REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
ARCADIA UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
April 23-24, 2018

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Arcadia University. The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2011. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in April 2018 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni, and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Arcadia University began as a small, independent undergraduate, liberal arts college serving a traditional-age student body in 1853. Today, it is a comprehensive university serving 3,800 students per year, aged 17-77 in full- and part-time undergraduate and graduate programs. The institution began as Beaver College and changed its name to Arcadia University in 2001. The university offers four doctoral, 35 master’s, nine dual degrees, and 30 certificate programs in addition to the 69 undergraduate degrees it confers.

The Department of Public Health offers an MPH degree with a concentration in community health and a BSPH degree with a concentration in global health. The department also offers four dual degree programs with the MPH, which attract many students interested in public health to Arcadia University. The four dual degrees combine the MPH with physical therapy, counseling, physician assistant studies, and international peace and conflict resolution.

The MPH program was initially accredited by CEPH in 2013, and the BSPH degree was added to the unit of accreditation in 2016. Based upon the initial review, the Council required the program to submit interim reports addressing criterion 2.7 and 3.3, specifically, that the program had implemented a systematic process for tracking employer assessments of graduate’s ability to perform competencies in a work setting and that the program had developed and implemented a systematic method of surveying workforce needs.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.

b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the Department of Public Health at Arcadia University. Arcadia University is accredited by the Middle States Commission on Higher Education. The program provides the same rights to its students and faculty as other professional preparation programs located in the university. The program facilitates collaboration between faculty and students of the different colleges and programs across campus, such as physical therapy, counseling, physician assistant studies, and international peace and conflict resolution. Arcadia University has a complement of qualified primary faculty and staff who represent a diverse array of backgrounds and disciplines. The program has a system of planning and evaluation that involves faculty, staff, and outside stakeholders and is responsive to current and emerging public health practice needs.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is partially met. The department’s stated mission is to educate and train community public health professionals to promote the health of individuals, families, communities, and the environment, which relates to the university’s mission of enhancing health in a global environment through a multidisciplinary community effort. Prior to the first CEPH accreditation visit in 2013, faculty, students, and the Advisory Board worked together to develop the mission. With the addition of the BSPH degree in 2016, faculty, advisory board members, current students, and alumni met to determine how the BSPH program would fit with the current mission, values, goals, and objectives. At that time, it was decided that the BSPH program fit well and made no changes.

In early 2018, faculty met to revise the values to better align with the department’s character and the core values of the university. These five core values guide major programmatic decisions: multidisciplinary learning, critical thinking, engaging with diverse communities, integrity, and service-minded professionals. These values are consistent with the mission and are integrated into the goal statements.

The department has developed a set of three overarching goals in teaching, research, and service, which are supported by nine objectives and 18 quantitative indicators. The goals describe the program’s aspirations for success, while the objectives and indicators provide more concrete benchmarks to assess the program’s progress. During the site visit, faculty said the mission and goals were devised to reflect the university’s value statements and were primarily taken from the previous self-study document. Faculty reported that indicators were set to be readily achievable and aligned with the resources available. Faculty also clarified that the time period for most indicators is every year.

The instructional goal is supported by four objectives and nine indicators. The objectives reflect the department’s desire to infuse the curriculum with a global perspective and to offer students opportunities to create an interdisciplinary and international career. The indicators track faculty and preceptor evaluation of students and the setting of student field experiences. The research goal has two objectives focused on faculty and student engagement in research. These objectives have five indicators that are related to faculty and student engagement and publication of unfunded and funded research activities. The service goal has three objectives that are focused on faculty and student engagement in service, both on campus and within the community. The four indicators for these objectives focus on student and faculty voluntary service performed both on campus and in the community.
The mission, values, goals, and objectives are available online to students, faculty, and members of the community.

The first concern relates to the disconnect between the goