenure-track position)</td>
<td>25% increase (addition of 1 tenure-track position)</td>
<td>20% increase (addition of 1 tenure track position)</td>
</tr>
<tr>
<td>Program Support Staff</td>
<td>Increase Full-time program support positions as needed based on students enrolled in programs</td>
<td>0 FTE</td>
<td>0 FTE</td>
<td>0 FTE</td>
</tr>
<tr>
<td>Program Operating Budget</td>
<td>2% annual increase</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Graduate Assistantships (GA)(^2)</td>
<td>2% annual increase</td>
<td>0%</td>
<td>-11%</td>
<td>-44%</td>
</tr>
<tr>
<td>Student Support</td>
<td>2% annual increase</td>
<td>0%</td>
<td>-300%</td>
<td>TBD</td>
</tr>
</tbody>
</table>

1Funds are available for travel and faculty development depending on the dean’s budget; faculty may need to compete for these funds annually. Each faculty person generally will be given one or the other; sometimes both depending on availability of funds.

2Graduate Assistantships have been reduced over the past three years, with a shift to Work Study Support (undergraduate); the value of this support is not represented in this table.

Regarding fiscal resources in AY17-18, the University provided funds to join Association of Schools and Programs of Public Health, which allows our MPH program to be added to the centralized application system SOPHAS and provides numerous training and funding opportunities for faculty and students. This support was not a previously established outcome measure, but is an important fiscal support received by the Department.

1.6e. 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**

Resources for the MPH Program have increased in selected categories over the past 5 years. In 2014-2015, we doubled funds for graduate assistantships. Since then, we have reduced the number of graduate assistantships available but have added money for work-study students to assist the program, especially with the BSPH starting Fall 2016.

The University also provided support for an ASPPH membership in AY17-18, which allows for additional opportunities to promote the MPH program via SOPHAS and related graduate school fairs and also will provide students and faculty with more funding opportunities.

Faculty numbers have increased in response to the need to hire an Internship Coordinator (2015) and tenure-track faculty position (2016) with the addition of the new BSPH Program. In response to the BSPH program reaching enrollment targets, a line for a tenure-track faculty position has been added to be effective in August 2018 and a search is on-going to fill this position.

Our program support specialist position was upgraded to a Department Administrative Assistant when the program became a department in January 2016.

**Weaknesses**

Despite the growth in faculty positions and university funds, other fiscal resources have not changed. Our department operating budget has remained unchanged for the past 5 years which affects our ability to offer students support for research or conference travel. Support staff has remained the same over the past five years with this position being supported by the use of graduate assistants and work study students.

**Plans**

The administration is placing greater emphasis on pursuing and obtaining outside funding to create a stream of revenue for the department outside of the traditional university funding. Thus Department faculty are pursuing external funding and will also be discussing opportunities for alternative (e.g. non-tuition) revenue sources for the Department.

The administration reviews each year requests for additional budget line items including faculty/support lines and the Chair will continue to make requests that will support fulfilling the Department’s mission.

The Graduate and Undergraduate Office now offers travel funds to students across the university conference presentations and participation in research. Student will be encouraged to apply for funds for research related travels.
Criterion 1.7 Faculty and Other Resources: The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research, and service objectives.

1.7a. 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>
<thead>
<tr>
<th>Table 1.7.1 Headcount of Primary Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Community Health</td>
</tr>
<tr>
<td>Global Health</td>
</tr>
</tbody>
</table>

Note: All faculty teach across both concentrations.

1.7b. A table delineating the number of faculty, students, and SFRs, organized by concentration, for each of the last three years (calendar or academic years) prior to the site visit. Data must be presented in a a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of student, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All programs must provide data for a), b) and i) and may provide data for c), d) and j), depending on whether the program intends to include the contributions of other faculty in its FTE calculations.

<table>
<thead>
<tr>
<th>Table 1.7.2a: Faculty, Students and Student/Faculty Ratios by Department (schools) or Specialty/Concentration Area (programs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty: Community Health</td>
</tr>
<tr>
<td>HC Primary Faculty</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>2015-2016</td>
</tr>
<tr>
<td>2016-2017</td>
</tr>
<tr>
<td>2017-2018</td>
</tr>
</tbody>
</table>

$^1$FTE Primary Faculty based on percentage of time that faculty committed specifically to MPH Program. Most faculty teach across both programs, MPH and BSPH, with differing percentage responsibilities. FTE reflects the proportion of credits taught in the MPH courses out of the standard 6 courses per AY load.

$^2$FTE Other Faculty is calculated by the number of courses each adjunct faculty member teaches in a given academic year divided by the total number of courses (teaching credits) required for a fulltime faculty load (24 credits) for a fulltime faculty member per AY.

$^3$Total faculty includes primary and adjunct faculty (FTE calculated under FTE Other Faculty)

$^4$FTE for students is based on .5 for part-time students; 1.0 for FT students; .25 for MMS/MPH students in their PA didactic (internship planning) and PA rotation year completing an integrated MPH/MMS internship.
Table 1.7.2b: Faculty, Students and Student/Faculty Ratios by Department (schools) or Specialty/Concentration Area (programs)

<table>
<thead>
<tr>
<th>BSPH Area of Specialization: Global Health¹</th>
<th>HC Primary Faculty</th>
<th>FTE Primary Faculty¹</th>
<th>HC Other Faculty</th>
<th>FTE Other Faculty</th>
<th>HC Total Faculty</th>
<th>FTE Total Faculty</th>
<th>HC Students²</th>
<th>FTE Students³</th>
<th>SFR by Primary Faculty</th>
<th>SFR by Total Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2016-2017</td>
<td>5</td>
<td>1.80</td>
<td>4</td>
<td>0.64</td>
<td>9</td>
<td>2.44</td>
<td>11 Majors</td>
<td>11.8</td>
<td>6.55</td>
<td>4.83</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td>9</td>
<td></td>
<td>4 Individualized majors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-2018</td>
<td>5</td>
<td>1.90</td>
<td>4</td>
<td>0.48</td>
<td>9</td>
<td>2.38</td>
<td>20 Majors</td>
<td>20.4</td>
<td>10.73</td>
<td>8.57</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td>9</td>
<td></td>
<td>2 Individualized majors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ The BSPH Program was started in Fall 2016. One full time faculty position was approved Spring 2016 with a start date of August 2016. This position teaches primarily in the BSPH with research focused in the area of global health and responsibility for content specific (global health) advising of students (internships, capstone, etc). The Director of the BSPH is responsible for academic advising for the BSPH and global health minor students. Because all faculty within the department teach across both the MPH and BSPH programs, FTE reflects the proportion of credits taught in the BSPH courses out of the standard 6 courses per AY load. (For AY 2017-2018 Fall 2017: K. DiSantis = .60 FTE; D. Gordon = .30; H. McClintock = .75; M. Longacre = .25 = contribution to BSPH Program)

² The BSPH program began enrolling Majors in August 2016. Prior to that, the University, in coordination with the Department, allowed students interested in majoring in Public Health to design an Individualized major in public health. The last of the Individualized Majors will graduate in May 2018.

³ To Calculate Total SFR, Individualized Majors were counted as 0.20 of Student as they require about 20% advising and coursework as compared to a Major.
1.7c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

The Department of Public Health has one full-time administrative assistant who allocates 0.7 FTE to the MPH coordinator and 0.3 FTE to support for the Chair and Faculty including accounting, administration, and IT, with a total FTE of 1.0.

The BSPH Program does not have a separate program support specialist currently. The Director completes all administrative functions. The MPH Administrative Assistant primarily works with the MPH Program. Some administrative functions overlap with the BSPH, such as handling student evaluations and contracts for the adjunct faculty teaching undergraduate courses.

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

The program faculty and staff offices are located in Brubaker Hall and all Primary faculty have a private office. Currently, adjunct faculty have a designated shared space to serve as adjunct faculty office in a building connected to Brubaker Hall; this space is shared with other Departments. Some class resources are placed on reserve in the library at each class instructor’s discretion. Faculty have access to a conference room in Easton Hall and additional conference space throughout the university, most commonly in departments/programs in which the dual degree students are enrolled. Additional rooms on campus, including the Library and Student Commons, are used for classes, meetings, special events, and independent student use and are reserved through an events manager system. Computer labs and classrooms primarily utilized by the program are located in Brubaker Hall but the Registrar determines classroom assignments. Following is a list of these spaces on campus and how faculty and students access and use them. Rooms are reserved centrally through Conference Services on campus for all rooms other than classrooms.

**Table 1.7d: Space by Location Available for Use by Faculty and Students**

<table>
<thead>
<tr>
<th>Building Name</th>
<th>Space Available</th>
<th>How Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brubaker Hall</td>
<td>Offices (6)¹</td>
<td>Faculty Offices</td>
</tr>
<tr>
<td></td>
<td>University Classrooms (9)</td>
<td>Classes</td>
</tr>
<tr>
<td></td>
<td>Student Lounge (1) (shared space for PA &amp; MPH students)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use campus common areas designated for all students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Computer Labs (3 classrooms dedicated to classes requiring use of computers)</td>
<td>SPSS and N-Vivo available</td>
</tr>
<tr>
<td>Easton Hall</td>
<td>Classrooms (6)</td>
<td>Classes and</td>
</tr>
<tr>
<td></td>
<td>Conference/Seminar Room (1)</td>
<td>Adjunct faculty offices</td>
</tr>
<tr>
<td></td>
<td>Adjunct Faculty Office (Shared)</td>
<td></td>
</tr>
</tbody>
</table>

¹ Faculty Offices and Classrooms.
<table>
<thead>
<tr>
<th>Building</th>
<th>Facilities</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sciences Building</td>
<td>Seminar room (Carlin Room) (1)</td>
<td>Classes &amp; meetings</td>
</tr>
<tr>
<td>University Commons</td>
<td>Conference rooms (3), Great Room, Student Activities Lounges (9)</td>
<td>Conference rooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Great Room” for events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student Lounge…Student Events (used by all students on campus)</td>
</tr>
<tr>
<td>The Castle</td>
<td>Conference and Meeting Space, Area used for Capstone Project</td>
<td>Presentations for Thesis Week</td>
</tr>
<tr>
<td></td>
<td>Presentations during Thesis Week</td>
<td></td>
</tr>
<tr>
<td>Landman Library</td>
<td>Classrooms, Meeting/Seminar Rooms, Computers available for Information research, Student and Faculty study rooms Beaver College Room</td>
<td>Meetings/Seminar space and meeting space for study groups and group project work Classes Orientation</td>
</tr>
<tr>
<td>Boyer Hall</td>
<td>Computer Labs (3)</td>
<td>Used for Data analysis in SPSS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N-VIVO</td>
</tr>
<tr>
<td>Taylor Hall and Genetic Counseling Building</td>
<td>Classrooms, Seminar rooms</td>
<td>Classes occasionally</td>
</tr>
<tr>
<td>Stiteler Auditorium</td>
<td>Forums, Graduate Colloquiums, Guest Speakers</td>
<td>Special university presentations</td>
</tr>
<tr>
<td>Spruance “Little Theater”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining Complex</td>
<td>Conference/seminar rooms, classrooms, auditorium</td>
<td>Special Meetings/Events</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faculty/Staff Dining Room</td>
</tr>
</tbody>
</table>

1Faculty/Staff Offices located in Brubaker Hall are the only dedicated space for the Department of Public Health.

All other space reported in Table 1.7d is used by other departments throughout the university.

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

The program does not have any dedicated laboratory space except for use of computer labs equipped with SPSS, NVIVO, and ARCGIS.

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

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Location and use of computer labs are listed in Table 1.7d. There are three main buildings that house computer labs. They are Landman Library, Brubaker Hall, and Boyer Hall. Brubaker Hall has three computer labs that are primarily used by the MPH Program for classes and for individual student use when classes are not in session. The smallest of these labs (12 computers) is used both as a classroom and as a lab for student use most days and evenings. The Boyer Hall and Landman Library labs are used for classes and as open resources for students to use during the day and evenings. Access to all the computer labs is available on weekends. Computers are all equipped with SPSS and select labs are equipped with either NVivo or ArcGIS. The Arcadia Helpdesk is a 24-hour resource for technology assistance for faculty, staff and students and Academic Technology Services offers help specific to interacting with Canvas and any troubleshooting needed during online classes.

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

In 2002, a multi-million dollar renovation brought the former Atwood Library into the 21st century with a solid show of support from the entire university community. The Landman Library consists of the traditional book, journal, and microform collections, as well as offices, classrooms, and archives. It also contains numerous group study rooms, individual computers, and computer labs. Organizationally, the library is under Academic Affairs and librarians are faculty ranked, though non-tenure track.

The Department of Public Health has a dedicated librarian for the health sciences departments, Calvin Wang, who works with the College of Health Sciences and is available for student questions and mentoring. Calvin routinely comes into the Research Methods course to demonstrate the use of online library resources available to public health students. In addition to a Master of Science degree in Library and Information Science, he holds a master's degree in Associated Medical Sciences.

Table 1.7f.1: Physical Features of the Bette E. Landman Library

<table>
<thead>
<tr>
<th>Feature</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Study Rooms</td>
<td>6</td>
</tr>
<tr>
<td>Computer Labs (8, 20, 30 computers respectively)</td>
<td>3</td>
</tr>
<tr>
<td>Classrooms (inclusive of computer labs)</td>
<td>5</td>
</tr>
<tr>
<td>Meeting Rooms</td>
<td>2</td>
</tr>
<tr>
<td>Reading Rooms</td>
<td>2</td>
</tr>
<tr>
<td>Computers (exclusive of labs)</td>
<td>69</td>
</tr>
<tr>
<td>Microform Readers</td>
<td>1</td>
</tr>
</tbody>
</table>

Landman Library subscribes to databases that support the associated medical sciences: Academic Search Premier, Ovid, Science Direct, and Web of Science as well as general databases that provide access to other journals of interest to public health users (e.g. ABI/Inform, JSTOR, Wilson OmniSelect). Pub Med, the premier medical interface, is accessible directly through the library website. Students using the library interface are able to access journals Arcadia University subscribes to electronically as well as physically (its legacy collection). Faculty and students may obtain articles and other printed sources that the university does not own or subscribe to through Interlibrary Loan. Requesters generally incur no charges.
for this service, though departments do pay the library for typical processing fees. Selected articles require a payment depending on the source of the article.

The Department of Public Health does not have a separate book allocation budget from the Library. Faculty may request the purchase of print books, electronic books (e-Books), and video media that meet their curricular needs, however, priority currently is given to electronic resources. All requests are paid for through the general library budget. All resources join the general collection for use by the entire university community. The professional librarians make decisions about journal/database requests separately, factoring requests across all disciplines and with consideration for price of requests, relative benefit for the entire collection, and available funds.

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

Additional resources utilized by the MPH Program for student support include the following:

- The Office of International Affairs (Janice Finn, Associate Dean) coordinates some aspects of service and study abroad.
- Office of Sponsored Research and Programs provides support for all grant proposals on campus.

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

Assessment of resources is conducted by the MPH Program and also by the library. Information Technology conducts ongoing assessments of its many functions such as sending an online customer service survey after each help request is completed. Landman Library tracks usage data including circulation statistics of all materials and patron head counts by hours. The reference librarians track (by department) the number of library research instruction sessions requested and completed and keep statistics on all reference questions; each research librarian also collects assessment data form each research appointment. Interlibrary loan tracks the number of requests from faculty, students, and staff in addition to items loaned out to other institutions that assists with Collection Development. The library also evaluates all database and journal subscriptions based on usage. Statistics on journal use provides the rationale to add to the hardback collection or move to online access of specific holdings. Specific research guides and collection development efforts helped eliminate outdated or unused books/materials from the collection. The IT survey instrument is located in \textit{ERF 1.7}.

The table below shows results for the past three academic years (AY 2015-16 to AY 2017-2018).
Table 1.7i. Outcome Measures for IT Resources by Academic Year

NB: Satisfaction Rate is defined as moderately to very satisfied with the IT Resources

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 15-16</th>
<th>AY 16-17</th>
<th>AY 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student use of Library Resources</td>
<td>70% Use Rate Combined</td>
<td>63%</td>
<td>100%</td>
<td>Not available until May 2018</td>
</tr>
<tr>
<td>Satisfaction with Library Resource</td>
<td>60% Satisfaction Rate</td>
<td>89%</td>
<td>80%</td>
<td>Not available until May 2018</td>
</tr>
<tr>
<td>Satisfaction with professional staff assistance</td>
<td>60% Satisfaction</td>
<td>86%</td>
<td>90%</td>
<td>Not available until May 2018</td>
</tr>
<tr>
<td>Satisfaction Blackboard services &amp; IT Helpdesk</td>
<td>60% Satisfaction</td>
<td>95%</td>
<td>95%</td>
<td>Not available until May 2018</td>
</tr>
<tr>
<td>Satisfaction Computer Lab &amp; Software Availability</td>
<td>50% Satisfaction</td>
<td>84%</td>
<td>85%</td>
<td>Not available until May 2018</td>
</tr>
<tr>
<td>Satisfaction Software Availability</td>
<td>50% Satisfaction</td>
<td>81%</td>
<td>75%</td>
<td>Not available until May 2018</td>
</tr>
</tbody>
</table>

NOTE: 1Statistical software is available in selected computer labs on campus. These labs are often used for classes and are not available for use all the time. Graduate students are thus encouraged to purchase a one semester student use license for the software they need for their program. In AY17-18, Academic Technology Services allowed students to request SPSS software to be loaded on their personal devices.

1.7j. 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 Primary faculty and adjunct faculty sufficiently support the Department mission both in terms of their number and the breadth of experience and knowledge. In the past three years, University leadership have been responsive to requests to grow the faculty as our enrollments grow. The MPH Program added a separate Internship Coordinator faculty position in AY 2014-2015 which consolidated the internship responsibilities and service learning opportunities into one position. This was essential for developing new opportunities for international internships and service projects that we believe are a strength of our MPH program. In response to the BSPH program growth, 2 tenure-track faculty positions have been added since 2016.
Arcadia University provides excellent facilities across campus, including dedicated and shared space for MPH students as well as classrooms, conference rooms, library and computer facilities. Five years ago, the library and IT resources merged which demonstrated forward thinking linking and consolidating professional librarian and research support staff for students and faculty.

We survey the Library-IT function each year. All students completing Capstone in the Spring Semester are asked to complete the IT survey. This enables us to monitor the changing functions of IT on the university campus to evaluate the services provided to faculty, staff, and students.

Weaknesses

Currently, the BSPH program uses work study students to assist with the administrative functions needed to support the undergraduate program. A program support specialist will be needed to provide administrative support for the program going forward and thus will be requested in future budget negotiations.

The MPH program would benefit from a designated classroom that would allow for more flexibility in course scheduling. The Faculty and staff would benefit from having a designated meeting area/communal area to hold Departmental meetings and social events.

Plans

The Department Chair requested an additional faculty line for Global Health and the line was approved and is currently posted. A part-time program support position for the BSPH will be requested in the 2019-2020 budget but is subject to approval of university administrators and the Board of Trustees.

The University space committee is evaluating the needs of the College of Health Sciences to determine the best space utilization on campus to accomplish the following objectives:

(a) To evaluate and identify adequate space for all departments in the College of Health Sciences.

(b) To house all departments within the college in close proximity to each other for easier collaboration across departments

The Department Chair will remain active in conversations with the Space Committee in order to secure more dedicated space for the Department.
Criterion 1.8 Diversity: The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

1.8a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program.

Arcadia University is committed to maintaining an inclusive environment that encourages acceptance, respect, and opportunity. It is through interactions with faculty, staff and peers representing a diversity of backgrounds and abilities that we gain self-confidence and respect for others, learn by using the latest technologies, and acquire essential skills and knowledge in preparation for rich and meaningful lives. (https://www.arcadia.edu/university/mission-vision-core-values)

Arcadia University has a written master plan to increase diversity that is organized around seven themes. The Department responded to the master plan for addressing diversity and social justice through the development of a Diversity Strategic Plan (ERF 1.8).

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

The Arcadia MPH Program seeks to achieve racial/ethnic, country of origin, age, and gender diversity as well as diversity in the level of significant public health experience among entering students.

This diversity makes the classroom experiences rich and enhances our capacity to educate students to adopt a global perspective. Because of the substantial number of dual degree students, we attract a student population with diverse academic/professional backgrounds.

The MPH program defines under-represented populations as follows:

**Students**

Race/Ethnicity/Country of Origin: Non-white race, Hispanic and/or foreign born individuals

Gender: Males

**Faculty/Staff**

Non-white race, Hispanic and/or foreign born individuals

Rationale for defining these as under-represented populations: Our program has a consistently had a female, White faculty and historically had a student body that had less than 15% male representation, and less than 25% Non-white race, Hispanic and/or foreign born representation.

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

The Department of Public Health is working on a comprehensive plan to address the University’s master plan. The public health faculty have proposed the following goals/objectives for our unit to increase the most underrepresented groups in both the student body and faculty/staff. Given Arcadia’s emphasis on global education, the inclusion of Non-white race, Hispanic and/or foreign born students and faculty is particularly relevant. Gender are also specifically considered in Arcadia’s master plan and fully consonant with the university’s overall educational mission.
Specific Diversity Goals:

1. Recruitment and retention of underrepresented student populations  

   *Goals for Student Body to include equal or greater than:*  
   - 20% male students  
   - 30% Non-white race, Hispanic and/or foreign born students  

2. Recruitment and retention of underrepresented faculty/staff  

   *Goals for Faculty to include equal or greater than:*  
   - 25% male  
   - 25% Non-white race, Hispanic and/or foreign born students  

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

Arcadia University has a written *Statement on Civility* that mandates all individuals and groups to behave with civility. A community upholding civility respects the rights of individuals and groups (https://www.arcadia.edu/university/offices-facilities/student-affairs/civility-campus). In this statement, the University acknowledges every community member's constitutional right to freedom of speech and freedom of inquiry. But the University also affirms every community member's right to an environment that is free from harassment of any kind. The University does not tolerate the subjection of another person, group or class of persons to inappropriate, abusive, threatening, or demanding actions at any time. Additionally, the Department of Public Health adopted a professionalism statement pertaining to faculty and students. It is available for review in *ERF 1.8* and is included in all syllabi. These policies help to set an atmosphere of respect on campus and in the classroom when diverse perspectives are being shared. For example, Arcadia currently uses a civility flag that is lowered when there is a reported incident of incivility on campus and an email is sent out to the campus community alerting all to the infraction, which sends a message regarding behavior expectations.

Additionally, the university recently adopted a policy addressing support services for disabled employees and applicants (*ERF 1.8*). The University is fully committed to compliance with the *Americans with Disabilities Act of 1990* (“ADA”), as amended by the ADA Amendments Act of 2008 (“ADAAA”), and Pennsylvania state law prohibiting discrimination against individuals with disabilities. The University prohibits harassment or retaliation against any individual requesting an accommodation or filing a complaint under the grievance procedures referred to herein.

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

In response to a student's comment that "absence of incivility is not the presence of civility," Arcadia undertook an initiative, *Civility in Action*, to encourage Arcadia University's students, faculty, and staff to move from a statement to action. The following are important elements in Arcadia's commitment to civility: (a) respecting the dignity of all persons; (b) respecting the rights and privacy of others; (c) striving to learn from differences in people, ideas and opinions; (d) discouraging bigotry; (e) demonstrating concern for others, their feelings, and their need for conditions that support their work and development; and (f) acting with integrity.
This initiative is ongoing. The *Civility in Action Leadership Discussions* features young people who have taken leadership to advocate for or otherwise engage their community to champion a social justice issue. In addition, recently several student organizations have united to host *Breaking the Silence*, which create campus-wide discussions concerning race and diversity at Arcadia, with the goal of steps toward developing policies and cultural traditions of awareness and inclusion.

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

Our competencies integrally foster cultural competency and support cultural diversity. Because our MPH program has a global perspective, health disparities within and between populations, domestically and internationally, have a prominent place in the curriculum. Students are encouraged to undertake internships, capstone projects, and volunteer activities with diverse populations. But no policy has been developed related to diversity or cultural considerations.

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

Arcadia University has a policy on affirmative action prominently displayed in the staff and faculty handbooks and posted on the website. Additionally, Arcadia’s Diversity Plan underscores the importance of diversity of faculty and staff. The Department Chair, in consultation with the Dean and HR, establishes a search committee to oversee all full-time faculty hires. An element of each Search plan is identifying specific channels used by racial/ethnic minority applicants. In addition to advertising in APHA journals, the searches take advantage of list serves available for the minority caucuses and other organizations that seek out diverse academic applicants.

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

The Department Chair, in consultation with the Dean and HR, establish a search committee to oversee all full-time staff hires. An element of each search plan is identifying specific channels used by racial/ethnic minority applicants. This includes advertising regionally and posting positions for extended periods through the Arcadia HR Office which provides internal opportunities for advancement.

**viii. Policies and plans to recruit, develop, promote and graduate a diverse student body.**

**Recruitment/Admission**

Arcadia’s Enrollment Management staff are committed to following the university plan for diversity. Staff are supportive of the MPH Admission Committee’s policies and procedures. A focus of the Marketing Committee was to identify new ways of marketing the MPH and BSPH programs to diverse groups of students.

While establishing a diverse applicant pool is the key to establishing a diverse program, the Department also utilizes admissions review intended to promote diversity. All MPH degree applicants are evaluated on a total portfolio approach, where evidence of student progress and long-term academic performance and work/co-curricular experiences (e.g. service trips) is emphasized, rather than strict GPA or GRE score cut-offs.

Plans for increasing student diversity further include: (a) selective recruitment of international students and foreign born students who are interested in returning to their home countries; and (b) partnering with Enrollment Management to more effectively recruit males and ethnic/racial minority applicants.

**ix. Regular evaluation of the effectiveness of the above-listed measures.**
The Chair and Directors work regularly with the Enrollment Management staff to assess admissions policies and procedures and review admission data and time to degree data annually. The Chair also meets with HR at the outset of faculty and staff searches to make use of recruitment channels that increase the diversity of the candidate pool.

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

The Faculty are consistently working to develop and maintain curricula that responds to the changing needs of populations in the US and abroad. In recent years, there are a few examples of such developments. International service trips in the past three years have been to lower income, Latin American countries, which has provided some students with opportunities to grow in terms of their cultural competency. Additionally, a new course was offered in the Fall 2017 on Health Disparities and focused on the experience of Black Communities in the US. This was a cross-listed course that offered Undergraduate and Graduate students an opportunity to delve deeper in to health equity and the influence of race on Black health in the US (ERF 1.8). The Faculty also work to support student led organizations, such as Melanin in Action, and their initiatives that aim at providing supports for underrepresented groups on campus.

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

The primary faculty developed the diversity plan during the 2011 and 2012 two academic years using an iterative process involving careful review of the university’s master plan. We used sections most appropriate for the MPH Program to establish our program-based plan that contributes to the university wide plan. During the period in which the MPH Program plan was developed, a foreign-born primary faculty member and a racial/ethnic minority graduate assistant (MPH/IPCR) contributed to the plan. In AY 18-19, the Strategic and Organization Planning Working Group will develop an updated diversity plan that aims at establishing a diverse applicant pool for the MPH, creating partnerships within the University and the Montgomery County Community College to ensure diversity in the BSPH program, and understand ways to enhance the experience of underrepresented students in our Programs.

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

Historically, the MPH Program Director reviewed student-faculty diversity primarily when summarizing Admissions and Time to Degree data for students and faculty/staff data when initiating a faculty or staff search committee. The MPH Program Director has engaged the Advisory Board to provide feedback on current strategies used to increase program diversity. The FT faculty and staff work closely with Enrollment Management, the Admissions Committee, HR and search committees convened to implement additional recommendations.

1.8e. 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 the past 3 years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relates to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility
of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program’s definition of under-represented populations in Criterion 1.8a.

Table 1.8.1: Diversity Outcomes: Summary Data for Faculty and Students

<table>
<thead>
<tr>
<th>Category/Definition</th>
<th>Method of Collection</th>
<th>Data Source</th>
<th>Target</th>
<th>AY 2015-16 % (N)</th>
<th>AY 2016-17 % (N)</th>
<th>AY 2017-18 % (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N = 15</td>
<td>N = 16</td>
<td>N = 16</td>
</tr>
<tr>
<td>Race/Ethnic/Foreign Born</td>
<td>Self-report</td>
<td>HR</td>
<td>25%</td>
<td>20% (3)</td>
<td>19% (3)</td>
<td>25% (4)</td>
</tr>
<tr>
<td>Male</td>
<td>Self-report</td>
<td>HR</td>
<td>25%</td>
<td>13% (2)</td>
<td>6% (1)</td>
<td>6% (1)</td>
</tr>
<tr>
<td>MPH Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>% (N)</td>
<td>% (N)</td>
<td>% (N)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N = 76</td>
<td>N = 73</td>
<td>N = 75</td>
</tr>
<tr>
<td>Race/Ethnic/Foreign Born</td>
<td>Self-report</td>
<td>MPH Application</td>
<td>25%</td>
<td>30% (23)</td>
<td>37% (27)</td>
<td>33% (25)</td>
</tr>
<tr>
<td>Male</td>
<td>Self-report</td>
<td>MPH Application</td>
<td>20%</td>
<td>15% (12)</td>
<td>14% (10)</td>
<td>8% (6)</td>
</tr>
</tbody>
</table>

1Faculty include Primary Faculty and Adjunct Faculty who have taught any course over the past 3 years.
Note: Staff is not included as we have 1 staff member and a percentage is not relevant for a n=1.

1.8f. 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

Arcadia University has a longstanding commitment to diversity and to civil behavior among all members of the Arcadia Community. The faculty, staff and student organizations have adopted a policy statement on civility and followed it up with initiatives designed to operationalize and give prominence to civil behavior. The university has a master plan for increasing diversity and the MPH program has a parallel plan for increasing faculty, staff and student diversity.

Over the past three years, the public health programs have met their goal for ethnicity but not gender for a diverse student body and improved their target for both ethnicity and gender for primary faculty. The diversity among adjunct faculty varies from year to year depending the adjunct faculty needed during a particular academic year.

Weaknesses

The MPH program continues to disproportionately attract female applicants, in part because of two factors: (a) a community health concentration tends to attract more females than males and (b) the dual degree programs, such as the Physician Assistant Program, is a profession consisting predominately of females. This impacts our student population since our dual degree programs currently constitute a large percentage of our student body.

Additionally, our ability to meet diversity goals related to ethnicity/country of origin are not clearly connected to policies or procedures of the Department. Thus, it is necessary for the Faculty and stakeholders to outline a strategic approach to meeting these diversity goals.
Plans

The department continues to partner with Enrollment Management to explore new outlets for recruiting a diverse student body. In November 2017, the Department joined the ASPPH after receiving funds to support the membership from Academic Affairs and Enrollment Management. Joining ASPPH has allowed our MPH program (non dual program only) to utilize SOPHAS. This is expected to enhance our applicant pool in terms of quantity and diversity, while maintaining quality.

Additionally, more diverse outlets for reaching minority faculty are explored when recruiting for open faculty positions. Plans for increasing faculty and staff diversity include greater use of listings of all faculty and staff job announcements with minority recruitment organizations, newsletters, and web-based job boards.

The Department Chair intends to lead a small working group of Public Health Faculty, other University Faculty (e.g. Sociology, Africana Studies), and Students in AY18-19 to review the curriculum that is developed in response to the new 2016 criteria to ensure that students will have didactic and practical experiences which expose them to a variety of cultures and populations. This group will report back to the Strategic and Organization Planning Working Group in order to develop an informed, updated diversity plan that attracts and supports a diverse student body.
Criterion 2: Instructional Programs

Criterion 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 masters degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

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

The Arcadia University’s Department of Public Health offers a single professional degree, the MPH with a Community Health concentration, and the Bachelors of Science in Public Health with a Global Health concentration.

The MPH is offered as a stand-alone, or, as a dual degree with a) the Physical Therapy Program (DPT); b) the International Peace and Conflict Resolution Program (MA); c) the Counseling Program (MA); and d) the Physician Assistant Program (MMS). The stand-alone track is a two-year program for full-time students and part-time students can take up to 7 years, but routinely is finished in 4 years.

The MPH program offers classes primarily as an on-site program over 11 to 15 week semesters including Fall, Spring, and Summer (11 weeks). Selected courses are offered in a fully online format or a hybrid format throughout the year.

The BSPH program offers classes primarily as an on-site program over 15 week semesters in Fall and Spring. Selected courses are offered in a fully online format or a hybrid format throughout the year, but University limits Freshman/Sophomore students to 1 online course per semester and Junior/ Senior students to 2 online courses per semester. Full-time students can complete the BSPH degree within 4 years.

<table>
<thead>
<tr>
<th>Table 2.1.1. Instructional Matrix – Degrees &amp; Specializations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Masters Degrees</strong></td>
</tr>
<tr>
<td>Specialization/Concentration/Focus Area</td>
</tr>
<tr>
<td>Community Health</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Dual Degrees</strong></td>
</tr>
<tr>
<td>Counseling</td>
</tr>
<tr>
<td>International Peace and Conflict Resolution</td>
</tr>
<tr>
<td>Physician Assistant Studies</td>
</tr>
<tr>
<td>Physical Therapy</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
2.1b. 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 BSPH and MPH Program information is included in Arcadia’s Undergraduate and Graduate Catalogs, respectively, which describes the program requirements. The catalog, which is updated annually in June by Program Directors, can be accessed online through the following links:

Undergraduate Catalog:

Graduate Catalog:

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

This criterion is met.

Strengths
The MPH program has a strong curriculum, enrollment, and linkages to other programs at Arcadia University. Because the dual degrees are considered central, the MPH program works closely with the other programs to ensure coordination in application reviews, admissions, new student orientation, scheduling of classes, examinations, and admissions dates. This commitment to the dual degrees ensures a strong public health presence across related programs and gives students enrolled in the MPH as a first professional degree wide exposure to public health practice regionally and globally. The internships and capstone experience are tailored to meet the needs of students in both the MPH and the dual degree programs while ensuring they meet the requirements for the MPH degree. The mix of students adds diversity to the teaching, learning and research environment and fosters a global perspective and recognition of diversity and interdependence of disciplines in population health throughout the curriculum.

Arcadia University’s success in offering students study- and service-abroad opportunities enables students to learn various settings around the world providing them an ideal foundation for the BSPH in Global Health. This concentration furthers the Department’s mission and goals while also increasing our engagement with the undergraduate population.

Weaknesses
The sequencing of classes for each dual degree varies and is dependent on the class schedules of the primary clinical degree. MMS and DPT dual degree students begin their MPH program in the Summer Semester taking 12 MPH credits. These results in a need to offer four core courses in the summer; primary faculty are rarely available to teach all of these courses as they are on 9-month contracts.
Because students in the stand alone MPH program have been able to start in any semester and take anywhere from 3-12 credits per semester, the sequencing of courses has not been consistent. This, along with coordinating students from 4 dual degree programs, requires the Department to offer core and concentration courses twice per year, which has led to under-enrolled (less than 15 students) sections at times. This coordination also adds administrative burdens to Department faculty.

**Plans**

The MPH program plans to maintain a balance between the MPH professional degree and dual degree students. As the department grows, more faculty will be able to take on selected administrative roles to assist in administration of the multifaceted department.

In AY 17-18, the decision was made to restrict stand-alone students to a Fall start date, with the option of taking 1 course in the summer prior to the start. We will assess how this policy impacts yield of accepted students and will assess whether this leads to more consistently enrolled sections. The Chair will also engage with the faculty to determine whether a policy should be implemented that requires part-time MPH students to be required to take a minimum of 6-credits per semester going forward. If confirmed, this policy would not affect part-time students enrolled prior to Fall 2018.

Plans include reviewing the current curriculum to integrate the new 2016 core competencies defined by CEPH, establish new concentration competencies, develop new courses or redesign current courses to integrate new competencies, and implement the changes beginning in AY 2018-2019. This will entail reviewing each core and concentration course currently offered to consolidate content where expeditious and develop new offerings to meet the challenges and demands of public health education.
Criterion 2.2  Program Length: An MPH degree program or equivalent professional master’s degree must be at least 42 semester-credit units in length.

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

The Department of Public Health follows the guidelines set by the University for the Definition of credit hour/contact hours, and are built and assessed in accordance with Middle States standards. A credit hour is associated with a minimum of 50 minutes per credit over a 14-week semester, plus a 15th week consisting of a final examination or project presentation. The MPH Program is a 42 semester-credit unit degree, with 3-credit courses. All Fall and Spring courses are taught over a 15-week semester for 2 ½ hours per week for a total of 37.5 contact hours. Summer courses are taught over 11 weeks meeting 3.5 hours per week for a total of 38.5 contact hours or 7 weeks for fully online/hybrid courses. Fully online/hybrid courses are expected to engage students for the same amount of hours as the in-person courses.

For the BSPH, the majority of courses are 4 credits and are only taught in the Fall and Spring. Thus, the 4-credit courses are taught over 14 weeks for 3.3 hours per week, plus a 15th week final exam period, equating to the above minimum of 50 minutes per credit.

2.2b.  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 42 credit hours for all professional master’s students, with up to six credits being shared in dual degree programs. These credits are broken into core (18 credits), practicum (3 credits), Capstone (6 credits), concentration (9 credits), and elective (6 credits) courses. The core courses include training in the five core areas of public health (epidemiology, social and behavioral sciences, statistics, public health administration, and environmental health) as well as a sixth course on research methods in public health. Full-time standalone MPH students take the core courses, except for Biostatistics, in the first year. For the concentration courses, students take the theories course in their first year and the two program planning and evaluation courses in their second year. The Internship is a 200-hour practicum, usually taken in the last semester of the second year, except if a student is performing the Internship abroad. In this case, students have performed their Internship in the summer after their first year or the summer after their second year. The Capstone is a two semester (9 credit) course that students take in their second year. Students take electives in the summer or in their second year. The minimum time for a student to complete the program is 4 semesters.

The MPH/MMS and MPH/DPT students begin by taking three core courses in epidemiology, social and behavioral sciences, and research methods and a concentration course in theories. Then MMS students follow the same second year plan, but take one less elective due to shared credits and take their final two core course in fall (environmental health) and spring semesters (public health administration) of their 12-month intensive public health course work. They complete the remaining six credits through shared credits during their didactic and rotation years in the MMS program. The DPT students proceed taking the core and concentration course (1-2 per semester) as they are taking a full DPT load. Their course sequencing is similar to the standalone MPH students except they complete Capstone the year prior to completing their internship. The other duals (MPH/MAC, MPH/MAIPCR) integrate the public health
coursework as they complete their other degree, but the course sequencing is set to model standalone students sequencing; these students may enter in any semester and be full- or part-time thus, customized plans are developed for each student with proper course sequencing in mind.

2.2c. 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.

Not applicable, see 2.2b.

2.2d. 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 requires 42 semester hours of credit. Summer courses require the same or more contact hours as courses offered during the academic year. Fulltime MPH students complete the program in 2 years; part-time MPH students in 3 to 4 years; and 3 years for all dual degree students except counseling which can take from 3 to 5 years (fulltime and part-time). The MAC/MPH and IPCR/MPH dual degrees can be completed on a part-time basis. Dual degree students complete the all core and concentration courses and the Capstone and internship experiences in the MPH program. Dual degree students share up to six credits between the programs, where students are exempt from taking up to two Public Health electives.

Weaknesses
There are some scheduling and workload issues for DPT and Counseling dual degree students, which are discussed regularly by dual degree advisors and the Chair/Director of the MPH Program. To date, all scheduling and workload concerns have been reviewed and discussed with the dual degree advisors.

MMS/MPH students fulfill all public health requirements in 12 months, except shared credits, which creates challenges in properly sequencing courses. Mainly, MMS/MPH students begin Capstone after taking 12 credits, while most other students have taken 18 credits prior to Capstone.

The BSPH has a high amount of required credits for the major (72 credits), where other University majors range from 54-68 credits required. Thus, the program will need to consider whether all the credits should be required to continue to meet learning objectives.

Plans
Chair/MPH Program Director and DPT dual degree advisor is holding a listening session with MPH/DPT students from multiple cohorts to discuss program plans and workload concerns, which individual students have brought to either advisor. The goal of the session is to determine whether the current program plan needs adjustment to facilitate better learning in both programs.

The BSPH Curriculum Committee will review the curriculum in Summer 2018 to determine whether to reduce the required credits for the major by two to three credits. The Committee will assess whether PBH489, which was previously designed to be four credit Internship, would better meet competencies
through a two credit service-learning course with a travel component. Additionally, they will assess whether three public health electives and two public health electives are needed to meet competencies.
Criterion 2.3 Public Health Core Knowledge: All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3a. 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. (Template 2.3.1).

All MPH students are required to complete the core courses shown in 2.3.1. Students are presented with specific learning experiences and graded assignments, which are designed to provide a means of obtaining delineated competencies. Examples of assessments linked to learning objectives can be located course syllabi (ERF 2.3). Additional competency in these core areas are developed through concentration area courses, electives, internship and the capstone project.

Table 2.3.1 Core Public Health Knowledge

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>PBH 620 Introduction to Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>PBH 600 Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>PBH 560 Community and Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>PBH 501 Social Determinants of Health &amp; Disease</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Management</td>
<td>PBH 510 Health Care Systems &amp; Policy</td>
<td>3</td>
</tr>
</tbody>
</table>

To assure students have fundamental competence, Faculty assess students on their level of competency in the capstone seminar in addition to assigning a letter grade. Students perform a self-assessment of their mastery of core competencies at the start and end of their program through the Pre- and Post-Competency assessment. Faculty review the results of these evaluation tools annually and also discuss the strengths and weaknesses of Capstone students in order to access whether the MPH program is developing student competencies in these core areas. Lessons have been added to Core Courses to enhance competencies including: Qualitative Data Collection and Analysis and Draft Writing & Peer Review in PBH640, increasing emphasis on applied statistics (e.g. SPSS proficiency) in PBH620, and adding a Health Impact Assessment Report to PBH560.

2.3b. 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

Required core courses cover the five core areas of public. These courses introduce students to core public health concepts and issues by exploring current issues that challenge public health professionals, such as Social Determinants of Health and Disease & Environmental Health. The Health Care Systems course was revised AY 2016-2017 to integrate Health Policy to meet new core competencies.
Weakness
As a small program, we only offer one required course in each core discipline along with other required courses that build additional competencies in the five areas. With the current 42 credit degree and the fact that dual degree students generally share 6 elective credits, the remaining student body taking PH elective options is small thereby limiting the number of concentration elective courses that can be offered. However, we have started offering selected concentration electives as cross-over courses with junior and senior undergraduate students and graduate students to enable the program to offer a wider variety of elective courses.

Plans
The primary faculty members are currently evaluating our curriculum to integrate the new competencies and have discussed increasing the minimum number of degree credits to 45 or restructuring existing courses to maintain the 42-credit degree. The primary faculty members are also exploring a joint offering elective with another department on campus (International Peace and Conflict Resolution) to develop a course on advocacy and community organizing that will meet added competencies and create a learning environment for inter-professional education.

The MPH Curriculum and Evaluation Committee is currently evaluating best practices in teaching Research Methods, Qualitative Methods and Biostatistics. This will be the focus of the May 2018 meeting.
Criterion 2.4  Practical Skills: All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students’ areas of specialization.

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

Arcadia’s MPH Program Internship Experience is explained in detail in the Internship Handbook given to all MPH students (ERF 2.4). We summarize key elements below.

Timing of Practicum
All students are required to complete one semester of Internship Planning. Students perform internships in the semester following Planning, and all full-time students are required to complete the Internship in one semester. Part-time students can take up to 12 months to complete their internship.

Upon completing PBH 501 (Social Determinants of Health and Disease), PBH 530 (Theories of Health Behavior & Health Promotion), PBH 600 (Introduction to Epidemiology), and (Program Planning and Evaluation) students may begin the process of Internship planning with the Internship Coordinator. For Full-time students in the stand-alone MPH program, this process normally begins in their third semester, with the plan to perform the internship in their fourth semester. If students intend to perform their internship abroad, they plan their internship in their second semester and perform it in the summer between their first and second year. Students following this plan must perform an additional assignment prior to beginning their internship, as they do not meet the requirement PBH 630 (Program Planning and Evaluation). A description of this assignment can be located in the ERF 2.4. Students perform this assignment to become familiar with program planning models used in the field.

For students in the dual degree programs (MMS/MPH, DPT/MPH, MAC/MPH, MA in IPCR/MPH), they complete the four required courses prior to initiating their internship, and due to constraints of the programs’ schedules only DPT/MPH and MA in IPCR/MPH can perform their internships abroad. However, MMS/MPH students are able to perform their Public Health Rotation during the third year of the program abroad.

Selection of Sites
The student and/or the MPH Internship Coordinator identify potential internship sites. Currently, one non-tenure track faculty member serves as the MPH Internship Coordinator assisting students in the planning and completion phases of the internship experience. This faculty member also teaches one course per semester in the BSPH program and serves as the coordinator for our service learning trips to Belize (summer) and to Nicaragua with “SosteNica” during Spring break. For newly identified sites, the MPH Internship Coordinator contacts preceptors to assess their qualifications and the appropriateness of the site. This contact takes place initially by phone, followed by an on-site visit, when possible.

Requirements for Preceptor and Internship Site
Preceptors are required to have an MPH or equivalent degree and experience working in the public health field. The preceptor at the internship site must provide a stable project and work experience for the student.

It is expected that the preceptor will a) provide the student and the MPH Internship Coordinator with a description of internship expectations and a signed agreement stating the scope of the project prior to the
student beginning the internship; b) provide guidance and professional supervision; c) provide a project that deals with a pertinent community-focused public health experience; d) maintain regular communication with the MPH Program Internship Coordinator at Arcadia; and e) assure an appropriate work environment. These requirements are outlined in the MPH Internship Handbook (ERF 2.4).

Students are required to complete a minimum of 200 hours for the internship, which is documented on the student’s internship log and reported to the MPH Internship Coordinator.

**Methods for approving preceptors**
The MPH Internship Coordinator speaks with prospective preceptors via phone to determine the appropriateness of the site. The MPH Internship Coordinator visits the site, if time and travel allows. Sites in the immediate vicinity are either visited or assessed via a phone interview with the preceptor; distant sites are engaged via telephone and/or Skype. Some faculty members have developed relationships and worked collaboratively with organizations in the Southeastern Delaware Valley, including Delaware, and have identified internship sites through these connections.

**Opportunities for orientation and support for preceptors**
We invite preceptors to campus to meet with faculty and to discuss policies and practices regarding internships. The MPH Internship coordinator meets with first time preceptors at the beginning of the semester in which a student begins an internship at a new site, when necessary and feasible.

**Approaches for faculty supervision of students**
To ensure that students are receiving the appropriate level of support from Arcadia University and from the site, students are required to email regular updates to the MPH Program Internship Coordinator regarding their progress. One site visit is required during the internship either in person, via video conferencing, or through a conference call with the preceptor depending on the capabilities of the site.

**Means of evaluating student performance**
The primary faculty developed a grading rubric that the Preceptor and supervising faculty member use to assess the student’s performance a) on site with the community agency and b) related to demonstrating specific competencies. Students are familiar with the grading rubric used for the Internship and have a copy in the Internship Handbook. The Preceptor completes the student evaluation survey, discusses his/her assessment with the student and sends the completed evaluation tool to the supervising faculty member. The faculty member assesses the student’s Internship report for demonstrated competencies, confers with the Preceptor regarding attainment of specific competencies, when necessary, and assigns a letter grade. The Internship Coordinator calculates the final grade for the course, which includes points from the preceptor evaluation and all submitted written assignments.

**Means of evaluating practice placement sites and preceptor qualifications**
The Internship Coordinator is responsible for reviewing and approving the qualifications of each preceptor and the site to assess the quality of the placement. Each internship is evaluated for future student placements via the following: (a) student reflection of their experience, (b) shadowing opportunities afforded to the student, (c) preceptor mentoring of students and the provision of constructive feedback, and (d) opportunities to interact with community members being served by the organization. The Student Evaluation of Internship Site instrument is located in ERF 2.4 and data from it is imputed into the Internship Database. This evaluation is stored in the Internship database maintained by the MPH Administrative Assistant.
The MPH Internship Coordinator, in conjunction with the Administrative Assistant, maintains a list of approved preceptors and internship sites that students use in selecting their placements. Faculty and students may propose additional sites and preceptors but must do so well in advance of the proposed internship to ensure time for review of the proposed preceptor’s qualifications and the suitability of the site.

The MPH Internship Coordinator requests a current CV from preceptors to be kept on file as evidence of their credentials as an internship preceptor. These credentials should include: (a) an MPH or MSPH degree, a PhD or DrPH degree in public health or a related field, and (b) at least 2 to 5 years of Public Health Experience. For international sites, a preceptor is qualified if they hold an advanced degree (typically a terminal health professions or academic degree) in a related field and at least 2 to 5 years of public health working experience defined as work in a public health arena or capacity. Preceptors in such sites often hold job titles such as health educator, health policy analyst, community organizer, program analyst, director, manager, or coordinator.

Preceptors must be willing to mentor the student during placement, ensuring that the student has ready access to the preceptor (in person and via electronic methods) to provide direct guidance, supervision, and clarification of expectations as needed. This accessibility is particularly important where other staff in the site, not the preceptor, have more direct day-to-day contact with the student.

Preceptors are required to be available by phone, via e-mail and for a site visit, when necessary, during the internship and complete an evaluation of each student at the completion of the internship. The Internship Coordinator reviews both the preceptor’s evaluation and the student’s final report for indicators of quality or potential issues in the placement site.

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

Arcadia’s internship experience is designed to provide a real-life learning environment within which students can apply the academic concepts and master the skills they learn in the classroom. The internship experience is expected to bridge professional academic preparation with public health practice. Knowledge and skills learned in their courses are applied in an agency setting under the supervision and guidance of an experienced preceptor.

Arcadia’s MPH Program has identified learning objectives for the internship experience and core competencies/skills that students develop throughout the entire program. The conditions under which the MPH internship requirement may be waived are listed in ERF 2.4 in the Internship Exemption Policy. The ERF 2.4 also includes the Internship Exemption Approval Form, which must be completed to initiate the review process. While the faculty of the program recognize that the internship experience is invaluable for all students, there are cases where a student’s work history may meet the requirements as defined by the accrediting organization for a practicum experience, which is a required component of all MPH degrees.

Students who are granted an exemption from the internship requirement must complete the minimum required 42 credit hours to graduate from the program. These students will need to complete an additional elective course to fulfill the credit hour requirements.
**Qualifying Criteria:** A student may be granted an exemption for internship if they have been employed by a public health organization for at least one year full-time (or part-time equivalent) with job duties specifically focused on public health practice. Employment in this position must have occurred within the past 5 years. Relevance of specific responsibilities will be reviewed by the program faculty. The student must provide documentation of employment by providing a signed letter from a current or past supervisor (within the past 5 years) attesting to the content and duration of employment.
2.4b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

**Internship Sites: AY 2016-2017 and AY 2017-18**

<table>
<thead>
<tr>
<th>Internship Site Name</th>
<th>AY</th>
<th>Location</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Matters</td>
<td>16-17, 17-18</td>
<td>Philadelphia, PA</td>
<td>Elizabeth Dailey</td>
</tr>
<tr>
<td>Arcadia Counseling Services</td>
<td>17-18</td>
<td>Glenside, PA</td>
<td>Nicole Young</td>
</tr>
<tr>
<td>Arcadia University Alcohol and Other Drug Program</td>
<td>16-17</td>
<td>Glenside, PA</td>
<td>Mary Alice DiFlippo</td>
</tr>
<tr>
<td>Breastfeeding Resource Center</td>
<td>16-17</td>
<td>Abington, PA</td>
<td>Collette Acker, Janice McPhelin</td>
</tr>
<tr>
<td>Cancer Support Community</td>
<td>16-17</td>
<td>Philadelphia, PA</td>
<td>Jamese Johnson</td>
</tr>
<tr>
<td>Children’s Hospital of Philadelphia</td>
<td>16-17, 17-18</td>
<td>Philadelphia, PA</td>
<td>Saba Khan, Lisa Maiale-Howell, Amy Waldman,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Christina Master, Kristy Arbogast, &amp; Ronni Kessler</td>
</tr>
<tr>
<td>Esperanza Health Center</td>
<td>17-18</td>
<td>Philadelphia, PA</td>
<td>Filter, Diane</td>
</tr>
<tr>
<td>Food Moxie</td>
<td>16-17, 17-18</td>
<td>Philadelphia, PA</td>
<td>Jill Fink</td>
</tr>
<tr>
<td>Fox Chase Cancer Center</td>
<td>16-17, 17-18</td>
<td>Philadelphia, PA</td>
<td>Evelyn Gonzalez, Johana Vanegas, Kuang-Yi Wen</td>
</tr>
<tr>
<td>Free Library of Philadelphia Culinary Literacy Center</td>
<td>17-18</td>
<td>Philadelphia, PA</td>
<td>Jamie Bowers</td>
</tr>
<tr>
<td>Get Real, Get Raw</td>
<td>16-17</td>
<td>Philadelphia, PA</td>
<td>Alice Troyanovsky</td>
</tr>
<tr>
<td>Maternity Care Coalition</td>
<td>17-18</td>
<td>Philadelphia, PA</td>
<td>Naima Black</td>
</tr>
<tr>
<td>Montgomery County Department of Public Safety/EMS Division</td>
<td>16-17, 17-18</td>
<td>Conshohocken, PA</td>
<td>Brian Pasquale</td>
</tr>
<tr>
<td>Nationalities Service Center</td>
<td>16-17</td>
<td>Philadelphia, PA</td>
<td>Brittny DiVito</td>
</tr>
<tr>
<td>Pennypack Farm and Education Center</td>
<td>16-17, 17-18</td>
<td>Horsham, PA</td>
<td>Julie McCabe</td>
</tr>
<tr>
<td>Public Health Management Corporation</td>
<td>16-17</td>
<td>Philadelphia, PA</td>
<td>Livia Greenbacker</td>
</tr>
<tr>
<td>Sebastian Riding Associates</td>
<td>16-17</td>
<td>Collegeville, PA</td>
<td>Dene Mitchell</td>
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<td>Starfinder Foundation</td>
<td>17-18</td>
<td>Philadelphia, PA</td>
<td>Kate Sandy</td>
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<tr>
<td>The COLOURS Organization</td>
<td>16-17</td>
<td>Philadelphia, PA</td>
<td>Lee Carson</td>
</tr>
<tr>
<td>The Food Trust</td>
<td>17-18</td>
<td>Philadelphia, PA</td>
<td>Katherine Raman</td>
</tr>
</tbody>
</table>
2.4c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

To date, two students at Arcadia have met the criteria for exemption from the Internship Requirement. Both students were working with public health organizations at the time of the granted exemption.

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

None - Not Applicable

2.4e. 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 is oriented toward public health practice. Students learn practice related competencies in coursework and demonstrate their practice competencies in the Internship. Faculty, preceptors and students are aware of the practice skills students are expected to master and the assessment/grading rubric ensures clarity of expectations. The MPH Program has clearly defined qualifications for preceptors, reviews new preceptors’ academic and practice qualifications before placing a student at a site, and evaluates the quality of the placement at the end of the internship. The Internship Coordinator is in contact with the preceptor at each site, reviews the grading rubric, and maintains responsibility for assigning final grades. The Preceptor completes an evaluation of the student addressing the student’s progress in achieving acceptable competency levels. The Internship Coordinator reviews the student internship site evaluation as part of the final assessment of retaining the site for future placements.

Weakness
Because some sites are distant from Arcadia University, the Internship Coordinator may have difficulty assessing the quality of a placement prior to placing the first intern. The lack of direct face-to-face observation also limits opportunities to assess the actual practice experience. However, international experiences bring value to our MPH program and many students apply to Arcadia because of the opportunity to study with diverse populations in different settings. Communication with preceptors and students in international settings is becoming easier with better internet access in more underdeveloped/remote areas, thus enabling the Internship Coordinator to conduct meetings via skype or other conferencing modalities today.

Plans
Since our initial accreditation, a fulltime MPH Internship Coordinator position was approved as a non-tenure track faculty line. In this role, the staff/faculty person focuses primarily on the internship experience with teaching responsibilities in the BSPH program on a limited basis and serves as both the internship coordinator and faculty mentor for students during their internship year. This non-tenure track position is not responsible for maintaining a program of research nor mentoring students during their Capstone experience.
Criterion 2.5 Culminating Experience: All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5a. 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.

The culminating experience for all MPH students is a capstone project. In this project, students synthesize and integrate the knowledge acquired in coursework and other learning experiences and apply theory and principles to a clearly defined project that is relevant to professional practice. In addition, the capstone project students the opportunity to develop expertise in a specific content area and to contribute original and independent observations and analysis while using a systems approach to integrating didactic and experiential learning to inform the culminating learning experience. Examples of Final Capstone Projects are located in *ERF 2.5.*

**Sequence in Curriculum:**
After completing PBH 501 (Social Determinants), PBH 530 (Theories of Health Behavior), PBH 600 (Introduction to Epidemiology), and PBH 640 (Research Methods), students may register for PBH 695 as long as they are concurrently taking PBH 620 (Biostatistics). PBH 696 follows PBH 695 and is a direct continuation of that course. Students develop an independent community health-based project over two semesters designed to meet the needs of a specific population as a means of demonstrating core and concentration competencies in a specific health-related area. Several options are available to students. Details of the requirements and suggested project designs are listed below and described in the Capstone Handbook (*ERF: Cr 2.5*).

**Objectives:**
The learning outcomes of the capstone project are for a student to:
1. Identify and describe a public health issue of current importance to a specific target population.
2. Integrate key concepts learned in the core and concentration courses in their respective degrees to a defined health topic.
3. Define and develop the steps needed in identifying and conducting a research project.
4. Write a comprehensive literature review of the field on a specific health topic.
5. Collect and analyze data, conduct a policy analysis or conduct a comparative program or literature review.
6. Complete Human Subjects Certification Training for conducting research. (Citi Training Certificate)
7. Prepare an IRB proposal and submit the proposal to Arcadia’s Internal Review Board for approval to conduct research, where appropriate.
8. Prepare a formal report including an in-depth literature review, description of the project, methodology, data analysis and results (where appropriate), discussion and conclusions (including appropriate appendices) (See Project Guidelines below).
9. Communicate via written and oral modalities (thesis, oral presentation, and poster presentation) results of the culminating experience with different audiences (peers, faculty, outside academics).
a. Prepare a *formal thesis report* including an introduction, in-depth literature review, description of the project, methodology, data analysis and results, discussion and conclusions (including appropriate appendices).

b. Deliver a *formal oral presentation* (in-class and outside the university) and university-wide *formal poster presentation* of their project.

**Capstone Project Guidelines:**

Students design and implement the project using an appropriate research/analytic method. The supervising faculty mentor/advisor for capstone works with each student to define the scope of the project and specify, in writing, the public health competencies that the student will demonstrate in the project.

**Study Design Formats for Capstone Projects (Integrative Learning Experience)**

Following is a list of potential research design formats for completing your capstone. Students may choose from the following designs depending on (a) their topic of interest, (b) the scope of their project, and (c) prior research experience. The criteria for each design and the scope of the project is defined jointly with the capstone faculty mentor. Projects involving primary data collection require some prior research experience and approval from the faculty mentor and program director.

(a) Quantitative Methods: Primary Data Collection or Secondary Data collection

   a. Collecting primary data
   b. Secondary data analysis (for example, the Community Health Database)

(b) Qualitative Methods: Involving primary data collection

   a. Focus groups
   b. Individual interviews (in-person, telephone)
   c. Comparative Case Studies

(c) Qualitative Methods: Involving secondary data/public domain information

   a. Content Analysis: including web sites, TV shows, media/newspapers and magazines

(d) Policy Paper/Comparative Program Analysis/Comparative Literature Review

   a. Comparative Analysis of Programs Implemented and Evaluated: this project can include an in-depth case-study evaluation of a national program and evaluation that has been completed to date. This can also be a comparison of a program that has been implemented in different regions within the US or a comparison of different programs targeting the same health issue. The key is to do an in-depth exploration of the agency, program, and evaluation that has been completed to date with recommendations and proposals for evaluation if the evaluation piece is lacking or only partially present. *NOTE:* Students must have completed Program Planning and Evaluation to undertake this project.

   b. Policy Papers: Comparative analysis of policies either within the United States (including but not limited to county by county, region by region, state by state, country by country or the US versus another country.

   c. Comparative Literature Review is an in-depth review of a topic of interest that explores the research that has been done in an area and compares defined types of studies exploring clearly defined variables and a research question. This can also include modeling of the relationship among variables (direct and indirect) that predict an outcome. (Some past examples include: Goldberg: Social-behavioral factors that predict compliance with HIV
medication regimens in HIV positive patients; and Spears: Predictors of psycho-social health in adolescent cancer patients)

(e) Capstone linked with Internship:
Due to the course sequencing for most students, where they begin PBH695 prior to initiating their internship, it is difficult to link Capstone projects to Internship. Where it has occurred, a student arranges in coordination with their Internship preceptor, Representatives from that agency, the Internship Coordinator and their Capstone Faculty Advisor to obtain agency data and/or to coordinate with the agency to collect new data, which becomes the foundation of their Capstone. The Internship Coordinator, Capstone Advisor, Internship site leadership/staff, and the student also explicitly discuss data sharing, often resulting in a memorandum of understanding. This agreement needs to state rights of the student to the data, particularly after their internship is complete. Communications and meetings with all these parties are needed to ensure that Capstone objectives are unique from Internship objectives and to develop a time collection system which is transparent so that the Internship Coordinator and Internship Preceptor understand when Internship hours are being performed and to ensure Capstone work is not being performed within those hours. An example of a linked Capstone and Internship experience has been provided in the \textit{ERF 2.5}.

\textbf{Evaluation of Project and Public Health Competencies}

Students are evaluated in several ways for their capstone experience. These include:

\textit{Faculty Evaluation of Student Skills}
All of the final products of the Capstone (ILE) have a rubric that is used by all faculty to evaluate achievement of the requirements for completing this experience. \textit{(ERF Cr 2.5)}

1. Formal Written Report (described in the Capstone Handbook and Course Syllabus) that demonstrates the specific core competencies detailed in the proposal approved by the faculty mentor.

2. Oral Presentations before faculty either as a group or within individual seminar classes. Faculty and students are invited to observe presentations scheduled throughout thesis week on campus.

3. Poster Presentations on campus:
   a. During thesis week at the university, all programs host thesis days and undergraduate and graduate students participate in presentations open to the university community. In the past, students have presented oral presentations at selected locations across the university, which are open to the public and the university community including administrators.

\textit{Recognition by the Professional Community}

1. Poster Presentations in Philadelphia:
   a. Students, who submit abstracts to the College of Physicians Annual Student Poster Presentations and are accepted, present their capstone projects in public to faculty from the surrounding MPH Programs, community organizations, and government public health agencies. This is a juried presentation and faculty and public health professionals throughout the city volunteer to participate as judges.
2.5b. 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 culminating project is designed to help students integrate knowledge and demonstrate the achievement of clearly defined public health competencies. Capstone projects require significant effort and are tailored to the specific interests of students. As such, these projects are designed to enable students to think on their own and develop unique and challenging projects to complete. Feedback over the years consistently mentions that Capstone forces students to draw from most of their core courses to meet the requirements for completing their projects. Primary faculty serve as faculty advisors for the capstone classes. Students attain communication skills by presenting their projects to the Arcadia community and in regional public health meetings.

Arcadia University has recently adopted a policy of expanding class sizes to meet new minimums. The Curriculum Committee does not believe that having 15 or more students in capstone is feasible. The Dean, in discussion with the Provost, can grant an exception for the requirement of a class size of 15. Currently, we have the support of the Provost and Dean in capping the enrollment of in Capstone to eight students per section. Capstone is a seminar class that requires considerable time outside of the classroom mentoring the students and guiding their independent learning and projects. Faculty spend about two hours a week in class with Capstone students and five or more hours outside class for individual mentoring on each project.

Weaknesses
We developed several grading rubrics to evaluate students throughout the Capstone (ILE) year-long project. Faculty have developed rubrics over the past 4 years. Capstone projects have similar requirements and standards while encouraging students to think creatively in the design methodology they choose to answer their research questions. As such, student projects vary one from another making evaluation of the projects more challenging when applying one set of rubrics, which are more descriptive and subjective, for different research designs. Consistency in grading capstone is always a challenge. In addition to the grading rubrics, faculty evaluate students based on their achievement of the capstone competencies overall and rate students on a scale of 1 to 5. Faculty members are asked to report the grade earned by each student in Capstone along with the level of competency achieved over the course of the academic year.

Plans
We plan to review all assessment tools used in the curriculum as we link each new foundational and concentration competency to courses currently being offered in the MPH Program, new courses being developed, and courses that will be merged to enhance the learning experiences of students enrolled in our degree programs.

The Program faculty aim to rollout any curriculum revisions related to the 2016 criteria by Fall 2019. But in the interim, faculty will be reviewing the current competency matrices to ensure that the core competencies are well-addressed core courses and reinforced in Capstone and Internship. Additionally, primary faculty who teach capstone will assess the project requirements and student feedback to understand how to best prepare students for the Capstone and Internship experiences.
Criterion 2.6 Required Competencies: For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic, and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree programs at all levels (bachelors, masters, and doctoral).

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

The BSPH and MPH Program uses the core competencies to guide the development of its curriculum and course-specific learning objectives. All course learning objectives stem from competencies and all course assignments must be linked to a learning objective. The core public health competencies are listed below. Table 2.6.1a and Tale 2.6.1b presents each core and concentration competencies and the courses that either lead to proficiency or reinforce competency. The Curriculum committees review these matrices to continuously assess how learning objectives and course assignments align with these matrices.

**BSPH PROGRAM CORE COMPETENCIES**

**Domain 1: Assessment/Analytical Skills**
1.1 Assess the health status of populations and their related determinants of health and illness.
1.2 Describe the characteristics of a population based health problem.
1.3 Identify strategies to address the public health needs of a defined population.
1.4 Make community-based inferences using evidence-based public health data sources and identify the relevance of data to public health practice.

**Domain 2: Health Communication and Cultural Competency Skills**
2.1 Communicate public health information effectively using cultural and linguistic characteristics and appropriate literacy levels for multiple audiences.
2.2 Present (orally and in writing) data to describe scientific, political, ethical and social public health issues.
2.3 Apply public health history and philosophy to identify and address global population health concerns.
2.4 Compare the cultural and social paradigms underlying public health initiatives.

**Domain 3: Health Systems and Policy Development**
3.1 Compare and contrast the US health system to health systems in other countries.
3.2 Describe the organizational structure of a public health agency.
3.3 Discuss existing policies and identify new policy approaches to improve the health of diverse populations worldwide.

**Domain 4: Public Health Sciences Skills**
4.1 Identify the contributions of the core public health disciplines (e.g. biostatistics, epidemiology, environmental health, and health services administration, social and behavioral health) to the promotion of health throughout the human lifecycle.
4.2 Describe the scientific evidence related to public health issues through information retrieval from a variety of text and electronic sources and discusses the limitations of research findings. 
4.3 Define the physical, behavioral, and social factors, which influence disease course and/or disability resulting from chronic and infectious diseases.

**Domain 5: Leadership, Professional Practice and Management Skills**
5.1 Analyze ethical and professional issues that arise in global public health settings
5.2 Promote integrity in professional practice
5.3 Utilizes individual and team learning opportunities for personal and professional development

**MPH PROGRAM CORE COMPETENCIES**

**Assessment/Analytical Skills**
1. Demonstrates the ability to:
   a. Assess the health status of populations and their related determinants of health and illness.
   b. Describe the characteristics of a population based health problem.
   c. Reference public health data sources and identify gaps in information.
   d. Make community-based inferences using qualitative and quantitative data.
   e. Collect, store, retrieve and analyze qualitative and quantitative data.
   f. Synthesize demographic, statistical, programmatic and scientific information.

**Communication Skills**
2. Communicates public health information effectively to multiple audiences.
3. Presents (orally and in writing) qualitative and quantitative data to address scientific, political, ethical and social public health issues.

**Cultural Competency Skills**
4. Compares across countries cultural and social paradigms underlying public health initiatives.

**Leadership and Management Skills**
5. Uses individual and team learning opportunities for personal and professional development.

**Public Health Sciences Skills**
6. Identifies the core contributions of the basic public health sciences (including biostatistics, epidemiology, environmental health, health services administration, social and behavioral health sciences).
7. Describes the scientific evidence related to public health issues through information retrieval from a variety of text and electronic sources and discusses the limitations of research findings.
8. Describes the laws, regulations, policies, and procedures for the ethical conduct of research.

2.6b. **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 competencies are assessed through both core and concentration courses. Below is a listing of the competencies. Below we map BSPH core competencies to core courses in Table 2.6.1c and in Table 2.6.1d we map the concentration competencies to concentration courses. All competencies are mapped to the culminating experiences (PBH 489, PBH 495, PBH 496).

**BSPH PROGRAM GLOBAL HEALTH CONCENTRATION COMPETENCIES**

**Domain 1: Socio-Cultural and Global Political Awareness**
1.1 Describe the social determinants of health and identify how these affect health and wellbeing.
1.2 Apply social justice and human rights principles in public health policies and programs.
1.3 Identify ways to distribute resources to meet the health needs of vulnerable populations.

**Domain 2: Program Planning, Coordination, Community Dimensions of Practice Skills**
2.1 Design and implement community health needs assessments
2.2 Design program work plans based on logic models
2.3 Develop monitoring and evaluation frameworks to assess programs
2.4 Use a global perspective to critique public health programs and how these affect the health and wellbeing of different groups.
2.5 Identify diverse stakeholders and discuss strategies to include them in public health programming
2.6 Communicate values and lessons learned to community partners and global constituencies.

**Domain 3: Strategic Planning in Global Public Health**
3.1 Synthesize data to describe the intersection of social, political, economic, and cultural factors that impact health outcomes.
3.2 Describe interdisciplinary theoretical frameworks to examine health and wellbeing (e.g. public health, medical anthropology, sociology, risk communication, behavioral economics, etc.)

**MPH PROGRAM**

**COMMUNITY HEALTH CONCENTRATION COMPETENCIES**

**Program Planning Skills/Policy Development**
1. Uses a global perspective to critique public health programs, research, policies, and health care systems.
2. Contributes to collaborative program planning and evaluation processes including implementing, monitoring, and evaluating public health programs.

**Cultural Competency Skills**
2. Describes cultural and linguistic characteristics and literacy levels of populations to be served.

**Community Dimensions of Practice Skills**
3. Maps stakeholders who constitute the community linkages and relationships essential to involve in public health initiatives.
4. Identifies community assets including governmental and non-governmental resources in the delivery of public health services.

**Leadership and Management Skills**
5. Demonstrates the ability to:
a. Prepare a programmatic budget.
b. Describe the organizational structure and policies of a public health agency.
c. Adhere to an organization’s policies and procedures.
d. Identify strategies to address the public health needs of a defined population.

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

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>Course Number and Name</th>
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<tbody>
<tr>
<td></td>
<td>PBH 501: Social</td>
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<tr>
<td></td>
<td>Determinants of Health</td>
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<td></td>
<td>PBH 510: Health</td>
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<td></td>
<td>Systems/Policy &amp;</td>
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<td></td>
<td>Bioethics</td>
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<td></td>
<td>PBH 560: Community &amp;</td>
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<td></td>
<td>Environmental Health</td>
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<td></td>
<td>PBH 600: Introduction/</td>
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<tr>
<td></td>
<td>Fundamentals</td>
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<tr>
<td></td>
<td>Epidemiology</td>
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<tr>
<td></td>
<td>PBH 620: Introduction</td>
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<tr>
<td></td>
<td>to Biostatistics</td>
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<td></td>
<td>PBH 640: Research</td>
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<tr>
<td></td>
<td>Methods &amp; Design</td>
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<tr>
<td></td>
<td>PBH 689: Internship</td>
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<tr>
<td></td>
<td>PBH 695/696: PH</td>
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<td></td>
<td>Capstone Seminar I &amp; II</td>
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</tbody>
</table>

#### Analytical & Assessment Skills

<table>
<thead>
<tr>
<th>Competency Description</th>
<th>PBH 501</th>
<th>PBH 510</th>
<th>PBH 560</th>
<th>PBH 600</th>
<th>PBH 620</th>
<th>PBH 640</th>
<th>PBH 689</th>
<th>PBH 695/696</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A: Assess health of populations</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td></td>
<td>P</td>
<td></td>
<td></td>
<td>R</td>
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<tr>
<td>1B: Describe characteristics of a population health problem</td>
<td>P</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>P</td>
</tr>
<tr>
<td>1C: Reference PH data/Identify gaps in information</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>1D: Make community based inferences</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1E: Collect, store, retrieve, analyze data</td>
<td>R</td>
<td></td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>1F: Synthesize demographic, statistical, programmatic, scientific information</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td>P</td>
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</tbody>
</table>

#### Communication Skills

<table>
<thead>
<tr>
<th>Competency Description</th>
<th>PBH 501</th>
<th>PBH 510</th>
<th>PBH 560</th>
<th>PBH 600</th>
<th>PBH 620</th>
<th>PBH 640</th>
<th>PBH 689</th>
<th>PBH 695/696</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Communicates PH information to multiple audiences</td>
<td>P</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>P</td>
</tr>
<tr>
<td>3. Presents data (oral/written) on PH issues</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>P</td>
</tr>
</tbody>
</table>

#### Cultural Competency Skills

<table>
<thead>
<tr>
<th>Competency Description</th>
<th>PBH 501</th>
<th>PBH 510</th>
<th>PBH 560</th>
<th>PBH 600</th>
<th>PBH 620</th>
<th>PBH 640</th>
<th>PBH 689</th>
<th>PBH 695/696</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Compares across countries social/cultural paradigms</td>
<td>P</td>
<td>P</td>
<td>R</td>
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</tbody>
</table>

#### Leadership and Management Skills

<table>
<thead>
<tr>
<th>Competency Description</th>
<th>PBH 501</th>
<th>PBH 510</th>
<th>PBH 560</th>
<th>PBH 600</th>
<th>PBH 620</th>
<th>PBH 640</th>
<th>PBH 689</th>
<th>PBH 695/696</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Uses individual &amp; team learning opportunities for professional development</td>
<td>P</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>P</td>
<td>R</td>
</tr>
</tbody>
</table>

#### Public Health Science Skills

<table>
<thead>
<tr>
<th>Competency Description</th>
<th>PBH 501</th>
<th>PBH 510</th>
<th>PBH 560</th>
<th>PBH 600</th>
<th>PBH 620</th>
<th>PBH 640</th>
<th>PBH 689</th>
<th>PBH 695/696</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Identifies core contributions of PH sciences</td>
<td>P</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>7. Describes specific evidence related to PH issues</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>8. Describes laws, regulations, policies, procedure for ethical conduct of research</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>P</td>
</tr>
</tbody>
</table>
### Table 2.6.1b MPH Program: Community Health Concentration Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>PBH530: Theories of Health Behavior</th>
<th>PBH630: Program Planning &amp; Evaluation</th>
<th>PBH645: Program Evaluation: Case Studies</th>
<th>PBH Core Courses</th>
<th>PBH 689 Internship &amp; PBH 695/696 Capstone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy Development &amp; Planning Skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Uses global perspective to critique programs, research, policies, systems</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>PBH 501 P</td>
<td>PBH 510 P</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>PBH 560 R</td>
<td>PBH 600 P</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PBH 640 R</td>
<td></td>
</tr>
<tr>
<td>2: Contributes to collaborative program planning &amp; evaluation</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>PBH 640 R</td>
<td>R</td>
</tr>
<tr>
<td><strong>Cultural Competency Skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3: Describes cultural/linguistic characteristics &amp; literacy levels</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td>PBH 501 P</td>
<td>PBH 640 R</td>
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<td></td>
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<tr>
<td><strong>Community Dimensions of Practice Skills</strong></td>
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<tr>
<td>4: Maps stakeholders</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td>PBH 501 P</td>
<td>PBH 560 P</td>
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<tr>
<td></td>
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<td></td>
<td>PBH 640 P</td>
</tr>
<tr>
<td>5: Identifies community assets in the delivery of PH services</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td>PBH 501 P</td>
<td>PBH 560 P</td>
</tr>
<tr>
<td><strong>Leadership and Management Skills</strong></td>
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<tr>
<td>6: Prepare programmatic budget</td>
<td>P</td>
<td>P</td>
<td></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>7: Describe organizational structure and policies of PH agency</td>
<td>P</td>
<td>R</td>
<td></td>
<td>PBH 510 R</td>
<td>P/R</td>
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<td>PBH 560 R</td>
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<tr>
<td>8: Adhere to organization’s policies &amp; procedures</td>
<td>P</td>
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<tr>
<td>9: Identify strategies to address PH needs of a defined population</td>
<td>R</td>
<td>P</td>
<td>P</td>
<td>PBH 501 P</td>
<td>PBH 510 P</td>
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<td></td>
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<td></td>
<td></td>
<td>PBH 560 P</td>
<td>PBH 640 R</td>
</tr>
</tbody>
</table>

**Notes:** P = Primary Focus; R = Reinforcing Focus  
Core Course and Culminating Experience s(Internship, Capstone) address some of the Concentration Competencies, thus they were included in the table.
Table 2.6.1c BSPH Program: Public Health Concentration Competencies by Core Courses, Practical Experience, & Capstone

<table>
<thead>
<tr>
<th>Competency Description</th>
<th>PBH 110: Intro to Public Health</th>
<th>PBH 250: Epidemiology</th>
<th>PBH 260: Research and Biostatistical Methods</th>
<th>PBH 320: Health Policy, Law, &amp; Bioethics</th>
<th>PBH 489: Practical Experience</th>
<th>PBH 495: Capstone Seminar I</th>
<th>PBH 496: Capstone Seminar II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1: Analytical &amp; Assessment Skills</td>
<td></td>
<td></td>
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<tr>
<td>1.1 Assess the health status of populations and their related determinants of health</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>R</td>
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<tr>
<td>and illness.</td>
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<tr>
<td>1.2 Describe the characteristics of a population based health problem.</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>R</td>
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<tr>
<td>1.3 Identify strategies to address the public health needs of a defined population.</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>R</td>
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<tr>
<td>1.4 Make community-based inferences using evidence-based public health data sources</td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>R</td>
<td>R</td>
<td>R</td>
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<tr>
<td>and identify the relevance of data to public health practice</td>
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<tr>
<td>Domain 2: Health Communication and Cultural Competency Skills</td>
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<tr>
<td>2.1 Communicate public health information effectively using cultural and linguistic</td>
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<td>characteristics and appropriate literacy levels for multiple audiences.</td>
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<tr>
<td>2.2 Present (orally and in writing) data to describe scientific, political, ethical and</td>
<td>P</td>
<td>P</td>
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<td>social public health issues.</td>
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<td>2.3 Apply public health history and philosophy to identify and address global</td>
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<td>population health concerns.</td>
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<tr>
<td>2.4 Compare the cultural and social paradigms underlying public health initiatives.</td>
<td>R</td>
<td>R</td>
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<tr>
<td>Domain 3: Health Systems and Policy Development</td>
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<tr>
<td>3.1 Compare and contrast the US health system to health systems in other countries.</td>
<td>P</td>
<td>R</td>
<td></td>
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<tr>
<td>3.2 Describe the organizational structure of a public health agency.</td>
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<tr>
<td>3.3 Discuss existing policies and identify new policy approaches to improve the</td>
<td>R</td>
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<td>health of diverse populations worldwide.</td>
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</tr>
<tr>
<td>Domain 4: Public Health Sciences Skills</td>
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<tr>
<td>4.1 Identify the contributions of the core public health disciplines (e.g. biostatistics,</td>
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<td>epidemiology, environmental health, health services administration, social and</td>
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<tr>
<td>behavioral health) to the promotion of health throughout the human lifecycle.</td>
<td></td>
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<tr>
<td>4.2 Describe the scientific evidence related to public health issues through</td>
<td>R</td>
<td>P</td>
<td></td>
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<tr>
<td>information retrieval from a variety of text and electronic sources and discusses the</td>
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<td>limitations of research findings.</td>
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<tr>
<td>4.3 Define the physical, behavioral, and social factors which impact disease course</td>
<td>R</td>
<td>R</td>
<td></td>
<td></td>
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<tr>
<td>and/or disability resulting from chronic and infectious diseases.</td>
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<tr>
<td>Domain 5: Leadership, Professional Practice and Management Skills</td>
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</tr>
<tr>
<td>5.1 Analyze ethical and professional issues that arise in global public health</td>
<td>R</td>
<td>R</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>settings.</td>
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<tr>
<td>5.2 Promote integrity in professional practice</td>
<td>R</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>5.3 Utilizes individual and team learning opportunities for personal and</td>
<td>R</td>
<td>R</td>
<td></td>
<td></td>
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<td></td>
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<td>professional development</td>
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</tr>
</tbody>
</table>
Table 2.6.1d BSPH Program: Public Health Concentration Competencies by Concentration Courses, Practical Experience, & Capstone

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Domain 1: Socio-Cultural and Global Political Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBH 120</td>
<td>Intro to Global Health</td>
<td>1.1 Describe the social determinants of health and identify how these affect health and wellbeing (P R R R R)</td>
</tr>
<tr>
<td>PBH 220:</td>
<td>Biological Principles of Global PH</td>
<td>1.2 Apply social justice and human rights principles in public health policies and programs (P P R P R)</td>
</tr>
<tr>
<td>PBH 330:</td>
<td>Applied Perspectives of Global Health</td>
<td>1.3 Identify ways to distribute resources to meet the health needs of vulnerable populations (P P P)</td>
</tr>
<tr>
<td>PBH 360:</td>
<td>Global Environment</td>
<td></td>
</tr>
<tr>
<td>PBH 489:</td>
<td>Practical Experience</td>
<td></td>
</tr>
<tr>
<td>PBH 495:</td>
<td>Capstone Seminar I</td>
<td></td>
</tr>
<tr>
<td>PBH 496:</td>
<td>Capstone Seminar II</td>
<td></td>
</tr>
<tr>
<td>PBH 496:</td>
<td>Capstone Seminar II</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Domain 2: Program Planning, Coordination, Community Dimensions of Practice Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBH 120</td>
<td>Intro to Global Health</td>
<td>2.1 Design and implement community health needs assessments (P P P P R)</td>
</tr>
<tr>
<td>PBH 220:</td>
<td>Biological Principles of Global PH</td>
<td>2.2 Design program work plans based on logic models (P P P P)</td>
</tr>
<tr>
<td>PBH 330:</td>
<td>Applied Perspectives of Global Health</td>
<td>2.3 Develop monitoring and evaluation frameworks to assess programs (R R P P P)</td>
</tr>
<tr>
<td>PBH 360:</td>
<td>Global Environment</td>
<td>2.4 Use a global perspective to critique public health programs and how these affect the health and wellbeing of different groups (P R P R P)</td>
</tr>
<tr>
<td>PBH 489:</td>
<td>Practical Experience</td>
<td>2.5 Identify diverse stakeholders and discuss strategies to include them in public health programming (P P P P P)</td>
</tr>
<tr>
<td>PBH 495:</td>
<td>Capstone Seminar I</td>
<td>2.6 Communicate values and lessons learned to community partners and global constituencies (R P P P P)</td>
</tr>
<tr>
<td>PBH 496:</td>
<td>Capstone Seminar II</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Domain 3: Strategic Planning in Global Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBH 120</td>
<td>Intro to Global Health</td>
<td>3.1 Synthesize data to describe the intersection of social, political, economic, and cultural factors that impact health outcomes (P P R R P)</td>
</tr>
<tr>
<td>PBH 220:</td>
<td>Biological Principles of Global PH</td>
<td>3.2 Describe interdisciplinary theoretical frameworks to examine health and wellbeing (e.g. public health, medical anthropology, sociology, risk communication, behavioral economics, etc.) (P P P P R)</td>
</tr>
<tr>
<td>PBH 330:</td>
<td>Applied Perspectives of Global Health</td>
<td></td>
</tr>
<tr>
<td>PBH 360:</td>
<td>Global Environment</td>
<td></td>
</tr>
<tr>
<td>PBH 489:</td>
<td>Practical Experience</td>
<td></td>
</tr>
<tr>
<td>PBH 495:</td>
<td>Capstone Seminar I</td>
<td></td>
</tr>
<tr>
<td>PBH 496:</td>
<td>Capstone Seminar II</td>
<td></td>
</tr>
</tbody>
</table>
2.6d. Analysis of the completed matrix included in Criterion 2.6c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The process of clarifying the core and concentration competencies during the self-study increased our awareness of the specific courses in which the competencies are a primary focus or are reinforced. This has helped faculty focus on the competencies systematically. For new faculty joining the department and adjunct faculty, the list of competencies has heightened their understanding of the importance of competency-based education. Linking competencies to the learning outcomes and assignments for each course enables students to relate competencies to course content and informs the goals and objectives for the class. These linkages can be seen in MPH syllabi in *ERF 2.3* and in BSPH syllabi in *ERF 2.8*.

In reviewing the matrix, we discovered that creating a stakeholder map, developing a Gantt Chart, and preparing a programmatic budget is part of the defined content for PBH 630: Program Planning and Evaluation, and is reinforced but not a primary focus PBH 645 Evaluation nor are these skills covered in other required core courses. Because our MPH is in Community Health, the Theories (PBH 530), Program Planning (PBH 630) and Public Health Evaluation Case Study courses (PBH 645) are the required courses in which students develop skills pertinent to the development, implementation, and evaluation of public health programs. Although PBH 630 and 645 cover developing budgets and timelines, program management tools were not covered with the same emphasis on skill building. We initially remedied this by having the Program Director meet with faculty who teach these courses to ensure consistency in skill building. Moving forward to meet the new reporting criteria with an emphasis on demonstrating how competencies are being met within each course, assignments will be carefully reviewed to ensure “tangible products” are being produced by the students that demonstrate competence in the identified competency.

The core and concentration competencies are either developed in more depth or reinforced in PBH 689, Internship, PBH 695/696 Capstone (depending on the project chosen), and electives. For example, we offer a *Successful Grant Writing* elective, in which students develop and write a grant proposal, which includes a timeline and detailed budget for a community-based public health agency.

The faculty began meetings in Fall 2016 to addresses the new proposed 2016 criteria. In reviewing the new criteria, health policy was added as a new foundational competency for all students. Discussions around integrating our health policy course content (an elective for graduate students until Spring 2017) with the Health Systems Course resulted in the two being integrated into a Health Systems Management and Policy course that was introduced in Spring 2017. The most recent PBH 510 syllabus illustrates these implemented changes (*ERF 2.5, PBH 510 syllabus Spring 2018*).

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

Prior to our initial accreditation, the MPH Program Evaluation Committee undertook a systematic review of the core competencies taught in our MPH with input from professional practice faculty, student representatives, and our consultant. As part of the process, we specifically asked adjunct faculty who sit on the MPH Program Evaluation Committee to review them with particular attention to their importance to regional employers. Because some adjunct faculty hold fulltime positions with community-based public health agencies in the region, we felt that their input was particularly needed to ensure we were building the competencies that regional agencies look for in new MPH graduates.
The process for clarifying how we teach competencies involved several steps. Primary faculty reviewed and discussed the competencies adopted by two organizations, a) the American Schools and Programs of Public Health and b) the Council on Linkages. This was the starting point for assessing which of the competencies that we teach are most central for a practitioner to master in an MPH program in Community Health. Using this lens, we streamlined the list of competencies to 35 and sent this list to the faculty noted above and asked for their perceptions of how important each of these were for our curriculum. Following review of comments and a series of faculty meetings devoted to a discussion of the competencies, we agreed on 14 as the most central to Arcadia’s MPH vision, mission, goals and objectives and were presented for our first accreditation review and visit in January 2013.

We formatted the competencies into the table shown in Table 2.6a that included where each of the competencies is taught in our required core and concentration courses. The Program Director sent this table to faculty who have primary responsibility for teaching each of the core courses and other professors who have taught the course within the prior two years. Each faculty member added to the table indicating whether in their course the competency was taught as a primary learning activity or as reinforcing. The MPH Evaluation Committee reviewed the results looking for consistency between what faculty reported teaching where two or more different faculty teach the same course. Where there were inconsistencies, the respective faculty met to address how to modify their teaching to ensure that students were learning the same set of competencies across all sections and instructors.

To ensure that students are fully aware of the importance of mastering specific competencies in core and concentration courses, the Program Director asked each faculty person to include a list of the competencies taught in their respective courses on the course syllabus. The MPT Program Director routinely reviews selected syllabi for consistency in the inclusion of competencies. Additionally, the Program Director created a template for syllabi created within the Department to ensure consistency with regard to the inclusion of the following: (a) learning objectives linked with assignments, (b) the MPH Program Competency checklist, and (c) university and departmental policies.

During the Spring and Summer 2016, the curriculum committee met to define the competencies for the newly proposed and approved BSPH degree. Both core and concentration competencies were developed and sent to members of the evaluation committee and the advisory board for their suggestions and approval. A final list was approved in Summer 2016 and incorporated into the undergraduate syllabi beginning Fall 2016. The course syllabi template developed by the MPH program director includes the BSPH competencies for faculty teaching in the undergraduate program to follow for consistency in formatting and reporting policies across the department.

The MPH Program Director annually discusses the importance of competencies being listed on syllabi and explains the significance of this to new students during the student orientation in Summer and Fall each year.

During AY 2017-2018, the curriculum committee will be reviewing the MPH curriculum to identify where the new 2016 foundational competencies will be met and how to revise and update the courses to reflect the new competencies. A report is being prepared to submit in January 2018 giving the timeline for the program coming into compliance with the new competencies and evaluation measures to be developed to demonstrate skills learned throughout the curriculum.
2.6f. 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.

The department hosts an annual meeting to bring together primary and professional practice adjunct faculty to discuss the overall curriculum in relation to changes and emerging issues in public health. Additionally, primary faculty review their courses annually to update required reading materials and to ensure assignments are linked with the learning outcomes listed and how these relate to core and concentration competencies.

At the end of each academic year, the results of the degree completion survey and the preceptor evaluations are reviewed for areas that students identify that reflect changing needs of the curriculum, competencies, and learning modalities. Throughout the academic year, the MPH and BSPH Program Directors along with faculty identify specific issues related to individual courses. Every three years, we survey alumni and employers to identify skills learned in the program and skills learned on the job post-graduation (alumni survey) and emerging skills that employers are looking for in the workplace (employer survey). These results are discussed with faculty and with the advisory board for suggestions and a discussion of key points. In some cases, individual courses are reviewed and revised for content. When issues arise that go beyond the scope of existing courses, the Program Director initiates a review of departmental academic policies to address student concerns.

2.6g. 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
Arcadia’s MPH program is practitioner-oriented and emphasizes mastery of a set of competencies that are viewed as most central for MPH graduates in Community Health. The program systematically compared the competencies being taught with those recommended by the American Schools of Public Health and the Council on Linkages. As a result of this process, the faculty adopted a set of 14 competencies that students were expected to master in core and concentration courses and develop and demonstrate in internship and capstone projects. The process included consultation with faculty who are active practitioners in public health agencies and students. Outcomes included improving consistency in the teaching of competencies across sections by different faculty and adding competencies to all syllabi and linking learning outcomes with assignments required for completion of the course. The program has a procedure for reviewing the curriculum annually to identify areas in which change may be needed. Over the years, new elective courses have been added addressing new technologies (e.g. GIS analyses) used in public health surveillance.

The program now incorporates feedback and comments from the Advisory Board on a more regular basis (annually and throughout the year as the need arises) on the MPH curriculum, the changing needs of the workforce, and linking learning outcomes with required assignments and competencies.
Weaknesses
Given the timing of our reaccreditation (AY 2017-2018) and final approval of the 2016 new accreditation criteria and newly defined foundational competencies, our faculty had little time to evaluate our current MPH curriculum and defined competencies to make thoughtful, meaningful changes that will carry the MPH program forward into the new cycle. We chose to follow the 2011 criteria for our reaccreditation to enable us the time needed to analyze critically the current curriculum, change evaluation measures and instruments to include the newly defined competencies, and collect data that reflects the new requirements for evaluation and reporting structures.

In review of the current curriculum for both the MPH and BSPH, faculty recognized that some competencies (e.g. 1A in MPH) were not well addressed in core or concentration courses, and rather were primarily addressed in Capstone.

Plans
During the AY 2017-2018, faculty and the curriculum committee along with the advisory board plan to review the new 2016 foundational competencies, define new concentration competencies, revise the MPH curriculum to reflect the newly defined competencies and begin changing the evaluation instruments so that data can be collected beginning AY 2018-2019. We plan to engage our constituencies, including the Advisory Board, Preceptors, and Alumni, to provide more input on the MPH curriculum, particularly with respect to workforce expectations, and community-based partnerships that include student involvement.

Faculty will review the current competency matrices to ensure that courses are building knowledge and skills to ensure all competencies addressed in concentration and/or core course work are taken prior to Capstone/Practical Experiences.
Criterion 2.7  Assessment Procedures: There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

2.7a. 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.

We have four evaluation instruments designed to measure students’ level of achievement on the core and concentration competencies while in the program. All assessments described below are located in ERF 2.7.

Pre- and Post-Core Competency Survey. Upon entering the MPH Program, students complete a baseline competency assessment in which they self-report their level of competency on our 14 competencies. Students also self-report any formal public health education, work or volunteer experience prior to enrolling at Arcadia. At the completion of the MPH Program, students then self-report their level of competency on our 14 competencies.

Preceptor (Internship) Evaluation. At the completion of the Internship experience, preceptors evaluate the student on the key core competency areas demonstrated during the internship.

Capstone Evaluation. After completion of the Capstone Project, faculty evaluate each student using a rubric that includes a grade for the Capstone Project and a competency score based on performance throughout the capstone project.

Degree Completion Survey. After completion of the Capstone Project and prior to graduation, students complete an exit survey in which they self-report their level of competency on the same set of core competencies they reported on in the Baseline Competency Survey. Students also assess the program overall and give faculty feedback regarding the strengths and weaknesses of the MPH Program. Faculty do not see Exit Survey data until after graduation.

These evaluation tools are reviewed by the MPH Program Director each summer. On the basis of this review, the evaluation committee establishes a list of issues to be addressed in a series of discussions during faculty meetings in the upcoming academic year.

The Department also uses two surveys that evaluate competencies gained during the program and post-graduation either on the job or during additional coursework as part of continuing education or degree programs. These include:

Alumni Survey. This survey is conducted once every three years’ post-graduation. It is designed to have alumni self-report their level of competency (emerging to mastery level on a 5-point scale) after having completed the program and skills learned on the job. Alumni also assess skills they feel are evolving in the workplace and would benefit current students.

Employer Survey. This survey is conducted once every three years alternating with the alumni survey and the worksite development survey. The purpose of this survey is for employers to rate graduates from our program on a 3-point scale with respect to competencies on the job as compared to graduates of other
MPH programs. In addition, employers are asked to comment on skill sets they look for in graduates when hiring new personnel and emerging technologies that would benefit new graduates entering the public health field.

2.7b. 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 bachelors, masters and doctoral degrees) for each of the last three years. (Templates 2.7.1 and 2.7.2). If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion’s interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided.

Below is the MPH Matriculation to Graduation Table (Table 2.7.1). Students have seven years to complete their degree, and as reflected in the table, most years about 85% of students graduated from the program within three years. Because 60% of MPH students are dual degree students, many students cannot graduate in less than 3 years. The cohort in AY 13-14 had a higher than normal withdrawal rate at 22.2%.
<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># Students Continuing at the beginning of this school year</td>
<td>26</td>
<td>19</td>
<td>27</td>
<td>5</td>
<td>11</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td># Students Withdrawn, Dropped, etc.</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>14</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td># Students Graduated</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>0</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative Graduation Rate</td>
<td>3.84%</td>
<td>26.3%</td>
<td>0%</td>
<td>84.6%</td>
<td>84.2%</td>
<td>18.5%</td>
<td>0%</td>
</tr>
<tr>
<td># Students Continuing at the beginning of this school year</td>
<td>3</td>
<td>13</td>
<td>22</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Students Withdrawn, Dropped, etc.</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Students Graduated</td>
<td>0</td>
<td>11</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative Graduation Rate</td>
<td>84.6%</td>
<td>84.2%</td>
<td>18.5%</td>
<td>0%</td>
<td>84.6%</td>
<td>89.5%</td>
<td>70.3%</td>
</tr>
<tr>
<td># Students Continuing at the beginning of this school year</td>
<td>1</td>
<td>2</td>
<td>16</td>
<td>23</td>
<td>29</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Students Withdrawn, Dropped, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Students Graduated</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative Graduation Rate</td>
<td>84.6%</td>
<td>89.5%</td>
<td>70.3%</td>
<td>29.6%</td>
<td>0%</td>
<td>84.6%</td>
<td>89.5%</td>
</tr>
<tr>
<td># Students Continuing at the beginning of this school year</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>15</td>
<td>28</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td># Students Withdrawn, Dropped, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Students Graduated</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>12</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative Graduation Rate</td>
<td>84.6%</td>
<td>89.5%</td>
<td>70.3%</td>
<td>74.1%</td>
<td>14.3%</td>
<td>0%</td>
<td>84.6%</td>
</tr>
<tr>
<td># Students Continuing at the beginning of this school year</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>24</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td># Students Withdrawn, Dropped, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Students Graduated</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative Graduation Rate</td>
<td>84.6%</td>
<td>89.5%</td>
<td>70.3%</td>
<td>74.1%</td>
<td>89.7%</td>
<td>22.6%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Table 2.7.2 presents employment results of alumni from AY2014-15, AY 2015-16, and AY 2016-17, as complete data on the AY2017-18 will not be available until December 2018. The show that MPH alumni are employed and our students rarely continue their education directly from our program.

<table>
<thead>
<tr>
<th>Table 2.7.2 Destination of Graduates by Employment Type in 2018</th>
<th>AY 2014-15</th>
<th>AY 2015-16</th>
<th>AY 2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>100%</td>
<td>85%</td>
<td>88%</td>
</tr>
<tr>
<td>Continuing Education/Training (not employed)</td>
<td>0%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Actively Seeking Employment</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Not Seeking Employment (not employed and not continuing education/training, by choice)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0%</td>
<td>4%</td>
<td>12%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
2.7c. 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.

We developed an alumni survey in 2011. The survey is sent to graduates every three years on a rotating basis with our worksite development and employer surveys. This rotating schedule was established because our alumni, employer, and local professional community is small, thus we hoped not to overburden the same and/or related groups of individuals with similar assessments every year.

Since we receive a relatively small sample response on the alumni survey, we keep track of employment data in the following ways:
1. Degree Completion Survey provides information on upcoming graduates with job offers in hand.
2. Alumni survey provides information on new positions for graduates.
3. Correspondence with alumni via our Facebook page, alumni events on campus, and general correspondence with faculty and staff.
4. Recently, we have added LinkedIn as a source of providing information on our alumni and where they are working.

Additionally, we use the MMS (PA) office records to collect employment data on our dual degree graduates.

We developed a new departmental alumni database (2014) to enable us to invite our alumni for current events and to track their employment data more readily. We also work with the Arcadia Alumni Office for assistance in contacting graduates and exploring other mechanisms for obtaining mailing and email addresses. We are discussing how to time our survey in relation to a letter from the President to our alumni thanking them for their support of Arcadia and encouraging them to become active members of the Alumni Association.

We set up a Facebook page and track alumni through LinkedIn for employment information and new job announcements. Arcadia University has policies and procedures for the use of social media and we worked with the appropriate offices to ensure compliance with all requirements. Upon creation of the Facebook page the most up-to-date distribution lists were utilized to invite current students, alumni, and faculty. The page is currently used to post relevant announcements to the CGPH community, such as jobs, internships, conferences, workshops, etc. All members of the community have been encouraged to post relevant announcements and discussion starters. The Departmental Administrative Assistant maintains and posts information to the Facebook page.

2.7d. 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.

The most recent alumni data was collected in the Spring of 2016. To date, a small percentage of our graduates (<10%) take the CPH exam and another small percentage (<10%) take the CHES exam. All of our students taking the certifying exams have passed over the past three years. Since 65% of our students are dual degree students, many of the students earning licensure (PA, DPT and Counseling) do not feel the need to sit for the certifying exam in public health immediately upon graduation. We have received a few inquiries regarding the value of the certification post-graduation and will monitor these inquiries. We
have discussed using the exam as a required qualifying exam for graduation and may consider hosting the exam at Arcadia in the future.

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

We assess graduate’s performance in an employment setting through a self-assessment (*Alumni Survey*) and through an assessment performed by supervisors’ of our alumni (*Employer Survey*). We alternate these 2 measures and the Workforce Survey (see Criteria 3.3), thus each are collected every three years.

*Alumni Survey Results:*
Twenty-one alumni completed the alumni survey in AY15-16. Alumni respondents represented all the programs, with 62% of respondents being MPH standalone alumni, 24% MMS/MPH alumni, and the remaining 14% from the other dual degree MPH programs. Most of the respondents (62%) had graduated from 2010-2016. Alumni reported working in a variety of settings including Healthcare Facility (48%), Educational settings (14%), and Non-profit organizations (19%). The remaining respondents reported working in a variety of settings including governmental agencies and for-profit companies; one respondent was unemployed. In terms of job titles/roles, 33% of alumni respondents were Physician Assistants or Physical Therapists, 29% held Administrative roles, 10% were health educators and the remaining 28% were a mix of research/other clinical roles. The majority of respondents (74%) had been at their job for 5 or less years. Figure 2.7.1 displays the alumni respondents reported proficiency in public health skills. These skills directly link to the MPH program competencies and Alumni reported whether they gained the skill during the program, gained it on the job/using on the job, or currently lacked the proficiency.

Additionally, alumni respondents shared recent career achievements. Five respondents reported disseminating public health work through a professional presentation or publication and 2 alumni stated they had received a career award in past year. Alumni respondents reported being active in communities locally and abroad, with many volunteering locally on public health issues (52%) of respondents and some reported (33%) reported having an international public health experience since graduating.
Figure 2.7.1. Alumni Respondents reported proficiency of public health skills

**Employer Survey:** The Administrative assistant and the Internship Coordinator administered the Employer Survey in AY 2016-2017 by contacting approximately 20 recent graduates via email to request contact information for their current employer and to explain the employer survey, its purpose and relevance to our continuing accreditation. Additionally, faculty sent individual requests in order to increase the response rate. Graduates who chose to participate, sent their employer contact information to the MPH Program Director and the departmental administrative assistant. The MPH Program Director contacted the employers directly sending an email explaining the survey, its importance to our program growth and assessment, and asking for their participation in completing the survey. The survey was attached to the email for convenience.

Of those contacted, 12 (60%) agreed to participate. Of the employers contacted, 10 completed the survey. Employers responding to the survey included medical/healthcare organizations (9%), non-profit community organizations (36%), government/county organizations (27%), higher education (18%), and other (9%). The total numbers of graduates that each of the employers have worked with included either one to two graduates (55%), 3 to 4 graduates (36%), or 5 or more graduates (9%) over the past three years.

When asked general questions about preparation for work in public health, employers responded as follows:

**Overall evaluation of the educational preparation of our graduates**

- Unable to Assess (9%)
- Comparable to other employees with similar training (45%)
- Better prepared than other employees (46%)

**Preparation for Work in Public Health**

- Unable to Assess (9%)
- Very Well Prepared (73%)
- Extremely Well Prepared (18%)
All employers’ rated our graduates at or above the expected level, for the skills and competencies assessed. For some of the skills, a majority (>50%) of employers rated our graduates at the expected level: Health status of the population and Interpret research findings. For the remaining skills assessed, a majority (>50%) of employers rated our graduates above the expected level: Population perspective on health issues, Use of public health data sources, Public health communication, Interpreting qualitative and quantitative data, Understands cultural characteristics/literacy levels, Uses team learning opportunities for personal/professional development, and Use of digital/electronic resources. When comparing our graduates to graduates from other MPH programs, employers stated that 64% were more professional than other graduates and the remaining were comparable to other graduates.

Among the assessed skills, interpreting research findings and managing program budgets were reported by 20% and 45% of employers, respectively, as not being applicable to the graduates’ current position. Areas of needed growth were less evident from these quantitative survey results as no employers selected “Not at the expected level” for any response. Future Employer surveys might additional questions, a more sensitive response option format in order to better elucidate areas where the program could be better preparing graduates.

When asked to compare Arcadia Graduates to other employees trained with a MPH, employers thought our graduates very well prepared, comparing well to other MPH graduates. They stated our graduates were particularly strong in database management, program planning, and health policy analysis along with strong communication skills. Table 2.7.e. presents employers’ examples of instances were graduates demonstrated strong public health skills.

Table 2.7.e. Employer Examples Demonstrations of Public Health Skills by Alumni

- “Employee met with our health system librarian to work through health literacy concerns on a community program. She sought out this expert in her field to be sure she was offering the most up to date and easiest to read materials for our community”
- “Exercised compassion and understanding with clients and offered encouragement to them to succeed”
- “Develop a new database for the department and created maps of information to show areas within the county where drug use and overdoses were highest”
- “Has excellent communication skills. Has presented various training seminars, and has communicated all material relevant to the electronic inspection program to Management”
- “Demonstrated an understanding of how to “clean” data, by reviewing more than 10,000 EMS run charts as a part of her project. Her technical savvy enabled her to make this happen in a very short time when compared to others who have worked similar projects”

Regarding areas where the MPH Program could better prepare graduates, Employers stated a need for EpilInfo and GIS training, lessons on life sciences industry and its role in health, broadening subject matter expertise, and increasing health economics knowledge. When describing important qualities for their employees to hold, employers provided many characteristics including the following: autonomy, effective and professional communication, enthusiasm to learn, excellent writing skills, data management, team player qualities, and presentation skills.
2.7f. **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**

Procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for the MPH program in community health are well established. Students self-assess their competencies at the start and the end of the program and faculty and internship preceptors assess achievement of competencies through the Capstone Faculty and Internship Preceptor evaluations.

We established a systematic system for collecting data on alumni, employers and worksite development since 2012, setting up a system of completing the surveys once every three years on a rotating basis. Although employment data are limited, the data show that most graduates are employed at or shortly after graduation or continue on to medical or doctoral programs.

**Weaknesses**

Although we have revised our survey instruments, with the help of students and our advisory board, they require further revision. For example, some of the quantitative questions could be better designed to decipher whether competencies were gained in the program or in the field. The pre- and post-competency (student assessment) as well as the Capstone Evaluation (faculty assessment of students) are likely not as sensitive as rubric-based assessments of the assignments which are linked to learning objectives of courses.

During the program, Faculty assign grades to courses and those courses are designed to address particular competencies. However, faculty only directly assess student competency levels after completion of the Capstone course. The remaining assessments are self-assessments or completed by the Internship Preceptor.

Another challenge is to collect data from a meaningful sample each year. Although samples are small, the responses we receive from alumni and employers is meaningful and helpful in terms of constructive comments. Comments touched on the following: (a) where and how competencies are learned and developed (Alumni Survey), (b) what skills are evolving in the workplace (Employer Survey); and (c) what topics are of top interest in planning one-day symposia and continuing education courses for working professionals (Workforce Development Survey). Clearer processes for documenting when information from the above data sources lead to programmatic changes are needed.

**Plans**

In the curriculum revision for the 2016 criteria, faculty will be linking competencies to graded assessments and the Chair will develop a data collection system to capture student performance in these assessments. The Committee will also determine whether the Internship coordinator should assess student competency levels at the completion of Internship. The Administrative Assistant and Chair will develop a procedure to detail data collection of all evaluation measures. They will also develop procedures outlining our results of evaluation measures will be shared with key stakeholders (e.g. faculty, current students, advisory board) in a timely fashion. The Chair will also develop procedures on documenting any programmatic changes influenced by evaluation data.
In concert with the University Alumni Office, we are improving our ability to track graduates. We will continue to develop ways to use Facebook and LinkedIn for our current students and alumni. We routinely include alumni in all student sponsored events on campus and reach out to alumni most often using the database we have built over the past five years.
Criterion 2.8  Bachelor’s Degrees in Public Health: If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, the coursework should be 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 the classroom and builds on coursework. The experience should be equivalent to at least 3 semester credit hours and may be tailored to the student’s post-baccalaureate goals. Acceptable experiences may include one or more of the following: internship, service learning experience, senior project, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught and supervised by faculty documented in Criteria 4.1a and 4.1b.

2.8a. Identification of all bachelors-level majors offered by the program. (Instructional matrix like 2.1a)

The Arcadia BSPH Program offers a single undergraduate degree, with a concentration in Global Health. It is offered alone as a 4-year degree. A university minor is also offered and open to all undergraduate majors on campus, although it does not fall under this accreditation review.

The BSPH is offered on the Glenside, PA campus. The BSPH program was started in Fall 2016, by accepting internal transfer students from the Class of 2019 (Sophomores) and freshman. The BSPH program offers classes primarily as an on-site program over two 15-week semesters Fall and Spring. Classes are offered during the day and late afternoon/early evening. Selected courses are offered as fully online or in a hybrid format throughout the year.

<table>
<thead>
<tr>
<th>Bachelors’ Degree</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialization/Concentration/Focus Area</td>
<td></td>
<td>BSPH: Global Health</td>
</tr>
<tr>
<td>Global Public Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.8b. Description of specific support and resources available in the program for the bachelor’s degree programs.

Arcadia University has a Learning Resource Network (LRN) which provides academic support services to all undergraduate students. The LRN works closely with faculty and students to provide academic
support that takes into consideration the content area, professors’ teaching styles/expectations, and students’ learning styles/preferences.

Services include peer tutoring, group tutoring, and study sessions.
- LRN tutors are peers who have been recommended by faculty and must maintain a minimum cumulative and semester GPA of 3.0.
- Advanced tutors and Peer Study assistants can meet with students who may have special concerns regarding reading and study strategies, learning styles, or other academic skill-building.
- Disability Support Services offers academic support above the LRN offerings by providing and coordinating services and academic accommodations for students with documented disabilities. Accommodations are specific to the needs of each student but might include alternative test environments, additional tutoring, adaptation of class attendance policies and ensuring accessibility.

The Arcadia University Writing Center works with both graduate and undergraduate students to improve writing skills and assist students understand and prepare assignments as required for specific courses. Writing Center Consultants (graduate and undergraduate students) meet with students utilizing open-ended conversation and writing samples to evaluate student needs related to a specific course or writing assignment. The consultants work with students at all stages of the writing process (pre-writing drafts through revising and editing the final paper). Consultants specializing in working with non-native English writers and multi-language learners. Throughout the process, Writing Center consultants notify instructors when a student meets with them to provide information on student needs and their progress throughout the semester. This assists instructors in understanding student needs and their use of learning resources available for their success in the classroom.

2.8c Identification of required and elective courses available in the program for the bachelor’s degree programs. (List of courses and Matrix showing courses and competencies similar to 2.6c)

A proposal for the new BSPH degree was prepared in the Summer 2015, reviewed internally by the Department MPH curriculum committee and the college dean and submitted to the University Academic Programs Committee, Faculty Senate in October 2015. Curriculum development involved a study of accredited BSPH programs, a review of our mission and the major’s connection to the mission, and curriculum committee meetings. A list of meetings which supported the BSPH program development can be found in the ERF 2.8.

**BSPH DEGREE CURRICULUM: LIST OF COURSES**

**Public Health Core:** (16 credits)
- PBH110 Introduction to Public Health
- PBH250 Epidemiology: The Science of Public Health
- PBH260 Research and Biostatistical Methods in Public Health (*Prerequisite: PBH250, MA 141*)
- PBH320 Health Policy, Law, & Bioethics (*Prerequisite: HA 150*)

**Global Health Concentration Core:** (16 credits)
- PBH120 Introduction to Global Health
- PBH220 Biological Principles of Global Health (*Prerequisite: PBH 120*)
- PBH360 The Global Environment: Sustainability, Climate Change, and the Built Environment
- PBH330 Applied Perspectives of Global Health (*Prerequisite: PBH 120*)
Senior Core: (12 credits)

Note: Must earn a C or better for Requirements to be satisfied

- PBH489 Public Health Practicum*
- PBH495 Senior Capstone Part I: Fundamentals of Program Planning in Global Public Health
- PBH496 Senior Capstone Part II: Application of Program Planning in Global Public Health

Major Electives (12 credits)**

Select from:

- PBH 381 Nutrition: Science, Policies, & Controversies
- PBH 374 Sexual and Gender Minority Health Disparities
- PBH 385 Contemporary Topics in Public Health (selected courses include: Health Disparities: Experiences in the African American Community and Women’s Health: A Global Perspective)
- PBH 387 Global Health Communication
- More in development

Outside courses (8 credits):

- MA 141 Elementary Statistics
- HA 150 Introduction to Healthcare Services

Two of the following university related courses (8 credits):

- AN 361 Social Change: Globalization and Culture (Prerequisite: AN 120 or SO 261)
- IS 220 Global Environment
- IS 225 Conflict and Inequality in Latin America
- IS 320 Global Poverty and Inequality
- PY 12 Developmental Psychology (Prerequisite: PSY 111)
- PY 203 Health Psychology (Prerequisite: PSY 111)
- SO 260 Sociology of Health Care
- SO 280 Sociology of AIDS and HIV
- SO 286 Health and Human Rights

*The BSPH Curriculum Committee is currently developing this course and early discussions include the possibility of reducing this course to a 1 credit course which is more service focused.

**Some electives have been cross-listed with the MPH Program. Instructors create unique assignments and/or unique assignment standards for graduate students in the cross-listed courses, to ensure their skill level is tested. This is mainly through the grading of written assignments and through additional oral presentations.

Syllabi for each of the courses also can be found in the ERF 2.8.

Evaluation of Student Competencies and Learning Outcomes

An evaluation plan was developed to measure competencies at various points throughout the four-year degree. Table 2.8c presents the evaluation instruments, the person completing the assessment, and the timing of administration of the instrument. Since the BSPH program is relatively new with the first group of students scheduled to graduate in May 2019, no data has been collected on the current students to date. Data collection beginning with the pre-competency survey will begin with the new incoming first year students in the Fall 2018. Some post-only data collection will occur for students of the Classes of 2019 and 2020.
A plan for evaluation of student outcomes follows. Evaluation instruments will be developed Spring and Summer 2018 with the plan to begin data collection on the new incoming first year class, Fall of 2018. As of March 2018, the Director and faculty members are in process of developing the Pre- and Post-Competency Measures. Starting March 1, 2018, all new majors will be administered the Pre-competency measure upon their declaration of the major. For the first two graduating cohort, Class of May 2019 and Class of 2020, the students will complete a post-competency survey but we will have no pre-competency data. Upon the completion of PBH496, which will be offered in Spring 2019 for the first time, faculty teaching that course will complete the Evaluation of Capstone Competencies; that measure is still in development. We are developing the Preceptor Evaluation in conjunction with PBH489, as we are currently assessing whether this course will be a practicum or service-learning course. PBH489 will be offered in Spring 2019 for the first time and evaluations will be collected at that time. We will hold our first BSPH Program Curriculum Evaluation Meeting in May 2019.

TABLE 2.8c: EVALUATION PLAN FOR THE BSPH PROGRAM:

<table>
<thead>
<tr>
<th>Evaluation Instrument</th>
<th>Who completes Assessment?</th>
<th>When is the Assessment completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment of Mastery of Competencies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Competency Survey</td>
<td>Students: Self-Reported</td>
<td>Pre-Competency: Completed when student declares the major</td>
</tr>
<tr>
<td>Post-Competency Survey</td>
<td></td>
<td>Post-Competency: Completed when graduation date is confirmed</td>
</tr>
<tr>
<td>Evaluation of Capstone Competencies</td>
<td>Faculty</td>
<td>Upon Completion of PBH496</td>
</tr>
<tr>
<td>Preceptor Evaluation: Internship/Service Learning Competencies</td>
<td>Practicum Preceptor</td>
<td>Upon Completion of PBH489</td>
</tr>
<tr>
<td><strong>Additional Assessments of BSPH Program Performance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSPH Program Curriculum Evaluation: Committee Annual Review of the Competency Mastery, Capstone Evaluations, and Preceptor Evaluations: Meeting Minutes &amp; Action Items</td>
<td>BSPH Curriculum Committee</td>
<td>Annually in May: Review of competencies met by coursework reflected in student feedback on surveys</td>
</tr>
</tbody>
</table>

2.8d. A description of program policies and procedures regarding the capstone experience.

A BSPH Capstone Development committee will be convened during AY17-18 to solidify the policies and procedures for the Senior Capstone Experience (8 credits). This committee will involve 2-3 primary faculty members within the department, one faculty member from another department within the university, a community partner, and 2 major or minor students. The faculty members will solicit information from the community partner and students in their development of a draft of the capstone experience. The entire committee will work to finalize the concept for the Senior Capstone experience prior to submitting the course proposal to the Department Curriculum Committee for final review. Once
approved within the department, the course proposal will be sent to the university Academics Committee for final approval. Faculty on the Capstone Committee will be tasked with developing the course proposal and the policies and procedures Capstone handbook. The BSPH Capstone Development Committee will meet beginning in December 2017 and the Capstone course will be submitted for approval in Spring 2018. Policies and procedures will be finalized by April 2018. Updated documentation on this developing area will be included with the Final Self-Study report in March 2018.

**BSPH Capstone Committee Members** include the following:
- Katherine DiSantis, Assistant Professor of Public Health
- Heather deVries McClintock, Assistant Professor of Public Health
- John Noakes, Professor of Criminal Justice
- Bibi Ummehhani, Student, Senior (Major: Biology; Global Public Health Minor)
- Nyim Greenwood, Student, Junior (Major: Global Public Health)
- Kourtney Pulliam, Public Health Management Corporation, Philadelphia, PA, Project Manager

2.8e. 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.**

Our BSPH coursework is based on selected *Core Competencies for Public Health Professionals* adopted by the Council on Linkages between Academia and Public Health Practice in June 2014. The Global Health concentration aligns well with the University’s mission and is supported by resources that the College of Global Studies offers to students studying abroad. Additionally, earning a BSPH within a Liberal Arts university furthers the development of critical thinking, writing and analytical skills along with the ability to integrate diverse views in public health practice settings.

**Weaknesses**
The BSPH degree is new, limiting the degree to which we can empirically assess our strengths and weaknesses as design of evaluation methods has just begun. Students entering the program have been transfer students to the university and first and second year Arcadia students who want to transfer into the public health major. An evaluation plan for measuring student progress through the program is in place. Currently, data on performance in the required courses are being collected on students. Evaluation instruments to measure program outcomes have not been developed to date.

The Department of Public Health consists of five primary faculty members, four who teach across both the MPH and BSPH Program. Only one primary faculty member has training and research expertise in global health; two faculty members have either global research experience or field experience. Currently we supplement as needed with one adjunct faculty who has global health training.

The current curriculum requires 72 major credits, of which 56 credits (14 courses) are offered by the Department. There is a need for more faculty support given the number of required courses for the BSPH and the fact that some required PBH courses also meet the general Arcadia Undergraduate Curriculum (AUC) requirements, thus sections include non-major and non-minor students.

Regarding course development, faculty have developed course proposals for the Academics Committee review for five of six new courses without any time release or compensation due to current University
policy. Two more course require proposal development. The Director of the BSPH will discuss whether time release or compensation is available for the faculty members developing these courses.

**Plans**
The Capstone Committee will be meeting at least twice per month between April-May 2018 in order to finalize the development of the senior core classes (PBH 489, 495, 496). Also, a plan to engage and track alumni must be developed by May 2019, which might include an alumni interview, workforce development survey/interview, and/or Employer interviews. We plan to develop the proposed evaluation instruments for the BSPH Spring and Summer 2018 with the first surveys distributed to new incoming students Fall 2018.

A new faculty line was approved for AY 2018-2019 and our search has yielded candidates with global health training and research experience. We will continue to request a line for an administrative support position at the full- or part-time level.

A review of how the BSPH competencies and curriculum align with the 2016 criteria will begin in May 2018 and we intend to be in compliance by the January 2019 deadline.
Criterion 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.

2.9a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

As shown in the Instructional Matrix, Table 2.1.1, the Program does not offer any academic degrees.

2.9b. Identification of the means by which the program assures that students in academic curricula acquire a public health orientation. 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.

Not applicable.

2.9c. Identification of the culminating experience required for each academic degree program. If this 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.

Not applicable.

2.9d. 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.

Not Applicable. The program does not offer any academic degrees.
Criterion 2.10 Doctoral Degrees: The program may offer doctoral degree programs, if consistent with its mission and resources.

Not Applicable
Criterion 2.11 Joint Degrees: If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

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

The Program offers four joint (referred to as dual) MPH degree programs at Arcadia University as shown in the Instructional Matrix in Criterion 2.1.a.

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

Each of the dual degree options includes all of the core required elements of the MPH Degree. There are shared credits with the other degree programs, typically to meet elective requirements or, in some cases, shared coverage of an essential core area of public health and their primary professional degree. For example, the MAC in Counseling accepts the MPH Research Methods course for the dual degree students in place of the Counseling Department Research Methods Course in order to meet the competencies required for the MPH Capstone Seminar classes. There are some differences in the sequencing and format of the Internship and Capstone courses to articulate better with the primary degree programs. For example, dual degree students are encouraged to link their disciplines when finding field placement sites. Students must meet the requirements for completing two internships but the sites may be the same if the facility has preceptors qualified to oversee internship projects. Special internship criteria were developed for the required elective MMS/MPH rotation that links public health and medicine, and are described in ERF 2.11.

Thus, the joint (dual) MPH degree is substantially the same as the standard degree program with the exception of a limited, carefully defined allowance for credit sharing/substitution and minor differences in the Internship. The Program Directors of the dual degree programs jointly review proposals for shared credits. Details related to course sharing/substitution in all dual degree programs are described below in criterion 2.11b.

The MPH Program Director and Curriculum Committee review all proposals for shared credits/substitutions including electives. After review of course syllabi and meeting with the faculty teaching courses in the primary degree program, the Committee makes a decision as to whether or not to certify each course for shared credits/substitution. Dual-degree students may share a maximum of 3 to 6 certified credits with the MPH and their primary professional degree for approved courses under the following conditions.

1. Credits can be shared for courses taken in the MPH curriculum that substitute for substantially equivalent courses in their primary professional degree program.

Examples:
   a) Dual degree students may take the required MPH Research Methods course as a substitute for a research methods class in their primary program with the approval of their advisor.
b) Dual degree students in the International Peace and Conflict Resolution (IPCR) Program take the International Health and Human Rights course in the MPH Program for credit as an elective; they are required to take it as part of their IPCR program and share the 3 credits.

2. Credits can be shared for certified courses taken in the primary professional degree program under conditions specified by the MPH Program and Curriculum Committee.

Certified credit sharing/substitutions by Dual Degree Program

The certified degree sharing/substitutions are summarized for each dual degree here; details of all programs are in ERF 2.11.

The MMS (Physician Assistant)/MPH dual degree program requires students to take a Health Care Systems course in the MMS curriculum that examines health care systems from a hospital perspective and addresses the roles and function of the PA functions in the health care system and hospital networks. In contrast, the Health Care Systems course in the MPH Program analyzes many more facets of the US health care system including private and public systems in the U.S. Students in the MPH course use case study methods to compare elements of the US system with those in selected other countries and examine health policy debates from a public health perspective. In recognition of the overlap and differences in courses, the MMS/MPH students take both health care courses and the MPH Program. The MPH Program accepts the required MMS Public Health rotation as an elective course for the MPH degree. This rotation requirement can be performed at a behavioral health clinic but must address public health topics. This course counts for a total of three shared credits taken in the MMS program.

The DPT/MPH dual degree program shares six credits with two required MPH core courses that count as electives for the DPT Program; the required DPT community project counts as an MPH elective. DPT students substitute the MPH Research Methods class for the DPT Research Methods class to facilitate their progression through the MPH capstone project.

The IPCR/MPH dual degree program shares 9 credits with two required core courses and one MPH elective. These students take the Research Methods course in both programs to facilitate their progression through the MPH and the IPCR capstone project. One of the core IPCR courses counts as an elective for the MPH and the internship requirement is shared with 3 credits of their 3 credit internship counting as a second MPH elective toward the MPH degree. IPCR/MPH students can combine their internship experiences with an international study abroad experience for IPCR, if possible. This needs to be approved by both program directors before planning the experience. A combined experience must meet the requirements for both the IPCR and the MPH internship requirement.

The MACP/MPH dual degree program shares 6 credits with two required courses in MACP. Theories & Techniques of Counseling and Mental Health & Mental Illness counts as electives for the MPH degree. Students in this program substitute the MPH Research Methods for the MACP Research Methods course to facilitate their progression through the MPH capstone project.

Modifications for Dual Degree Internships and Capstone

Sequencing of the internship and capstone requirement for the MPH degree varies by dual degree. For the MMS/MPH degree, students complete the internship and capstone requirements concurrently; For the
IPCR/MPH and DPT/MPH students, Capstone is completed prior to Internship to meet the scheduling requirements for the fulltime cohort degree. For the MAC/MPH students, the MPH Internship is completed either prior to Capstone or concurrently depending on the individual student program plan.

This sequencing developed as a result of the curriculum demands of the fulltime medical and clinical programs or the travel constraints within the IPCR Program. Since the required public health internship is a separate component of the MPH degree from the Capstone project, the MPH Program Committee approved completing the two requirements in either way. The Internship requirement is a practical experience that specifically does not allow students to engage in research with faculty either at Arcadia or at another institution. The Internship is structured to give students the practice experience either with a US community-based public health organization, a local or state government health department, or with an agency or clinic abroad that offers opportunities for public health outreach to the community. In contrast, the Capstone Project is a small, carefully supervised research project in which the student gains experience conducting research on a public health issue. The project does not require large samples, but focuses on properly defining a health problem, and selecting the most appropriate study design and tools to answer the research question(s) posed. In some dual degree programs, students may have opportunities to complete the Internship and the Capstone project simultaneously in a community-based organization. In these settings, students engage in public health practice and also research the impact of a problem or intervention on community health and make recommendations for public health action. Students who complete both courses simultaneously complete all of the required hours, written and presentational requirements of both the Internship and Capstone.

2.11c. 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
All the dual degree program students complete the same MPH curriculum as our MPH students, with the exception of taking one less elective. Because the Arcadia MPH Program was designed early in the planning process to serve dual degree students, the curriculum reflects significant collaboration with the other primary degree programs. The MPH Program Committee, in consultation with the representatives of the Dual Degree Programs, have a well-established mechanism for certifying courses for shared/substitute credits that enable dual degree students to develop and integrate public health competencies with their other professional skill sets. The dual degree programs are highly responsive to the Institute of Medicine recommendations to integrate public health education across the health professions.

The dual degree programs ensure a significant diversity of perspectives in MPH courses and offer a rich array of Internship and Capstone opportunities that fully reflect the range of settings in which public health practitioners can contribute to population health locally and globally.

Weaknesses
The sequencing of courses for the MPH degree in the four dual degree primary professional programs vary depending on the dual degree and students do not consistently complete the Internship Experience prior to starting their Capstone or Integrative Learning Experience. The necessity of sequencing these two core experiences differently across dual degree programs requires faculty to recognize that sequential learning is different for students who complete these requirements in different orders.
**Plans**
The MPH Program Committee will continue to certify credit sharing and substitutions and monitor sequencing issues on an annual basis using the evaluation tools in place for the MPH degree.
Criterion 2.12 Distance Education or Executive Degree Programs: If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program’s established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Not Applicable

2.12a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Not Applicable

2.12b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program’s rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Not Applicable

2.12c. Description of the processes that the program uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Academic Technology Services (ATS) assists in monitoring and verifying students through the required use of the student’s username and password. Controls regarding exams and assignments are up to the individual faculty member responsible for the course. Recommended procedures for exams is to open the exam for a limited period of time so that students may not confer with others regarding course content. While subject matter expertise and content decisions are based on the disciplinary knowledge of the program director and course developer, ATS ensures the highest pedagogical standards of instructional design by vetting each online course through Quality Matters™ standards.
2.12d. 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
Arcadia University has clearly defined controls in place for monitoring and verifying the identity of students who submit work and take examinations in online courses.

Weaknesses
Arcadia’s MPH program is small and does not have resources to offer fully online or other non-traditional degree programs.

Plans
The MPH Program Director and Evaluation Committee evaluates the online course evaluations to monitor how well students achieve core competencies online compared to on-campus courses. Plans are underway to put the current SIR student evaluation forms online for all courses both face-to-face and fully online classes.
Criterion 3: Creation, Application and Advancement of Knowledge

Criterion 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.

Primary and secondary faculty associated with the MPH Program conduct research in Community Health. The faculty’s areas of focus include: (a) maternal and child health; (b) women’s health, family planning and reproductive health; (c) caregiving support in cancer care and to other chronic conditions; (d) family feeding behaviors, food environments, and childhood obesity; (e) integrated care management and medication compliance; and (f) global health initiatives.

Arcadia support Primary faculty research in several ways. Faculty may take one full day per week to devote to their research (i.e. 20% time) during the Fall and Spring semesters. Faculty are not required to teach during summer months which allows more time to pursue research projects; however, salary for research activities performed in the summer are not funded by the University. If faculty receive external grant funding, they negotiate a reduction of teaching course load based on the time required for the research project. Faculty may apply for internal research awards to obtain initial financial support for their research. Last, tenured faculty may take a full year sabbatical at 80% salary or a one semester sabbatical at 100% salary every 7th year.

During the Fall 2017 semester, the dean awarded one course release to a new primary faculty member who managed external grants in her role as Director of Research at her former place of employment. The GRANT (Growing Research and Networking Together) group aimed at supporting the College of Health Sciences faculty in grant to conduct a grant proposal preparation with the goal of submitting six external proposals across the college by June 2018.

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.

Over the past 5 years, faculty associated with the MPH Program conducted research in Community Health in collaboration with community-based organizations, and local, state, national and international agencies. A listing of grant proposals and peer-reviewed publications and presentations for all faculty are located in ERF 3.1. We currently have a core group of tenured or tenure-track faculty who collaborate with a number of organizations as noted in section 1.5d. However, there are no formal research agreements with these agencies to date. We describe current research collaboration below.

Maternal and Child Health
Dr. Kovach researches breastfeeding policy implementation and nursing and maternal outcomes in hospital settings with hospitals in the Southeastern Delaware Valley in collaboration with Villanova University researchers. She also researches empowerment constructs of low-income, high risk pregnant women and mothers of young children with the Maternity Care Coalition, Philadelphia, PA.
Caregiving Support in Cancer Care
Dr. Longacre researches family caregiving support for those caring for patients with cancer. She collaborates with the following organizations to perform this work: American Cancer Society, National Alliance for Caregiving, Cancer Support Community of Montgomery County, and Fox Chase Cancer Center.

Family Feeding Behaviors, Food Environments, and Childhood obesity
Dr. DiSantis currently researches family-focused early childhood obesity prevention in high-risk communities including Chester, PA. Chester is a small city with a primarily African American population and childhood obesity rates and poverty rates that are double national rates. This research is a collaboration between Philabundance, the School of Design at the University of Pennsylvania and Arcadia University.

Integrated Care Management and Global Health Initiatives
Dr. deVries McClintock researches integrated care management and global health. This work is a collaboration with the Center for Clinical Epidemiology and Biostatistics and the Injury Science Center at the University of Pennsylvania. The community organizations involved with this research include Jewish Family Services (JFS) Housing, Inc., Milwaukee, WI; Virtual Ability Inc. Aurora, CO; and the Department of Family Medicine and Community Health, Penn Family Care, Philadelphia, PA.

3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member’s role (if not PI), b) project name, c) period of funding; d) source of funding, e) amount of total award, f) whether research previous community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2. (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH data Template 3.1.1.
Table 3.1c. Research Activity of Faculty for AY 2015-16 to 2017-18

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principle Investigator/Department</th>
<th>Funding Source</th>
<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2015-2016</th>
<th>Amount 2016-2017</th>
<th>Amount 2017-2018</th>
<th>Community Based Y/N</th>
<th>Student Participation Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFHI Implementation of the BFHI in the Hospital Setting and its impact on Nursing Outcomes</td>
<td>Dr. S. Hallowell (PI) Andrea Crivelli-Kovach (Co-PI)</td>
<td>Villanova University College of Nursing Internal Funding</td>
<td>October 2016-April 2017</td>
<td>NA</td>
<td>NA</td>
<td>$5,000</td>
<td>NA</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>“Riding Free” Implementation of a Riding Program for Children Suffering from PTSD.</td>
<td>Dene Mitchell (PI) Andrea Crivelli-Kovach (Role: Lead Evaluation Consultant)</td>
<td>North Penn VQA Funding Genuardi’s Family Foundation Bray’s Foundation Sebastian Riding Assc.</td>
<td>2014-2017 2017 2017 Fall 2012 through 2017</td>
<td>$90,000</td>
<td>NA</td>
<td>90,000 $15,000 (Student Scholarship) $25,000 (Operation Costs) $40,000 $10,000</td>
<td>NA</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>COACH: Chinese Older Adults: Collaboration in Health Study</td>
<td>Hillary Bogner Associate Professor Heather McClintock, Role: Consultant (2%)</td>
<td>PCORI Patient Centered Outcomes Research Institute (NIH)</td>
<td>Fall 2013-May 2018</td>
<td>NA</td>
<td>NA</td>
<td>$150,000 (Sub-contract)</td>
<td>NA</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

1NR used for grants administered outside of Arcadia University by other institutions. We are using NR for grants administered outside of Arcadia University by other institutions. We do not have a systematic procedure for reporting and monitoring the amounts of research awards faculty engage in with collaborating institutions. The NR is used where specific funding amounts cannot be identified.
3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years. For example, may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH outcomes Measures Template.

Table 3.1d. Outcome Measures for Research Activities

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 15-16</th>
<th>AY 16-17</th>
<th>AY 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissemination: Peer Reviewed Publications</td>
<td>80% of Tenured/tenure track Faculty</td>
<td>66%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Dissemination: Presentations at Conferences</td>
<td>60% of Tenured/tenure track Faculty</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Faculty mentoring student research</td>
<td>100% of Capstone Sections taught by Primary faculty</td>
<td>83%¹</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Student Participation in Faculty Research</td>
<td>40% of Tenured/tenure track Faculty</td>
<td>100%</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

¹Primary Faculty was on Medical Leave.

3.1.e. Description of student involvement in research.

Students take an active role in research in a) the Capstone Project; b) on faculty research projects; and c) in research presentations at professional meetings.

a) Students complete a Capstone Research Project under the supervision of a primary faculty member or a long-standing professional practice faculty member with experience in conducting research. The project gives students the experience of conducting research, from choosing a topic and designing the study through final data collection, data analysis, discussion, limitations, and recommendations. Faculty mentor students on a one-on-one basis over the yearlong capstone project. In some cases, students can develop their project on some aspect of a faculty member’s ongoing research project. (Appendix 2.5a1)

b) Some students may serve as research assistants on faculty research projects.

c) Most students submit their Capstone research or research on faculty research projects for presentation at the College of Physicians’ Section on Public Health annual poster session. Some students also submit at other professional meetings, including the following: APHA, SOPHE, PPHA, Healthy Aging Summit, Consortium of Universities for Global Health (CUGH), the Global Health and Innovations Conference at Yale University, and AAPA (American Association of Physician Assistants).
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**
Faculty have well-established research programs in Community Health. Their work covers a variety of context areas, including maternal-child health, health disparities, caregiver support research, family feeding behaviors and childhood obesity, and integrated care management focused on medication compliance and disability services. Additionally, faculty use varying methodological approaches to their research and sustain ongoing collaborative research initiatives with regional, state, and international public health organizations. This research offers students opportunity to work with experts in a variety of relevant community health areas. Faculty members also mentor students in their independent Capstone research project and encourage them to present research findings and co-author manuscripts.

Faculty have built collaborations that allow them to continue their research programs with little to no external funding.

Additionally, faculty disseminate their work through peer-reviewed publications and professional presentations at regional, national, and international conferences. With the addition of new primary faculty, we have strengthened our focus in more diverse areas of community and global health areas.

**Weaknesses**
In the past, most faculty research was internally funded or as part of projects awarded to and administered outside of Arcadia University. As a result, the program has not routinely recovered indirect cost fund.

Faculty also hold full teaching loads and provide service to the Department, College, and University. Thus, faculty report experiencing challenges in prioritizing time for research activities, particularly time to pursue external funding as a Principal Investigator is justified.

**Plans**
The College of Health Sciences’ GRANT (Growing Research and Networking Together) group continues to meet and the group’s goal of submitting six external proposals across the college remains, although it is expected the goal will not be met until Fall of 2018.

Faculty have consistently exceeded many of the targets set for research activities, thus we will reassess evaluation measures for research activities to ensure they are appropriately challenging.

Future plans are to engage faculty more fully in the grant writing process with the hope of more resources and time being allotted to primary faculty from grant writing and research.
Criterion 3.2  Service. The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

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

Faculty are actively involved in community based organizations, local and national professional associations, and local departments of public health throughout the Southeastern Pennsylvania. Specifically, faculty have served important roles including: leader/board member of the Pennsylvania Public Health Association (PPHA), board members of local community organizations (e.g. Women’s Health and Environmental Health Network), and members of the College of Physicians, Section on Public Health and the Association of Prevention, Teaching and Research Executive Committee. Table 3.2.1 provides details on the service activities of faculty members during the past three years.

Our policies for service to advance public health are consonant with Arcadia University’s Strategic Plan that calls for a Scholarship of Engagement (ERF 3.2) throughout student’s educational experiences. This engagement focuses on connecting academia with the larger society and surrounding community and infusing the educational experience with lived experiences. The BSPH and MPH Programs actively pursues the Scholarship of Engagement by partnering actively with the broader community to effectively apply and utilize the university’s knowledge, resources and expertise to mutually address the needs and problems facing the global society. Additionally, faculty actively serve the Arcadia community, offering their expertise to numerous Faculty Senate, committees, and working groups.

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

Arcadia University promotes and tenures faculty members based on their achievements in teaching, scholarship and service to the university and to academic/professional organizations within the faculty person’s area of expertise. Service is a vital part of a faculty person’s ability to mentor students and to bring professional practice experience into their teaching and research.

Service both within and outside the university demonstrates a person’s commitment to the institution and department within which they work and to their respective discipline. The roles that faculty assume in professional organizations and as consultants, researchers, board members, and volunteers with community public health organizations enrich the person’s ability to interact with and refer students to experts and potential internships and mentors outside the university. These roles are highly desirable in the tenure and promotion process and become essential as faculty apply for promotion to associate and full professors. To be promoted to the rank of full professor at Arcadia, an associate professor must demonstrate not only local recognition but also national and, in some cases, international recognition through dissemination of research findings or significant leadership and other contributions to public health organizations.

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. (Template 3.2.1). Projects presented in Criterion 3.1 should not be replicated.
here without distinction. Funded service activities may be reported in a separate table. (Template 3.2.2). Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

Table 3.2.1 Faculty Service from AY 2015-17 to AY 17-18
(Note: different color fonts are used to differentiate fulltime faculty from part-time, adjunct faculty. Black indicates fulltime faculty; Rust color indicates adjunct faculty)

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Role</th>
<th>Organization</th>
<th>Activity /Project</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea Crivelli-Kovach</td>
<td>Immediate Past President</td>
<td>PA Public Health Association</td>
<td>-Leadership</td>
<td>Past President 2008-2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Strategic Plan Development</td>
<td></td>
</tr>
<tr>
<td>Andrea Crivelli-Kovach</td>
<td>Executive Committee Member and Steering Committee Member Section on Public Health</td>
<td>College of Physicians, Philadelphia, PA: Section on Public Health</td>
<td>-Decision making Professional Development Programming -Chair of Public Health Day Program</td>
<td>2008-Present Committee member</td>
</tr>
<tr>
<td>Andrea Crivelli-Kovach</td>
<td>Member: PEER: Research Committee &amp; Breastfeeding Committee</td>
<td>Maternity Care Coalition</td>
<td>Ongoing research projects and human subjects protection</td>
<td>2008-Present</td>
</tr>
<tr>
<td>Andrea Crivelli-Kovach</td>
<td>Graduate Academic Programs MPH Committee</td>
<td>APTR: Association of Prevention, Teaching &amp; Research, Washington, DC</td>
<td>-Graduate Academic Programs MPH Committee - Planning Committee for Annual Meeting</td>
<td>2008-Present</td>
</tr>
<tr>
<td>Andrea Crivelli-Kovach</td>
<td>Board Member</td>
<td>AAPHP: Assn of Accredited Public Health Programs</td>
<td>Board Member</td>
<td>2017-2019</td>
</tr>
<tr>
<td>Andrea Crivelli-Kovach</td>
<td>Board Member</td>
<td>University of the Sciences</td>
<td>Health Policy/MPH Advisory Board</td>
<td>Fall 2012 - 2017</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Organization/Role</td>
<td>Responsibilities</td>
<td>Timeframe</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Heather McClintock</td>
<td>Committee Member (communications, primary care, and program)</td>
<td>APHA International Health Section</td>
<td>IH Writer, blogger, organization and community outreach</td>
<td>2016-present</td>
</tr>
<tr>
<td>Heather McClintock</td>
<td>Member</td>
<td>International Society for Disease Surveillance</td>
<td>Informational dissemination and governance</td>
<td>2011 - present</td>
</tr>
<tr>
<td>Heather McClintock</td>
<td>Lender</td>
<td>Kiva Microfunds</td>
<td>Provide micro loans for economic development</td>
<td>2006 - present</td>
</tr>
<tr>
<td>Heather McClintock</td>
<td>Evaluation Expert</td>
<td>Mayanza, US-based non-profit serving Santiago Atitlan, Guatemala</td>
<td>Provide expertise on public health program assessment and evaluation and research methodology</td>
<td>2017-present</td>
</tr>
<tr>
<td>Heather McClintock</td>
<td>Ad-hoc Reviewer</td>
<td>Journals:</td>
<td>Peer Reviewer of articles/abstracts submitted for consideration</td>
<td>2011-present</td>
</tr>
<tr>
<td>Margaret Longacre</td>
<td>Grant Reviewer</td>
<td>NIH/NCI Center for Scientific Review Special Emphasis Panel</td>
<td>Peer Review R21 and R01 grant applications for Cancer Caregiving</td>
<td>June 2017 - present</td>
</tr>
<tr>
<td>Margaret Longacre</td>
<td>Grant Reviewer</td>
<td>Netherlands Organization for Health Research and Development (ZonMw)</td>
<td>Veni Grant Proposal Program: Review of Caregiving Study</td>
<td>April 2017</td>
</tr>
</tbody>
</table>

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 3.2d. Outcome Measures for Service Activities

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 2015-16</th>
<th>AY 2016-17</th>
<th>AY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty involved in Service to Arcadia University</td>
<td>100% Primary Faculty</td>
<td>100%</td>
<td>60%*</td>
<td>100%</td>
</tr>
<tr>
<td>Faculty involved in Service to Community Public Health Organizations</td>
<td>80% Primary Faculty</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

*Newly appointed Assistant Professors joining Arcadia University are exempt from College and University committee service responsibilities during their first academic year on campus. During AY16-17, 2 of 5 faculty members were new to the University.

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.

Below we describe service activities of students, which are non-credit bearing. None of these activities are related with their Internship experience.

Service Trips
- **Nicaragua- SosteNica.** An Interdepartmental service experience (Department of Public Health) offers students the opportunity to study public health in Nicaragua with SosteNica, a community-based global organization. In Spring 2015, approximately 14 students from the MPH program travelled with SosteNica to communities in Nicaragua to build cook ovens for selected families. Beginning in Spring 2015, following the trip, the department worked with Arcadia’s Office of International Affairs to develop the service trip as an official Arcadia designated experience for public health and other students across campus. In the Spring Semester 2016, students from public health, IPCR and counseling traveled to Nicaragua to continue the work started in Spring 2015. We plan to host a fundraiser to support students electing to participate in the trip and to make this experience a sustainable trip for our students and other students across campus interested in global health issues (*ERF* 3.2).
- We described other service trips in section 1.4b, as they are interdisciplinary.

Public Health Student Society
The Public Health Student Society (PHSS) is a student-run organization, inclusive of undergraduate and graduate leaders and members. A complete description of the PHSS Student Society officers, their roles and responsibilities are summarized by-laws, located in *ERF* 1.5. Sample activities are located in *ERF* 3.2, where event flyers and Public Health Week agendas are located.

The PHSS serves as the link between faculty, staff, and students to serve, guide, empower and support Public Health students by providing opportunities that foster both academic and professional growth. Their stated goals is “to establish a presence from a public health perspective in both the Arcadia community and the community at large.” The PHSS organizes service, academic and social events throughout the year, with an emphasis on Public Health Week.
In terms of service, The Public Health Student Society (PHSS) has implemented various activities to promote awareness of public health throughout the campus and community. Below we listed examples of PHSS service activities from the past three years.

- Hurricane Collection drives
- Mitzvah Circle Drive for Families (e.g. diapers, baby products)
- Numerous Food Drives for local pantries
- Lunch Bag Donations & Packing for food pantries
- Crafting for a Cause (e.g. making Baby hats for agency serving families in need)

Additional Service by Arcadia Public Health Students
In spring of 2016 and 2017, the Program surveyed public health students regarding their volunteer activities outside of the classroom and university. In 2016, 47% of the 38 public health student respondents that completed the survey reported that they were involved in service/volunteer work outside of those activities associated with the required program experience. In 2017, 45% of the 20 public health student respondents reported participating in volunteer or service work outside of the program requirements. The students reported a diverse range of service activities in organizations including local non-profits (SosteNica, Philabundance, The Food Trust, Mitzvah Circle Foundation), local chapters of larger organizations (American Red Cross of Philadelphia, Society for the Prevention of Cruelty to Animals), Religious related organizations, and healthcare systems (Abington Hospital, Fox Chase Cancer Center, Esperanza Health Center). The average time commitment reported by volunteer per month was 10 hours.

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.

Strengths
The program maintains an outstanding level of service that advances public health both internally, within the university, and to public health organizations in the local and regional community, in the mid-Atlantic region, nationally, and internationally. This broad commitment to service is responsive to Arcadia University’s commitment to an Engagement of Scholarship that explicitly calls for service beyond the university. The faculty engage in local community health organizations as well as professional organizations and in scholarly service. These activities enrich faculty teaching and mentoring of students and foster research that is responsive to community needs. Arcadia University recognizes these contributions in promotion and tenure review process.

The student organization is actively involved in service to promote public health awareness on campus in addition to a wide array of contributions to public health organizations beyond their required courses. We document MPH student contributions to service activities outside their academic requirements via the degree completion survey administered at the end of Capstone each year.

Weaknesses
Many of the Program Faculty are early in their career, thus they will likely expand their leadership roles in outside community health organizations as their careers advance as more time allows for such roles.
Plans
Over the next 2 years, we plan to develop a focused service agenda (local, regional, national and international levels based on the expertise and individual talents of the primary faculty. The Chair is encouraging faculty to begin to look for opportunities to engage with organizations outside the University where their expertise can contribute.
Criterion 3.3 Workforce Development: The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

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.

The MPH Evaluation Committee, assisted by three graduate assistants, developed a questionnaire to assess workforce development needs of public health organizations and agencies within Montgomery County (2011). We identified public health related organizations within Montgomery County that are located within 25 miles of Arcadia and obtained the names and contact information for each of the Directors or Associate/Assistant Directors for each agency from agency web sites and/or by calling the organization directly. The Evaluation Committee sent the survey, formatted in a confidential account using Survey Monkey, to 35 organizations.

The survey was designed to assess the following for each organization: (a) mission, (b) current continuing education offerings for employees, (c) interest in collaborating with a university to offer on-site or online continuing education credits, (d) preferred formats for course delivery and Information/topics they would like to see offered, and (e) policies for reimbursement for employee continuing education courses.

The response rate for the first survey was approximately 10%. As a result, when it was time to collect the Workforce Development Survey on its rotating three-year schedule (AY 2015-2016) (ERF 3.3), we decided to conduct qualitative telephone interviews with individuals in charge of continuing education at selected community-based organizations that we use for internships in Montgomery County. We wanted to get more in-depth feedback regarding present continuing education needs and preferred delivery mechanisms. Assigned faculty and staff contacted ten organizations for telephone interviews. Of those responding, most indicated the following:

1. Most offer on-site trainings for professional development in the form of webinars and training modules.
2. Many partner with other non-profit organizations to host one day seminars/workshops or provide training in a given specialty area, such as trauma, HIV and breastfeeding training.
3. Many provide both on-site training as face-to-face or online options; some support employees seeking training off-site reimbursing employees for the cost of the training.
4. Course delivery methods preferred included on-site at their institution or off-site/in-person at Arcadia and potential online options for CEUs.
5. When asked about topics of interest, they responded:
   a. Maternal and child health
   b. Trauma informed care and cultural sensitivity training
   c. Leadership and management (project and time)
   d. Developing dashboards
   e. Goal setting: program development
6. When asked if the organization would be interested in offering programs or certificates at their organizations, several mentioned interest in a certificate over individual credits for coursework.

A report detailing the results can be found in the ERF 3.3.
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. (Template 3.3.1). Only funded training/continued education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.3.1 (research) or Template 3.2.2 (funded service), respectively.

In collaboration with local and regional government agencies and community organizations and other higher education institutions, we offer community-based seminars and half-day trainings. We selected this format based on feedback from the Employer survey, where employers stated preference to day or half-day activities. While Employers also stated that on-site trainings are preferable, we aim to engage many community organizations, thus offering workshops on “neutral territory” such as our campus or the community college’s campus allow us to broaden our reach. The employers also informed us on relevant topic areas, and our programing as focused on program development (e.g. grant writing) and leadership and management of public health emergencies (e.g. opioid symposiums).

Collaborations with Regional Government Organizations & Community Public Health Academic Institutions and Organizations

1. US Department of Health and Human Services

Federal Grants Workshop

During Public Health Week of 2017, the Department of Public Health sponsored a half-day seminar featuring the U.S. Department of Health and Human Services (DHHS), Region III – Philadelphia Regional Offices and resources for seeking federal grants. The event was brought to campus by the Department of Public Health in collaboration with Arcadia University’s Office of Sponsored Research & Programs. Arcadia University faculty, staff, and students along with representatives of 27 community organizations were in attendance for the workshop. Approximately 80 people registered, 66 participated the day of the event including 34 university members and 32 community members representing 27 different community-based organizations working in the public health, health delivery and health care fields.

A list of participants follows:

AccessMatters American Liver Foundation
Aria - Jefferson Health Bhutanese American Organization
Buss Editorial Cancer Support Community
Catholic Social Services Children’s Hospital of Philadelphia
Columbus Property Management Mission First Housing
Congreso de Latinos Unidos, Inc. Disability Pride Philadelphia
Department of Behavioral Health & Intellectual Disability Services
Department of Health and Human Services HRSA EMUC
Family Services Frankford Memorial United Methodist Church
Hepatitis B Foundation I Can Ministry, Inc
Liberty Resources, Inc. MossRehab Einstein Healthcare Network
New Jersey Dept of Health Paoli Hospital/Main Line Health
Penn Asian Senior Services Philadelphia PSR
Precious Gems Supportive Services  
Silver Springs - Martin Luther School  
The Huddle  
Trappfire Company

Flyers used to advertise the workshop can be found in the *ERF 3.3.*


During Public Health Week, April 6 2017, the Department of Public Health in collaboration with Montgomery County Department of Public Safety and Montgomery County Community College presented a one-day symposium open to the university and community practitioners.

Attendees counted 223 with 19 vendors hosting information booths and 11 student volunteers helping with all aspects of the symposium. The Montgomery county Department of Public Safety provided dummies for attendees to learn how to administer Narcan in an overdose emergency safely.

The list of vendors included:

- Counseling Services at AU  
- PHMC/Philadelphia Hepatitis Outreach Project  
- Montgomery County Health Department  
- Caron Treatment Centers  
- Renew Family Services  
- Discovery House  
- Nar-Anon  
- Walgreens Pharmacy  
- NHS Montgomery County  
- Abington Jefferson Health  
- Seabrook House  
- Penn Foundation  
- Livengrin Foundation  
- Angels in Motion  
- Adapt Pharmaceuticals  
- Eagleville Hospital  
- The Middleton Center for Pastoral Care & Counseling


This Leadership Symposium will take place on April 6, 2018. The Department of Public Health, Montgomery County Department of Public Safety, and Montgomery County Community College have decided to collaborate again to highlight the importance of leadership during a public health emergency, such as Pennsylvania’s opioid emergency. Symposium will utilize nine speakers to hit on numerous themes including integrated approaches to community health, controversial solutions, consortium building, and sustainable solutions. We are inviting Public health professionals to attend, along with students and alumni, and our goal is to have 200 attendees. Below are the learning objectives for the symposium.

**Learning objectives:**

Objective 1: Attendees will gain insight into how the principles of personal and organizational adaptability can and should be employed in building sustainable community response efforts.

Objective 2: Participants will be able to apply new knowledge of an integrated health systems approach within their respective fields in the context of the current Montgomery County opiate emergency

Objective 3: Attendees will have the opportunity to participate in a regional networking event for the fostering of both personal growth and development.
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.
Arcadia does not currently offer a formal certificate program in public health.

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

Practices, Policies, and Procedures
In Fall 2017, our Department, Montgomery County’s Department of Public Safety, and the Montgomery County Community College developed a consortium agreement to formalize our existing collaboration. We expect the agreement will also us to create sustainable continuing education partnerships in the area of Emergency Medical Services (EMS), Public Health and Health Sciences. These continuing education opportunities will seek to engage community health professionals at varying degree levels, including high school plus EMS training, bachelors, and masters. The overall vision of our work is to create pathways from EMS training to Associates, Bachelors, and Master’s degrees in Public Health.

Currently, faculty suggest other continuing education and workforce development events through discussion at faculty meetings. The department approves to move forward with events with one faculty taking the lead on organizing the event. Additional groups and departments are contacted on campus and connections made with community organizations to collaborate. Arcadia University is supportive of such events, often providing extensive support including space and marketing.

Evaluation
The assistant to the President who coordinated the event on campus with our department developed an evaluation tool for the Opioid Symposium held in April 2017. The evaluations were completed by the attendees. These results have informed the development of the Opioid Leadership Symposium for April 2018, which will also be evaluated by the attendees.

The Grants Development Workshop was evaluated, although the electronic evaluation form had a low response rate (16% of attendees). However, the respondents all rated the program positively (excellent, very good, good) and found the program informative and well organized. Many of the respondents (55%) stated they were very likely or likely to submit a grant to DHHS in the next year.

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.

- Montgomery County’s Department of Public Safety
- Montgomery County Community College
3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths
The program periodically surveys public health organizations in the immediate region to assess workforce development needs, policies and preferences in the delivery of continuing education. There are a significant number of mechanisms for providing continuing education to practicing public health professionals ranging from enrollment in graduate courses on a non-matriculated student basis to a series of workshops that we have hosted over the past year and future educational collaborations with the Montgomery County Department of Public Safety.

Weaknesses
While our current offerings have offered development opportunities for professionals, we have not planned them in time to apply for relevant public health continuing education credits (e.g. CPH & CHES CEUs). In the future, we intend to include those applications in our process when applicable.

The current faculty are highly interested in pursuing collaborations with local county public health departments and local, regional, national and international non-profits that would advance community and global health. However, current Departmental, College, and University service demands along with teaching and research activities limit the time available to pursue and nurture these collaborations.

Plans
The program plans to continue working with Montgomery County public health organizations and the Montgomery County Community College to host seminars on timely topics.

Through our Consortium agreement, we are also examining potential continuing education opportunities for EMS professionals.
Criterion 4: Faculty, Staff and Students

Criterion 4.1 Faculty Qualifications. The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program’s mission, goals and objectives.

Five primary faculty support the MPH and the BSPH programs in varying degrees of contribution to both programs (see template below for FTE time to each program). Four of the primary faculty within the department hold 9-month tenured or tenure track appointments; the MPH Internship Coordinator holds a 12-month non-tenure track faculty appointment divided into a 9-month academic year appointment and a 3-month summer appointment. Most years, two primary faculty serve in Chair and Director roles (BSPH, MPH).

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*, e) gender, f) race, 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. (Template 4.1.1).
*Note classification refers to alternative appointment categories that may be used at the institution.
### Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

<table>
<thead>
<tr>
<th>Department/ School/ Program Specialty</th>
<th>Name</th>
<th>Title/ Academic Rank</th>
<th>Tenure Status</th>
<th>FTE to Program AY 2017-2018</th>
<th>Graduate Degrees Earned</th>
<th>Institution where Degrees Earned</th>
<th>Discipline in which Degrees Earned</th>
<th>Teaching Area</th>
<th>Research Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH</td>
<td>Andrea Crivelli-Kovach</td>
<td>Professor</td>
<td>Tenured</td>
<td>.90 MPH (.10 time to Health Education)</td>
<td>PhD MA</td>
<td>Temple University Immaculata University</td>
<td>Public Health Nutrition</td>
<td>Community Health Diet &amp; Nutrition</td>
<td>Social Determinants Health &amp; Disease; Nutrition</td>
</tr>
<tr>
<td>MPH</td>
<td>Katherine DiSantis</td>
<td>Assistant Professor</td>
<td>Tenured</td>
<td>.30 MPH .70 BSPH</td>
<td>PhD MPH</td>
<td>Temple University Temple University</td>
<td>Public Health Community Health</td>
<td>Public Health Community Health</td>
<td>Research Methods; Behavioral Sciences; Health Disparities</td>
</tr>
<tr>
<td>MPH</td>
<td>Margaret Longacre</td>
<td>Assistant Professor</td>
<td>Tenure Track</td>
<td>.75 MPH .25 BSPH</td>
<td>PH.D. MSHE</td>
<td>University of the Sciences Arcadia University</td>
<td>Health Policy Community Health</td>
<td>Health Systems Management &amp; Policy; Research Methods</td>
<td>Psychosocial &amp; Behavioral Program Tool Development; Aging &amp; Formal/informal caregiving support</td>
</tr>
<tr>
<td>MPH</td>
<td>Heather deVries McClintock</td>
<td>Assistant Professor</td>
<td>Tenure Track</td>
<td>.25 MPH .75 BSPH</td>
<td>Ph.D. MSW MSPH</td>
<td>University of Pennsylvania Harvard University</td>
<td>Epidemiology Social Work Public Health</td>
<td>Global Health; Epidemiology; Biological Foundations</td>
<td>Integrated Care Management &amp; Medication Adherence; Health Care Quality &amp; Access for Persons with Disabilities; Health Promotion in Sub-Saharan Africa</td>
</tr>
<tr>
<td>MPH</td>
<td>Dejenaba Gordon</td>
<td>Assistant Professor</td>
<td>Non-Tenure Track</td>
<td>.70 MPH .30 BSPH</td>
<td>MPH</td>
<td>Drexel University</td>
<td>Public Health Internship Coordinator (MPH); Intro to Public Health</td>
<td>Internship Coordinator (MPH); Intro to Public Health</td>
<td>Interdisciplinary Nutrition Education</td>
</tr>
<tr>
<td>TOTAL FTE</td>
<td></td>
<td></td>
<td></td>
<td>3.10 MPH 1.80 BSPH 4.90 Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.).

Table 4.1.2 Current Other Faculty Used to Support Teaching Programs (AY 2017-18)

<table>
<thead>
<tr>
<th>Specialty Area/ School Program</th>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Title/ Current Employer</th>
<th>FTE/ % Time</th>
<th>Graduate Degrees Earned</th>
<th>Discipline for Earned Graduate Degrees</th>
<th>Teaching Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH</td>
<td>Brandon Becker</td>
<td>Adjunct Professor</td>
<td>Researcher, University of Pennsylvania</td>
<td>.16 MPH</td>
<td>MPH</td>
<td>Epidemiology &amp; Biostatistics; Social &amp; Behavioral Health</td>
<td>Epidemiology; Biostatistics</td>
</tr>
<tr>
<td>MPH</td>
<td>Deirdre McKee</td>
<td>Adjunct Professor</td>
<td>Director, of Grants, American Friends Service Committee</td>
<td>.16 MPH</td>
<td>MPH</td>
<td>Community Health</td>
<td>Grant writing</td>
</tr>
<tr>
<td>MPH</td>
<td>Lindsay McGann</td>
<td>Adjunct Professor</td>
<td>Administrative Manager, Arcadia University</td>
<td>.32 MPH</td>
<td>MPH</td>
<td>Community Health</td>
<td>Environmental Health; Theories of Health Promotion &amp; Health Behavior</td>
</tr>
<tr>
<td>MPH</td>
<td>Sarah McCool</td>
<td>Adjunct Professor</td>
<td>Assistant Professor, Georgia State University</td>
<td>.16 MPH</td>
<td>PhD MP/ MHAdm</td>
<td>Global Health</td>
<td>International/Global Health</td>
</tr>
<tr>
<td>MPH</td>
<td>Dene Mitchell</td>
<td>Adjunct Professor</td>
<td>Independent Consultant/ Grant Writer</td>
<td>.32 MPH</td>
<td>MPH</td>
<td>Community Health</td>
<td>Program Planning &amp; Evaluation; Biostatistics Lab Instructor</td>
</tr>
<tr>
<td>MPH</td>
<td>Carrie Grabowicz</td>
<td>Adjunct Professor</td>
<td>None</td>
<td>.16 MPH</td>
<td>MPH</td>
<td>Behavioral Science &amp; Health Education</td>
<td>Research Methods</td>
</tr>
<tr>
<td>MPH</td>
<td>Zeinab Baba</td>
<td>Adjunct Professor</td>
<td>Epidemiologist, DE Department of Health</td>
<td>.16 MPH</td>
<td>DrPh MS</td>
<td>Community Health &amp; Prevention Epidemiology</td>
<td>Epidemiology (Graduate)</td>
</tr>
<tr>
<td>MPH</td>
<td>Susan Villari</td>
<td>Adjunct Professor</td>
<td>Independent Consultant</td>
<td>.32 MPH</td>
<td>MPH</td>
<td>Health Promotion, Health Education</td>
<td>Introduction to Public Health; Graduate Program Planning &amp; Evaluation</td>
</tr>
<tr>
<td>MPH</td>
<td>Alexandra DiOrio</td>
<td>Adjunct Professor</td>
<td>Accreditation Specialist, CEPH</td>
<td>.16 MPH</td>
<td>MPH</td>
<td>Community Health</td>
<td>Lab Instructor: Epidemiology &amp; Program Planning</td>
</tr>
<tr>
<td>MPH</td>
<td>Natasha Patterson</td>
<td>Adjunct Professor</td>
<td>Interim Dean of Health Sciences, Montgomery Community College</td>
<td>.16 MPH</td>
<td>MPH</td>
<td>Community Health</td>
<td>Social Determinants of Health</td>
</tr>
<tr>
<td>BSPH</td>
<td>Molly Brennan</td>
<td>Adjunct Professor</td>
<td>Instructor, Academic Advisor, University of Michigan ay Flint</td>
<td>.16 BSPH</td>
<td>MPH</td>
<td>Health Promotion</td>
<td>Environmental Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total FTE</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>2.08 MPH</strong></td>
<td><strong>0.64 BSPH</strong></td>
<td><strong>2.72 Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
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 integrates practice perspectives across all categories of faculty.

**Primary Faculty** (four full-time tenured/tenure track appointments; one non-tenure track appointment)

All current Primary Faculty have experience in practice through their research, consulting, and service activities. They are engaged in community health research that has a practice and/or policy focus. Thus Primary Faculty are well prepared to incorporate practice perspectives into their teaching, advising and service to the university that is related to public health research and education.

Dr. Andrea Crivelli-Kovach, has extensive public health practice experience including work experience in a community based organization (Maternity Care Coalition in Philadelphia) and extensive policy and leadership achievements (Pennsylvania Public Health Association, College of Physicians, Association of Teaching, Prevention and Research). She publishes in areas of maternal-child health that explicitly link research, policy, and practice and engages with practitioners in her public health leadership roles regionally, nationally and internationally (South Korea).

Dr. Katie DiSantis has worked in both academic and on-academic settings as an active researcher. She worked previously as a full-time researcher and currently as a collaborating researcher with a national research collaborative, African American Collaborative Obesity Research Network (AACORN), since 2011. AACORN aims at increasing collaborations of academic researchers and community researchers in order to increase the quality and quantity of obesity research in the African American community. She also is a consultant with Provider Resources, Inc as a subject matter expert regarding Maternal and Child health programming and Medicaid program evaluation. Dr. DiSantis also maintains an independent research agenda on infant feeding and family-based solutions to child obesity prevention.

Dr. Margaret Longacre brings to Arcadia extensive research and practice experience having worked at an academic clinical research institution and a national research, education and advocacy non-profit that delivers community-based psycho-educational support in cancer. She publishes and conducts research in the area of family caregiving collaborating with regional (Fox Chase Cancer Center) and national research and advocacy organizations (Cancer Support Community; National Alliance for Caregiving; American Cancer Society).

Dr. Heather deVries McClintock served as a researcher and public health practitioner in primary care practices at the University of Pennsylvania for over a decade. In this capacity she directed several research initiatives aimed at improving patient compliance, health education/outreach and enhancing the quality of healthcare services delivery. As a Program Officer at the United States Committee for Refugees and Immigrants she worked to provide resettlement care and services to refugees and immigrants globally. She led the streamlining and establishment of a HIV/AIDS monitoring and surveillance system as well as health education programming activities. In her work she aims to understand and improve health literacy and the provision of care for persons in Sub-Saharan Africa and Guatemala. In her research she evaluates integrated care management and global health initiatives with a focus on health literacy assessment and evaluation.

Dejenaba Gordon previously worked with the Public Health Management Corporation in Philadelphia and brings public health practice experience to the program including work in community-based programs and faith-based organizations focusing on Hepatitis C, HIV, and nutrition. She is an Ambassador for
Oldways Heritage Through Health providing 6-week nutrition programs for the Philadelphia Free Library and the Camden County Library system. Ms. Gordon integrated this work into her teaching during the Fall 2017 semester, when she supervised an undergraduate student in an independent study focused on offering nutrition education to Spanish speaking populations in Philadelphia.

Primary faculty integrate these experiences into their teaching using a variety of approaches including hands-on in class exercises, invited guest speakers and designing assessments that test practice skills. Faculty members also capitalize on the professional network to bring speakers and trainings to campus for special events as well as providing students with information on local public health events. Last, in AY16-17, faculty performed brown bag dinner sessions for students and alumni to highlight their current research projects. The sessions were in-person with a video conferencing option and about 20 students/alumni attended each session.

**Adjunct Faculty**

When hiring Adjunct Faculty, we seek candidates who hold five or more years work experience in community public health practice and/or research. Thus, our students gain practice perspectives from these faculty. Additionally, adjunct faculty inform program changes through their participation in Departmental committee work.

Upon hiring, the Chair/Program Directors orient Adjunct Faculty to the practice emphasis of the BSPH and MPH programs and reviews course evaluations for feedback regarding the integration of outside experience into course content across the curriculum. Adjunct Faculty are rehired if they meet the expected level of competence as demonstrated by their teaching materials, syllabus, and standardized student evaluations. On course evaluations and the Degree Completion Survey, students regularly comment on how much they learn from practitioners who bring real world experience and case studies into the classroom. Students sometimes describe the experience as making public health “come alive”.

4.1.d. Identification of measure 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.

Arcadia University’s Programs assess the qualities of the faculty complement in regards to degrees completed and related to years of experience. We value work on funded projects that are external to the University. These projects have provided primary faculty opportunities to continue public health practice and research. Table 4.1.d provide outcome measures results in these areas.

**Table 4.1d. Outcome Measures for Faculty Qualifications**

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 15-16</th>
<th>AY 16-17</th>
<th>AY 17-18</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenure-track/tenured Faculty Doctoral degree in a public health discipline</td>
<td>100% Primary Faculty</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CV</td>
</tr>
<tr>
<td>Adjunct Faculty with Masters or Doctoral degree in a public health discipline</td>
<td>85% Adjunct Faculty</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>CV</td>
</tr>
<tr>
<td>Adjunct Faculty with five or more years of Public Health Professional Practice Experience</td>
<td>85% Adjunct Faculty</td>
<td>70%</td>
<td>70%</td>
<td>83%</td>
<td>CV</td>
</tr>
<tr>
<td>Grants: Involvement in funded research with external partners</td>
<td>50% Primary Faculty</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>Faculty Annual Report</td>
</tr>
</tbody>
</table>
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**
The program has a clearly defined complement of faculty that includes (a) Primary Tenured or Tenure Track Faculty who hold doctoral degrees in an appropriate community and/or global public health discipline, (b) Non-tenure track who hold Masters degrees in Public Health and have practice experience in the field, and (c) Adjunct Faculty who hold a master’s degree and/or doctoral degree in an appropriate community health discipline and are active practitioners in a public health organization. All faculty are monitored on teach effectiveness and offered opportunities to reflect on their performance and further develop their skills. Tenure-track/tenured faculty also conduct research and engage in practice-related service.

**Weaknesses**
The Program presently has four full-time tenured or tenure-track faculty with full teaching and research responsibilities including grant writing for funding research projects. The MPH Internship Coordinator is in a non-tenure track line which carries fewer research expectations but more in terms of service oversight within the department. There is limited opportunity for the primary faculty to interact with the entire complement of adjunct faculty. We have one primary faculty and one adjunct faculty with global health training and research experience presently. Teaching loads are high which limits the ability of primary faculty to engage more fully in grant writing or funded research projects or other forms of scholarship (e.g., manuscript development, student-faculty research collaborations, etc.).

**Plans**
As the BSPH program grows and administration approves an additional faculty line, new faculty will be recruited with global health teaching and research experience to mentor and advise undergraduate students.

We note the Programs have consistently met or exceeded the targets set in regard to faculty complement. Thus, we will reassess evaluation measures for this area to ensure they are appropriately challenging.
Criterion 4.2  Faculty Policies and Procedures: The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

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

Arcadia provides all full-time and part-time faculty a University-wide Faculty Handbook summarizing the policies and procedures, rules and regulations affecting faculty. Faculty and staff can access it off campus through a password-protected account. Visitors may only be able to access this document on campus. This handbook is available at https://www.arcadia.edu/faculty-handbook

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

Faculty Development

Mentoring Program
Arcadia has a program for systematically fostering informal mentoring for full-time faculty. New full-time, tenure-track faculty are linked with a tenured faculty member from a department other than his/her own, to provide a broader perspective about campus life. The Promotion and Tenure Committee, in cooperation with the Office of the Provost, assigns Mentors.

Sabbaticals
The University provides a sabbatical program for which full-time tenured faculty are eligible after six full-time years of service and at six-year intervals thereafter for a full sabbatical. Major Sabbaticals may be approved for one semester at full pay or a full-year at 80% of one’s academic year salary, and, a Minor Sabbatical (available at three-year intervals) at one-half pay for one semester. Faculty may apply for pre-tenure sabbaticals after three years of service for one semester at half-pay.

Junior Faculty Development
Arcadia has substantial programming focused on faculty development for junior faculty, including periodic group meetings with administration officials (e.g. Provost, Deans) to discuss University wide policies, faculty-to-faculty luncheons focused on specific topics of interest, and an online electronic group (Google Group) to foster connections between junior faculty. New faculty in the Department of Public Health are participating in faculty development activities.

Additionally, the Promotion and Tenure committee requires all faculty (tenure-track and non-tenure track) to undergo a review in the Spring of their third year. This provides faculty the opportunity to learn from an assigned mentor outside of the department about the procedures of filing materials for tenure or promotion reviews. After providing documentation to the mentor who presents it to the P&T Committee, the Provost, Dean, Department Chair, Mentor and Faculty member meet to review progress in research, teaching, and service and to point out areas of need growth. Faculty members then take this feedback and make adjustments so they are better prepared for tenure and promotion review.

College Faculty Development in Teaching
The Dean of Health Sciences holds monthly Teaching Strategies sessions where Academic Technology Services and College Faculty present on innovative teaching tools and methods.

University Faculty Development Workshops
Each May, the Faculty Senate’s Work & Welfare committee develops two-days of Faculty Development sessions that allow faculty to learn teaching strategies from a variety of presenters: fellow faculty
Throughout the year, the Provost’s Office sponsors faculty development workshops and lunches through the Academic Leadership Forum (ALF). The ALF events are open to faculty and staff, and address pedagogical, professional and higher-educational topics.

**Southeastern Pennsylvania Consortium for Higher Education [SEPCHE] Faculty Development Workshops**
Arcadia University is a member of SEPCHE, which allows for faculty to attend annual Faculty Development Workshops at no cost. Recent topics of these day-long trainings were Metacognition in the Classroom and creating Inclusive Classrooms and Campuses. These provide an opportunity to learn from expert speakers and to learn from faculty of other small, private institutions in the area.

**Technology Workshops**
Workshops, coordinated through the Information Technology Office are available for faculty on an ongoing basis throughout the year. With the switch to Canvas, replacing Blackboard as our course management platform, weekly training sessions are available to faculty through the fall and spring semesters. Additionally, individual counseling sessions for new technology are available upon request.

**Travel (All Full-time Faculty)**
The University encourages faculty members to participate in professional meetings or professional development opportunities. The Dean provides up to $1,000 to help cover costs to present at a national meeting and $1,500 to assist with costs to present at an scientific or professional meeting. Written requests for such financial assistance, including an estimate of costs and endorsement of the department chair, must be presented in advance to the Dean’s Office for approval prior to travel.

**Tuition Funds (All Full-time Faculty)**
Funds are available for full-time faculty pursuing advanced degrees at other institutions, provided such degree is relevant to their current responsibilities. These funds are based on the Arcadia graduate part-time tuition per credit hour, with a maximum reimbursement of credit for three courses taken in one fiscal year. Individuals receiving this benefit must remain at Arcadia at least one year after the last payment or refund is required.

**Research Awards**

*The Frank and Evelyn Steinbrucker ’42 Endowed Chair*
The Steinbrucker Chair is held by a tenured, senior member of the Arcadia University faculty for a period of two years. In some cases, the term may be extended to three years. Although faculty in all disciplines are eligible, preference is given to an associate or full professor working in the social sciences. Requirement include a distinguished record of teaching, professional achievements, and service to the University, and considerable leadership ability. Applicants submit a prospectus for a major project designed to fulfill one or more elements of the Arcadia University Mission Statement through the enhancement of the curriculum, pedagogy, and/or student-faculty interaction. This project should be capable of being brought to fruition within two-to-three years and should hold strong promise of making a permanent contribution to the further development of academic life at the University. Financial and logistic support provided may take one or more of the following forms: a supplemental sabbatical stipend; reduction of teaching load (which may precede or follow a sabbatical); a sabbatical from service; travel subsidies; and to purchase equipment and supplies. Annual funding will be in the range of $20-$30,000.
Ellington Beavers Fund for Intellectual Inquiry (All Full-time Faculty)
Faculty awards for up to $3,000 under this program are intended to provide both time freed from normal responsibilities and funds to support expenses associated with scholarly work (including student co-investigators and assistants). The primary goal of the awards, consistent with the overall purpose of the institution and the Ellington Beavers Fund, is the enhancement of our educational program, either directly or indirectly. All full-time faculty who are expected to return to Arcadia University for at least the subsequent two years are eligible to apply for these awards, including those who are tenured, probationary, and non-tenure track. Preference will be given to junior faculty. Awards may not be given to the same individual more than once in any three-year period. Announcement of awards comes from the Provost’s Office and submission date is in the spring semester.

Small Grants (All faculty)
All faculty (full-time, part-time adjunct, tenure-track and non-tenure track) may apply to the Dean for small grants up to $1,350 annually for support of scholarly, artistic and/or curricular projects. Proposals are accepted from individual faculty, departments, or groups of faculty or departments. Priority for funding is based on availability and faculty status; junior faculty members needs have the highest priority. Guidelines for Faculty Development Fund (FDF) awards are available from the Dean of Undergraduate Studies and Faculty Development.

Other Support

Graduate assistant support for research. Each Department or free-standing program is granted a designated number of hours of graduate assistance each year to support the Department or Program in its teaching and research efforts. Graduate assistants may come from the program directly or from a pool of candidates who complete applications available in the Graduate Office. (Tenure-Track/Tenured Faculty)

Stipends for online course development. The Provost and the Dean provide $3,500 for development of an on-line course. Approval for course development money comes through the Dean of each respective college. (All Fulltime Faculty)

On a space-available basis, all faculty can take Arcadia courses for enrichment (no charge for full-time faculty; partial tuition remission for part-time faculty).

As need arises, other faculty development activities and opportunities may be made available through the Provost’s Office and the Office of Sponsored Research and Projects.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.
Several procedures are utilized at Arcadia University to evaluate faculty competence and performance. These include: (a) student course evaluations; (b) faculty annual reports; and (c) the promotion and tenure review process.

Student Course Evaluations, Faculty Self-Reflection and Performance Review
Teaching quality and progress is assessed through the annual review process. Arcadia uses the standardized SIR course evaluation forms to assess individual faculty and course content. The University also uses an open ended evaluation form that asks students to comment on the best and worst aspects of the course and the value of the course to the student’s overall learning.] The Department Chair and Program Directors review the course evaluations and distribute to the faculty. Faculty members are asked to review comments and in some cases set up a meeting to discuss evaluation comments that demonstrate student concerns. This review is to facilitate self-reflection on the part of the faculty member and to
assess improvements that could be made to teaching pedagogy. This process is the same for both primary and adjunct faculty.

**Faculty Annual Reports**

Faculty are required to complete a self-assessment at the end of each academic year, which summarizes their teaching, research, and service activities for the year. This is a chance for faculty to highlight accomplishments and specify plans for the future. Faculty members send their reports to the Department Chair. The Chair reviews and shares comments on the report during an in-person meeting with the faculty member. The Chair then forwards the report to the Dean and Provost, who both comment, and this final version of the report is returned to the faculty member. The Dean meets with junior faculty members to discuss progress in achieving tenure and/or promotion. The faculty annual report template can be found in *ERF 4.2*. Faculty Annual Reports for last year can be found in *ERF 4.2*.

**Promotion and Tenure Review Process**

Promotion and tenure at Arcadia University are separate processes. Each faculty member is assigned a mentor from another department when they first arrive on campus. This mentor is to help navigate the university in conjunction with the mentoring they receive from the chair/director and faculty within their own department. The outside mentor serves as another contact on campus to assist faculty in developing collaborative relationships with faculty in other departments as well as their home program. All faculty members, tenure track and non-tenure track, are reviewed at three years. This process is led by the faculty person’s outside mentor who assists in preparing the materials needed for this review process. Faculty members are reviewed for tenure status after they complete 6 years of teaching. Tenure review and decisions are made in the Fall semester of each academic year. Faculty are then able to proceed with the promotion process if they choose to do so. Promotion reviews and decisions are made in the Spring of each academic year.

As a teaching university, the primary focus for tenure is the individual’s teaching expertise with emphasis on innovation in the classroom with the ability to integrate new technology and remain abreast of changes in the field as measured by student and peer evaluations. Development of new courses and involvement in international and collaborative interdisciplinary approaches to teaching are also highly valued.

Scholarship plays a prominent role in both the tenure and promotion process. Faculty members are expected to have an ongoing research agenda that shows continued growth and development in an area of expertise. In deciding what counts as scholarship within a liberal arts university where criteria are applied to faculty from all disciplines, the university instituted a committee to define scholarship several years ago to assure that tenure and promotion decisions were equitable with respect to scholarship across all disciplines. Arcadia faculty recently approved the Boyer model to define scholarship which will more equitably evaluate an individual faculty member’s contribution to research and scholarship going forward (*ERF 4.2*).

Service both within and outside the university demonstrates a person’s commitment to the institution and department within which they work and to their respective discipline. The roles that faculty assume in professional organizations and as consultants, researchers, board members, and volunteers with organizations related to their field enrich the person’s ability to interact with and refer students to experts and potential internships and mentors outside the university. These roles are viewed as highly desirable in the tenure and promotion process and become essential as faculty apply for promotion to associate and full professors. To be promoted to a full professor at Arcadia, an associate professor must demonstrate not only local recognition but also national and, in some cases, international recognition within their field either through dissemination of research findings or outreach within professional organizations.

Procedures for the third-year review, the tenure review, and promotion are summarized in the
4.2.d. **Description of the processes used for student course evaluation and evaluation of instructional effectiveness.**

The MPH Program utilizes four primary methods for evaluating instructional effectiveness: (a) student course evaluations; (b) the degree completion survey; (c) the IT survey; and (d) a calendar of course/curriculum review.

a) The Chairs uses student evaluation to evaluate the instructor and content of each course in the program. Arcadia’s *Standardized Course Evaluation* (SIR) forms and a set of open-ended evaluation questions (e.g. the strongest and weakest aspects of the course, would the student would take another course from the instructor) are administered at the end of each course. Each semester, the Chair reviews all course evaluations and sends them to the faculty. The Chair conducts a performance review at the end of each year with all Primary Faculty that includes a review of course evaluations. The Chair periodically meets with Adjunct Faculty to discuss course evaluations and on occasion, calls a meeting with a faculty member to discuss issues that suggest changes are needed in teaching methods or content.

b) The *Degree Completion Survey*, administered in April of each academic year, enables students to evaluate their overall learning and competency level and to give feedback regarding individual courses and the curriculum in general.

c) The *IT Resources Survey* asks questions regarding the use of Canvas (the online course management system) as an instructional medium and how effective faculty use technology in their classes. It also assesses library use, satisfaction, and resources including the library staff assigned to public health.

d) The *MPH Curriculum and Evaluation* maintains a calendar for reviewing all courses in the MPH program. Each year, during regularly scheduled faculty meetings, the MPH faculty reviews and discusses the results of evaluation instruments, and syllabi to assess how well courses are being kept up to date, how core competencies are being taught in each course, and how satisfied students and graduates are with elements of the program. The Curriculum and Evaluation Committee proposes changes, which are then sent to the Advisory Board for comment. Course improvements are made at the program level. Major changes to the curriculum are sent to the Academics Committee of Faculty Senate for approval on the university level. This level of approval automatically updates the Graduate catalog and website regarding changes to a program curriculum.

Currently, the BSPH program utilizes student course evaluations for evaluating instructional effectiveness. The BSPH Curriculum committee will be establishing other measures of instructional effectiveness in AY 18-19, which likely will include a degree completion survey, an online learning survey focused on hybrid and fully online courses, and classroom observations by the Director or faculty peers. Beginning in August 2019 an annual course/curriculum review will take place to assess instructional effectiveness.

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**

Arcadia has a University Faculty Handbook; the Department of Public Health has an additional handbook that clearly delineates policies and procedures specific to our MPH and BSPH Programs. There are faculty development resources available to tenured/tenure-track and non-tenure track faculty. Selected resources are also available to adjunct faculty as delineated in the faculty handbook. Resources designed to facilitate teaching and research are open to all faculty, including teaching improvement and research support.

There are clearly defined processes for evaluating the teaching competency of faculty including student evaluations (standardized evaluations and qualitative questions), faculty annual reports (followed by an annual performance review for all primary faculty), and written, well established Promotion and Tenure procedures that make teaching effectiveness, research, and service to the university important criteria for evaluation for tenure and promotion.

There are established methods for assessing student evaluation of courses and program effectiveness. The program reviews (a) student course evaluations; (b) the Degree Completion Survey; (c) our IT survey; (d) the Alumni Survey, and (e) the Employer Survey. The MPH Curriculum and Evaluation Committee also follows a calendar for reviewing individual courses and the curriculum as a whole.

**Weaknesses**

Adjunct Faculty do not have access to all faculty development resources including funding for travel to conferences and full tuition remission for Arcadia courses.

Because the program relies on a large number of part-time faculty, the Chair and MPH Program Director assume the responsibility for recruitment, mentoring, and overseeing the quality of instruction for the adjunct faculty using the student evaluations primarily as a means of evaluation. Each semester, the courses taught fully online do not use the in-class evaluations.

At present, qualitative surveys are returned to faculty within a reasonable period of time, whereas the SIR evaluations take months to process adding to the difficulty in assessing adjunct faculty within a timely framework.

**Plans**

Discussions are in place to use an online version of the SIR student course evaluation. This will help to make feedback from the course evaluations more readily available.
Criterion 4.3  Student Recruitment and Admissions. The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program’s various learning activities, which will enable each of them to develop competence for a career in public health.

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

**MPH Program.** Enrollment Management conducts a series of Graduate Open Houses in the Fall, Spring, and Summer Semesters. Open house events are hosted for fulltime and part-time students. Open houses are advertised on the radio and through social media. The students who attend receive a certificate waiving the application fee. Primary MPH Faculty attend the event to meet with prospective students and discuss our program. In some cases, faculty may provide a preliminary portfolio review and evaluation of the student’s unofficial transcript.

When national and state public health associations meet in the Philadelphia area, Arcadia generally sponsors a booth for recruitment. Since joining SOPHAS in November 2017, Arcadia has participated in virtual and in-person graduate school fairs.

Each of the programs that maintain a joint degree with our MPH Program conducts separate open houses and recruits at professional meetings for their primary degree programs. Recruitment materials include information on our MPH Program as part of the dual-degree option.

**BSPH Program.** Enrollment Management conducts a series of Undergraduate Open Houses in the Fall (four Open houses) and Spring (two Open houses) Semesters. Open house events are hosted on Saturday or Sunday mornings. Open houses are advertised on the radio, the university website and through enrollment management visits to high schools and college fair. Students who attend receive a certificate waiving the application fee. Primary Faculty attend the event to meet with prospective students and families and to discuss our program and undergraduate life at Arcadia. Those traveling more than 250 miles away are eligible to apply for the Arcadia University Campus Visit Grant to ensure that they can visit campus during their college search.

In addition to prospective students, we recruit current Arcadia students who are undeclared or in a different major. These efforts involve holding two information sessions on the field of public health studies and the profession of public health as well as information on the BSPH. Pizza is served at these events and current majors/minors often encourage their peers to attend. These sessions are advertised through emailing current students, posting fliers on campus, word of mouth and through word of mouth with student groups including the Biology Club. Primary faculty also attend two major/minor fairs on campus and a Health Professions Career Event where students can learn more about the major. Additionally, our Introduction to Public Health and Introduction to Global Health courses meet the general curriculum requirements for undergraduates, thus many non-majors/minors take these courses. After taking these courses, students sometimes declare public health as a major or minor.

4.3.b. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelors vs. graduate degrees), a description should be provided for each.

**Application Procedure:**
All graduate applications are completed online. Enrollment Management processes applications ensuring receipt of the required credentials and documents. Completed applications are posted on NOLIJ, an online application software package. Eligible faculty and staff receive permission to access the applicant files.
The MPH Program Director submits all admissions decisions to Enrollment Management electronically. Enrollment Management mails admissions decisions and reply forms to applicants, monitors enrollment acceptances, and submits enrollment information to the Graduate Office. Additionally, the department maintains a tracking system for all graduate students enrolled in the programs. All applicants must submit all of the required credentials and documents required and meet the academic criteria set by Arcadia University and the program.

**MPH Admission Criteria:**
The Admissions Committee reviews applications with the goal of balancing enrollment to include qualified applicants from underrepresented groups (racial/ethnic/foreign born; men; public health work experience). The program is careful only to admit qualified applicants who will: contribute to the quality of interaction in the classroom, be prepared to develop competencies through completing the program's various learning activities, and produce a Capstone project that demonstrates their competence as an entry-level public health practitioner in a variety of professional settings. Prospective students can locate admissions requirement information under the “admissions” tab at [https://www.arcadia.edu/academics/programs/public-health](https://www.arcadia.edu/academics/programs/public-health).

The criteria for admission include:
1. **GPA:** 3.0 or higher
2. **GRE Scores:** (a) at or above specified percentiles: verbal (40%); quantitative (40%) (b) analytic reasoning (score of 4 or higher)
3. **Understanding of the field of public health as evidenced by responses to essay questions specifically related to public health**
4. **Evidence of public health related experience (in work or volunteer experience or previous fieldwork or internship in a health related field)**

The departmental administrative assistant creates a folder for each applicant with paper copies of all materials to be reviewed included in the folder. The MPH Program Director reviews all MPH applicants using a total portfolio approach and records comments on the control sheet for each applicant. If a candidate does not meet all the criteria but looks promising, the MPH Program Director will circulate the folder to members of the Admissions Committee for their review and comments on acceptance into the program. If the committee has questions regarding specific items in the application, the committee can require a telephone interview, which is conducted by the MPH Program Director before a final decision is made.

The Admissions Committee make the decision to: (a) accept; (b) deny; or (c) accept conditionally. The recommendation to accept conditionally requires the applicant to complete specific requirements prior to matriculating in the MPH Program. For example, the committee may require applicants to complete a foundational course in statistics with a grade of B or better prior to enrolling in our Biostatistics course. Foreign applicants may be required to enroll in a Summer Session program specifically designed to prepare them for graduate study in the US prior to matriculating in the Fall Semester.

The application decision is recorded on the applicant’s control sheet and sent to Enrollment Management. The person responsible for public health prepares a letter to the applicants with the admissions decision.

**Dual-Degree Admissions Policies and Procedures**

**MMS/MPH**
Applicants complete an online application through CASPA, the centralized application service for Physician Assistants. All applications for the MMS/MPH degree are reviewed initially through the MMS department. The MPH and MMS Program Admissions Committees jointly interview dual degree
applicants who have been prescreened by the MMS department as meeting their academic eligibility
criteria and completed the additional essay questions required for the MPH program. Because the MMS
department requires a higher minimum GPA and GRE or MCAT scores than the MPH Program, the MPH
Admissions Committee only reviews applicants’ qualifications on three additional criteria:

1. Knowledge of the field of public health
2. Volunteer or work experience in public health or undergraduate coursework in public health
3. An understanding of how public health may help to enrich and inform their medical education

Beginning in 2013, the MPH Program decided to review dual degree applicants (not selected for
interviews or accepted into the MMS/MPH Program) for admission into the MPH Program. Faculty
decided to review these applications since we were not able to interview those candidates who may have
met our admission criteria but who did not meet the MMS admission criteria. We found that several
students not given interviews for the dual program were interested in pursuing the MPH Program alone.
Thus, after review and acceptance, these students enrolled in the standalone MPH program.

The Department Administrative Assistant reviews applicants who are denied an interview for the
MMS/MPH program each week and creates a google document of those candidates who meet our
admission criteria. Two primary faculty review the applications and make decisions regarding acceptance
into our program. Over the past 4 years, this review of applications (225 to 275 total each year) yields
approximately 60 students who are accepted. For 2017, approximately five students from this cohort
enrolled in our program.

DPT/MPH, IPCR/MPH, and MAC/MPH

Applicants to the DPT/MPH Program complete an application through the centralized application service
for physical therapy. Additional questions related to knowledge of and experience in public health are
included on the application form. Applicants for the MAC/MPH program complete Arcadia’s online
application for their primary degree with a request to complete the additional essay questions required for
public health.

All applications for the MPH degree and these dual degree programs are handled through Enrollment
Management. All materials are reviewed through NOLU independently by the primary program and the
MPH Admissions Committees. Only applicants who are accepted by both programs are offered a position
in the DPT/MPH dual-degree program. Applicants to the other dual degree programs can be accepted into
the MPH Program independently of the other degree option (MMS/MPH, IPCR/MPH and MAC/MPH).

BSPH Degree

Applicants to the BSPH Program complete an online or paper application with Enrollment
Management. Applications and supporting credentials are kept electronically in an online
system. Applicants are assigned to an Enrollment Management counselor based on the geographic
location of their high school or mailing address. Once a file is complete, the EM counselor does a
preliminary review of the application. He or she then makes a recommendation for admission and, if
appropriate, scholarship award. That recommendation is then forwarded to a Review Committee to
approve. The Review Committee consists of the Executive Director for Enrollment Management and
Assistant Vice Presidents for Enrollment Management. Students are accepted into the BSPH on a rolling
basis.

Arcadia University conducts a holistic review of undergraduate admission applications. Students are
reviewed on the basis of their high school transcript, SAT or ACT scores, and letter of
recommendation. While there are not minimum requirements, for the incoming class of 2017, the average
high school GPA was a 3.63, the average SAT was 1145 and the average ACT was 24. Students are
admitted to the University and not individual academic programs. Transfer students and students coming
from institutions with whom we have a core-to-core agreement are accepted in a similar fashion in terms of a centralized admissions process. But the BSPH advisor works with the University’s transfer advisor to assess if any courses will transfer in as major requirements.

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

We have the following recruitment materials that are distributed at Open House Events and sent to prospective students:

Community Health Programs Recruitment Brochure (will be available in printed form on-site)
   2. Recruitment flyers for each Dual Degree Program (Online….see links below)
   4. Website for Community Public Health, the MPH & BSPH Programs; and Dual Degree Programs

MPH: https://www.arcadia.edu/academics/programs/public-health
MMS/MPH: https://www.arcadia.edu/academics/programs/public-health-physician-assistant
MMS/DPT: https://www.arcadia.edu/academics/programs/public-health-physical-therapy
MMS/IPCR: https://www.arcadia.edu/academics/programs/public-health-international-peace-and-conflict-resolution
MMS/MAC: https://www.arcadia.edu/academics/programs/public-health-counseling
BSPH: https://www.arcadia.edu/academics/programs/public-health-bs

Our website is updated yearly in June once changes to the catalog listings are completed. Changes are reflected automatically on the website. Our recruitment brochure and dual degree flyers are scheduled for regular periodic updating. The last updates occurred in AY 2016-2017. The MPH flyer was updated Fall 2017.

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.
### Table 4.3.1 Admissions Process Data: Information on Applicants, Acceptances, and New Enrollments, by Specialty Area for 2015-2017, based on entering year

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<td>2</td>
<td>0</td>
<td>TBD</td>
</tr>
</tbody>
</table>

\(^1\) This number represents only applicants who applied for the MPH degree alone. The department also reviews applicants for the MMS/MPH degree who were not granted interviews for the MMS program and if they meet the admission criteria for the MPH offer those students acceptance into the MPH Program.

\(^2\) The number of acceptances reflects the number of MPH applicants accepted PLUS the number of dual degree applicants denied for the MMS degree accepted into the MPH Program. The total number of applications reviewed for the MPH dual degree applicants are included in the number under the MMS/MPH Heading in the table above.

#### 4.3.e Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

**MPH:** As shown in the table below, enrollment in the MPH Program has remained relatively consistent across the past 5 years. The shift that we have noticed is in the number of fulltime versus part-time students entering the program. More fulltime students are entering in the past three years reflecting both a decrease in the age of incoming students and a decrease in the number of fulltime professional working students in the MPH pool of current students. We have also noted that fulltime students (those carrying 9 graduate credits) often have fulltime jobs. The fact that our classes are offered in the evening enables students to work fulltime while taking classes. This situation has its advantages and disadvantages. The scheduling of our classes in the evening evolved out of the need to accommodate fulltime working professionals returning for a master’s degree. Once we developed the dual degree programs, it was necessary to maintain the evening classes to accommodate dual degree students taking classes in their fulltime cohort-based programs that offer classes only during the day.

**Dual Degree Programs:**

**MMS/MPH:** Enrollments in the MMS/MPH program have remained relatively consistent from year to year. Much of this is dependent on the number of seats that the MMS (PA) Program can accommodate from year to year and are willing to hold open for dual degree students in each class cohort.
**DPT/MMS**: Interest in the DPT/MPH Program have slowly grown over the past 5 years so that we are seeing an increase in applications to the program which yields approximately 4 to 5 new students each year.

**IPCR/MPH**: The IPCR dual degree program used to attract approximately 3 to 4 new students each year. Approximately 3 years ago, the IPCR program developed a second dual degree with Counseling at the request of their students. IPCR students have been more attracted to the MAC dual degree instead of the MPH degree. They see what they do as requiring counseling skills instead of public health practice skills. Over the same time period, the IPCR program has introduced planning and evaluation courses that their students used to take in the MPH program. They are receiving basic skills in program planning and evaluation within the IPCR program.

**MAC/MPH**: Although the number of dual degree students in the MAC/MPH program have remained relatively consistent over the past 4 years, the numbers of students who enroll in this program are small as indicated in Template 4.3.2 below. One determinant to completing this program is the number of combined credits required and that many students are part-time students. Completing this program part-time requires 4 to 5 years with an additional 3200 hours of supervised clinical work in counseling for licensure.

**BSPH**: The BSPH has grown at the rate projected in the departmental proposal to the Academic Affairs Committee. The number of transfer students entering into the major has been at a greater proportion than anticipated, but that has allowed for a larger projected graduating cohort for May 2019. (The proposal with projections is available in *ERF 2.8*)
Table 4.3.2 Total Enrollment Data: Students Enrolled in each Area of Specialization for AY15-16 to AY17-18

<table>
<thead>
<tr>
<th>Degree &amp; Specialization</th>
<th>AY 15-16 HC</th>
<th>AY 15-16 FTE</th>
<th>AY 16-17 HC</th>
<th>AY 16-17 FTE</th>
<th>AY 17-18 HC</th>
<th>AY 17-18 FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH (Community Health) Total Enrollment</td>
<td>74</td>
<td>51</td>
<td>74</td>
<td>48</td>
<td>75</td>
<td>47.5</td>
</tr>
<tr>
<td>MPH (Stand-alone)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>25.5</td>
<td>28</td>
<td>25</td>
<td>25</td>
<td>22.5</td>
</tr>
<tr>
<td>HCFT</td>
<td>23</td>
<td>23</td>
<td>22</td>
<td>22</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>HCPT</td>
<td>5</td>
<td>2.5</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>MMS/MPH (^2)</td>
<td>35</td>
<td>20</td>
<td>35</td>
<td>17</td>
<td>39</td>
<td>19.5</td>
</tr>
<tr>
<td>HCFT</td>
<td>15</td>
<td>15</td>
<td>11</td>
<td>11</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>HCPT</td>
<td>20</td>
<td>5</td>
<td>24</td>
<td>6</td>
<td>26</td>
<td>6.5</td>
</tr>
<tr>
<td>IPCR/MPH (^1)</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HCFT</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HCPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT/MPH (^1)</td>
<td>5</td>
<td>2.5</td>
<td>3</td>
<td>1.5</td>
<td>7</td>
<td>3.5</td>
</tr>
<tr>
<td>HCFT</td>
<td>5</td>
<td>2.5</td>
<td>3</td>
<td>1.5</td>
<td>7</td>
<td>3.5</td>
</tr>
<tr>
<td>HCPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAC/MPH (^1)</td>
<td>1</td>
<td>.5</td>
<td>3</td>
<td>1.5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>HCFT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCPT</td>
<td>1</td>
<td>.5</td>
<td>3</td>
<td>1.5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>BSPH</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Fulltime students counted as 1 FTE each; Part-time students counted as .5 FTE, except for MMS/MPH Dual degree students.

\(^2\) Yr 1 MPH/MMS students counted as fulltime FTE (1); Yr. 2 and Yr. 3 MPH/MMS students counted as quarter-time FTE (.25).

Key: HCFT=Head count of Full-time Students; HCPT=Head count of Part-time Students; MMS=Masters of Medical Science; IPCR= Masters of Art in International Peace and Conflict Resolution; DPT=Doctorate of Physical Therapy; MAC= Masters of Art in Counseling
4.3.f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>AY 15-16</th>
<th>AY 16-17</th>
<th>AY 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRE Scores¹</td>
<td>80% of student body will meet GRE Percentile criteria</td>
<td>57%</td>
<td>55%</td>
<td>86%</td>
</tr>
<tr>
<td>GPA²</td>
<td>100% of student body at GPA of 3.0 Overall</td>
<td>100%</td>
<td>84%</td>
<td>95%</td>
</tr>
<tr>
<td>Public Health Experience³</td>
<td>60% of students have volunteer or work experience in some aspect of public health</td>
<td>87% (26/30)</td>
<td>77% (24/31)</td>
<td>95%</td>
</tr>
<tr>
<td>TOEFL⁴ Score for International Students</td>
<td>90% of students will have at least a 19 on each of the TOEFL sections</td>
<td>100% 3Intl Students</td>
<td>100% 3Intl Students</td>
<td>n/a²</td>
</tr>
</tbody>
</table>

¹GRE Score qualifications are as follows: Verbal Score ≥ 40 %, Quantitative Score ≥ 40%, Analytic Score ≥ 4. All students are evaluated using a total portfolio approach to requirements, especially with the use of standardized tests. Students are evaluated for their ability to succeed in our program overall by evaluating their transcript of college courses, the GRE scores and an interview, when deemed appropriate.

²No International students enrolled in AY 17-18.

³Public Health Experience is evaluated based on the student’s essays on public health required for the MPH application. We want students coming into the program with a basic understanding of what public health is and look for prior coursework, volunteer experience or work experience related to public health. Although this is not a requirement for acceptance, we want to accept a student body engaged and committed to community health.

⁴TOEFL Score: International students are evaluated using a total portfolio approach that includes TOEFL Scores. Our experience in the past indicates that a minimum score of 20 on each section indicates success in completing our program. In some cases, a score of 19 may be accepted in one section depending on the overall application. Such students may receive admission conditional upon enrolling in the summer preparation program for foreign students.

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**
The program has a well-developed recruitment and admissions policy that is designed to attract a qualified pool of applicants who will complete the program and become competent public health practitioners in community health. Enrollment Management provides excellent infrastructure including recruitment materials, processing and management of applications, and notifying applicants of admissions decisions.

The program has clearly defined admissions criteria while utilizing a portfolio review approach to ensure admitted students are likely to meet the demands of the curriculum to ensure inclusion of underrepresented groups. The program has specific conditions for admission of students who may be qualified if they correct specific deficiencies prior to matriculation. There are appropriate admissions procedures for dual-degree applicants. The process has yielded a slowly growing body of well-qualified applicants with strong academic credentials (grades, GRE/MCAT scores, TOEFL scores, and work experience).

Enrollment Management provides open houses each semester for students interested in both the fulltime and part-time graduate and undergraduate programs. We participate in all open houses each semester so that we can reach students interested in the MPH degree alone or one of our joint degree options and the BSPH program.

**Weaknesses**
Enrollment Management provides limited marketing for the MPH program beyond open houses on campus, high school visits (new BSPH program) and listings on websites. The program faculty/staff represent Arcadia at conferences and by sitting on steering committees to promote our programs.

The MPH program is not meeting the evaluation objective of having enrolled students meet minimum a GRE score. As a result of this data, a brief study on current students’ GPA in the MPH program and GRE scores at time of application was performed in AY 16-17. It was found that GRE scores were not highly correlated with GPA in the MPH program. Faculty members discussed these findings at the February 2017 faculty meeting and determined that continued monitoring was needed. The Chair intends to perform this analysis with three cohorts and bring the results to the faculty to determine whether the GRE evaluation objective requires revision.

**Plans**
During AY 2017-18, we joined ASPPH, in part, to participate in SOPHAS. We anticipate that participating in SOPHAS will allow us to gain visibility among other accredited programs and to increase the size of our standalone MPH applicant pool. The dean has requested funds from the Provost’s Office to initiate and maintain membership in SOPHAS over the next two years to study the impact of membership on our program and the yield in terms of new students.

The Director of the BSPH program will continue to pursue marketing opportunities on and off campus to promote the BSPH to new, transfer and current students at Arcadia. Because the BSPH program does not review applicants, they have not set evaluation criteria for enrolling qualified students. However, the Director of the BSPH will review the university objectives related to enrolling qualified students and incorporate evaluation measures moving forward to assess how BSPH students compare to the Undergraduate student body as a whole.
The Admissions Committee will be continuing to monitor the a priori applicant criteria in terms of its ability to predict student success in the program. The Admissions Committee is particularly focused on assessing the extent to which GRE scores predict success in the program.
Criterion 4.4 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

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

Enrollment Management sends accepted students a letter of intent to matriculate and refers each student to (a) the Program Director for additional information regarding the curriculum and (b) the Program Administrative Assistant for general questions regarding their program. When Enrollment Management forwards the names of students who respond they intend to matriculate, the Administrative Assistant prepares a booklet of information regarding the faculty and program for mailing followed up with an introductory email welcoming the new student to the program. Within the mailing and the email, students are told to contact the Program Director (BSPH or MPH). The program director meets with each advisee and develops a written program plan with the student.

Dual degree students are assigned two advisors: one in the MPH program and one within their dual degree (each department offering a dual degree with the MPH has identified a specific faculty member as the dual degree advisor for their program). The MPH Program Director advises all dual degree students, creates a program plan for all other MPH students, and assigns these students to other primary faculty within the department as needed. Advising across students is shared among primary faculty in various ways. The MPH Internship Coordinator advises all students on their Internship projects. All primary faculty teach one section of Capstone and thus advise their respective students on all aspects of their capstone projects. Primary faculty also jointly advise students on research, presentations, publishing and grant opportunities. The program directors assume the academic advising responsibilities for all the students.

Currently, faculty serving in Program Director roles serve as the primary academic advisor to all students within that program. However, it is anticipated that for the BSPH program, other faculty will begin being assigned advisees by Fall 2019. This is based on advice from other Departments, who have stated that 25 students are the maximum they would recommend for one faculty member to advise. The major advisor also serves as the general academic advisor for students at the University, thus they must be familiar with general curriculum requirements as well as major requirements. The guidance for MPH advising comes primarily from the Associate Dean of Graduate Studies. The guidance for BSPH advising comes primarily from the Associate Dean of Undergraduate Studies and the Dean of Graduate & Undergraduate Studies.

**MPH Program:**

*Handbook.* The MPH Program Director and the Evaluation Committee created a *Student Handbook (ERF 4.4)* for all newly matriculated students in the MPH Program.

*New Student Orientation.* The program holds orientation sessions twice a year in May and September. This schedule captures the incoming fulltime dual degree cohorts (MMS/MPH, DPT/MPH) who enter in May each year and the standalone MPH fulltime students and part-time students, as well as the other dual degree students (MAC/MPH, MAIPCR/MPH) who begin the program in the Fall Semester. Prior to AY17-18, students were allowed to begin the program in the Spring semester; those students did not receive an orientation until the May after their start. During Orientation Sessions, the faculty and current students present the curriculum and study opportunities in depth and discuss key policies and procedures.
that are described in the Handbook. Additionally, representatives from the Library, Career Services and
the Wellness Center are invited to present the services available to students.

**Advising Meetings.** Each student, with the exception of the MMS/MPH students, is invited to an
academic planning advising meeting with their assigned advisor. The purpose of the meeting is to develop
an academic plan based on their intended graduation date, desired electives, and their intent (or lack
thereof) to perform their internship abroad. The advisor shares the completed academic plan with the
student for their records. Advisors also continuously reviewed the academic plan in order to monitor
student progress. MMS/MPH students do not require a tailored academic plan, as they have a pre-set
plan, with no option to perform their primary internship abroad; rather they can perform their public
health rotation abroad. However, all students are introduced to their assigned advisor at orientation and
are asked to reach out to their advisor with any academic or career questions. The MPH advisor holds
regular office hours, and informs students of these hours, during the Summer, Fall, and Spring semesters.
Advisors hold meetings in-person, by phone, and by video call based on the availability of the student.

**BSPH Program:** The BSPH Program Director currently serves as the academic advisor for all major and
minor students. Academic advising begins at declaration of the major or minor when an academic plan is
developed to layout the required coursework over the projected term of study. For students declaring upon
entrance to the University, a Fall orientation session is held for new students, where an overview of the
program and academic advising takes place.

During each semester, advisees meet with their advisor during the advising period (Early November for
Spring semester planning; mid-March for Fall semester planning). The academic advisor is also available
during weekly office hours and by appointment to address more immediate issues including withdrawal
from coursework, academic performance, and personal issues. Advising related to professional
development in the area of Global Health is provided by the faculty member with content and research
expertise in Global Health. Campus resources including the librarian, Writing Center, Learning
Resources Network, and Counseling Services are offered to the students by the advisor as needed.

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.

Arcadia University’s Career Counseling Center works with graduate and undergraduate students to
identify opportunities for internships (undergraduates) and job placement. They work with students using
what they define as a “three essential steps” approach to career development: Explore, Engage, Embark.

**Student & Alumni Support**

**EXPLORE**

- **Career Counseling:** Individual career counseling is available by appointment. We assist
  students/alumni at every step in the career development process. Whether you want to explore
  your career interests, navigate the job search process, or apply to graduate school, our Career
  Educators will help. Additionally, we will help you to hone your resume, build interview
  techniques, & create your LinkedIn profile. Schedule your appointment with a Career Educator
  via Handshake.

- **Career Assessments:** Interest and personality assessments will help you identify your interests,
skills, and personality preferences in relation to selecting a major and career decision-making.
These assessments are interpreted by a Career Educator through individual career consultations.
Start with *TypeFocus*, an online assessment tool at [www.arcadia.edu/typefocus](http://www.arcadia.edu/typefocus) using access code
“knights”.
• **Express Advising**: Drop-in for resume, cover letter and LinkedIn reviews and assistance with *Handshake* for our Career Peer Advisors (CPAs). Visit [www.arcadia.edu/expressadvising](http://www.arcadia.edu/expressadvising) for a schedule of express consultations.

• **Career Mentoring**: The Alumni Career Mentor Program matches undergraduate students with an alumni mentor. A trusted mentor can offer professional insights, expand your interests, and help you build professional contacts. Sign up for a mentor via *Handshake*.

**ENGAGE**

• **Career Events**: We deliver distinct career events to support Arcadia students and alumni in their career and professional development each semester. Our ever-popular career events include our *Resume Revival* program, *The Knights Networking Series*, *Spring Internship and Career Fair*, and *Professional Prep Expo*, to name a few.

• **Practice Interviews**: Improve your ability to discuss your skills in a professional setting through a practice interview with a Career Educator or industry expert. Search “Interviews” in *Handshake*. We also offer online simulations through *Quinncia* at [https://quinncia.io](https://quinncia.io) with feedback.

• **Career Resources**: Engage with wealth of career and professional advice and resources including *Vault* (online career library) at [www.arcadia.edu/OCE](http://www.arcadia.edu/OCE).

**EMBARK**

• **Internships and Jobs**: Internships are essential to the Arcadia experience and are consistently rated among the top criteria employers seek in recent college graduates. We support students in finding and successfully obtaining internships across a diverse range of industries. We also connect job seekers to entry-level and experienced jobs. Search for positions, share your resume with employers, and sign up for on-campus interviews (students only) in *Handshake*.

• **Employer and Career Connections**: Employers visit campus to share industry-specific information, employment, and internship opportunities. We facilitate employer connections through presentations in the classroom, networking events, career fairs, and on-campus interviews. Sign-up for employer networking events and fairs through the “Fairs” section of *Handshake*.

At the program level, the MPH Program maintains a database of current students and alumni with recent email addresses. Job announcements that faculty receive are forwarded to the Administrative Assistant who then sends an email blast of the job announcement(s) to all current students and alumni and posts each job on our CGPH Facebook page. Faculty are also involved in career advising throughout the program and individually refer students to professionals throughout the Southeastern Delaware Valley and elsewhere for informational interviews or to pursue job announcement opportunities that are particularly well suited for the student. We periodically consult with our Advisory Board for referrals for current employment opportunities.

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

The MPH program includes questions on student satisfaction with advising on the Degree Completion Survey. All students are asked the following question:

Please indicate how accessible and supportive faculty were in terms of advising, answering questions, mentoring, and supporting you through your capstone project.  
(Please rate accessibility and supportiveness of faculty on a scale from 1-10 by circling your response, where 1=not supportive 5 = somewhat supportive, and 10=very supportive)

The results for the past two academic years are the following:  
For the AY 2016-2017, out of a total of 20 surveys completed, 8 (40%) students rated faculty for advising and support a 10 (very supportive), 10 (50%) students rated advising a 7 to 9 on the 10-point scale and 2 (10%) students rated advising a 6 or less.
For AY 2015-2016, out of a total of 38 surveys completed, 13 (34%) students rated advising a 10 (very supportive); 17 (45%) students rated faculty a 7 to 9 on the 10-point scale for advising and support and 8 (21%) students rated faculty a 4 to 6 on the 10-point scale.

Overall students are very happy with the support and advice they receive in their capstone/integrative learning experience. In general, primary faculty only teach the integrative learning experience. During the AY 2016-2017, a primary faculty member was going on sabbatical and needed to be released from teaching Capstone. Thus, an adjunct faculty member was hired to teach one section of Capstone, but was replaced prior to the end of the semester due to personal family related issues. Another primary faculty member (Visiting Professor at the time) took the course and taught the same section for the Spring Semester.

Evaluations regarding advising and career counseling services for BSPH students and alumni are in development. We will administer the evaluations to the first graduating class (May 2019).

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

Students who feel they have experienced discrimination, disciplinary action, or harassment based upon ethnicity, national origin, ancestry, race, color, religion, creed, gender, marital status, affectation or sexual orientation, age, disability, or gender identity have rights to grievance procedures designed to address specific complaints and see that misbehavior is penalized or errant practices corrected. These procedures cover student-to-student complaints as well as student-faculty or staff grievances.

The MPH Program Director, in orientations and through the Handbook, urges students to resolve complaints “informally,” defined as directly at the most proximal level in a timely manner, if possible. Specifically, students are expected to discuss concerns about grading, classroom situations, and other course related matters first with the instructor involved or responsible for the class. If this is not feasible, or the student fears doing so, students are instructed to meet with their advisor and then the MPH Program Director. The MPH or BSPH Program Director speaks with the instructor directly to resolve the situation and to advise the student of the grievance process. If the student does not accept the resolution, he/she may take their concern to the department chair next, then the college dean and/or file a petition with the university judicial board. The judicial committee examines the complaint, holds a session with all parties involved and decides on a resolution.

Students are given the option of seeking assistance from the Student Affairs staff who are available to facilitate informal resolution if this approach is desired by mutual consent of the parties to the grievance. Student Affairs does not maintain a grievance system and they typically refer students with academic grievances to Academic Affairs. They do maintain the AU Concern form which can be used by any member of the campus community to submit a concern. The concerns range from academic in nature or personal. On the rare occasion an academic based grievance is submitted via an AU Concern form it is forwarded to Academic Affairs.

The Department of Public Health handles student complaints and grievances on a case-by-case basis in keeping with university policies and procedures. Faculty and staff developed a formal grievance form for students to use if they choose to file a formal grievance (ERF 4.4). The process in place for students to follow if they want to file a complaint are described in the handbook (MPH Graduate Student Handbook). Questions, concerns and complaints are addressed with the faculty person in question and discussed with
the Department Chair/Program Director if considered serious by either the faculty member or student. The administrative assistant tracks grievances and complaints that warrant more than one conversation with the parties involved or entail formal written communications.

Policies regarding Title IX complaints are clearly defined on Arcadia’s website under the title “Procedures for Resolution of Complaints Regarding Sexual Misconduct, Relationship Violence, and Stalking”, www.arcadia.edu/university/offices-facilities/title-ix/procedures-resolution-complaints. The website describes in detail (a) how to report an incident, (b) policies regarding these behaviors, and (c) procedures for the resolution of complaints. All syllabi now contain a statement informing students of their rights and where to find information.

The graduate/undergraduate office handles disputes for students who have been dismissed from a program due to repeated semesters on academic probation or repeated underperformance in classes. Students may request to be reinstated to complete a degree. The procedures followed by the Graduate Academic Standing and Appeals Committee are found in the Graduate Academic Policies and Procedures Handbook. https://www.arcadia.edu/academics/colleges-schools/graduate-undergraduate-studies/graduate-academic-policies

| Table 4.4.d Summary of Grievances and Complaints for the MPH Program |
|---------------------------------|-----------|----------|-----------|
|                                 | AY 15-16 | AY 16-17 | AY 17-18  |
| Complaints                      | 0         | 0         | 0         |
| Grievances                       | 3         | 4         | 0         |

All grievances listed above were resolved at the departmental level with no further intervention required and were tracked using the document in ERF 4.4 (student names have been removed for confidentiality). The BSPH program will develop Grievance Collection Procedures based on the successful practices of the MPH program. When a student does not feel the Department has adequately addressed a grievance, Student Affairs staff is available to facilitate informal resolution if chosen with the mutual consent of the parties to the grievance. The formal grievance mechanism exists for those complainants who feel that informal discussions cannot resolve a problem or for whom other channels are inappropriate or unavailable. The University also reserves the right to remove an individual from the campus pending the completion of complaint procedures in any situation where it is believed necessary to do so.

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

This criterion is met.

Strengths
New students receive a Student Handbook and attend an orientation session during which they review program policies and procedures including how to handle concerns, complaints and/or grievances as described in the Handbook.

The program has a clearly defined procedure for assigning faculty advisors to each student and orienting new students to policies and procedures in the Student Handbook. Faculty review advising policies and procedures at the first faculty meeting in September and during faculty meetings thereafter when necessary. New faculty receive a Faculty Handbook that delineates advising responsibilities and meet with the Department Chair if they have questions regarding departmental advising. New faculty generally do not have advising responsibilities for their first academic year.
The Arcadia Career Counseling Center provides an array of career development and job search tools. The MPH Program maintains databases and distributes job announcements to students and alumni. Students are asked to evaluate their satisfaction with advising and mentoring primarily throughout the Capstone/Integrative Learning Experience on the Degree Completion Survey.

The office/classroom building where the MPH Program resides (Brubaker/Easton Halls) was designed to increase faculty/student interaction with offices located directly across the hall from classrooms. This increases the accessibility of faculty to students.

**Weaknesses**
Career Counseling Services has revised the outreach to graduate students in the past five years. However, most of the emphasis is on undergraduate students compared to services provided for graduate students. The department reaches out to students and alumni to alert them to job opportunities both through postings to social media and through direct interaction with faculty. Currently our evaluation asks students to discuss and rate the advising received through their Capstone experience but we do not ask students to evaluate their interaction with career services.

**Plans**
Under the new 2016 CEPH criteria and competencies, plans are underway to update all of our current evaluation instruments to measure how the new foundational competencies and concentration competencies are being addressed in the program. Questions specifically related to (a) departmental advising throughout the program, (b) the use of career counseling on campus, and (c) the departmental effort to advise students regarding career choices and paths and alert students/alumni to new positions available will continue to expand through direct contact, emails, and social media.

The BSPH Director will develop a Grievance Reporting process within the Program (in addition to the already existing University processes) and will notify majors of this new mechanism of reporting.

Evaluations regarding grievance resolution processes, advising and career counseling services for BSPH students and alumni are in development. The BSPH Director will administer evaluations with the first graduating class (May 2019).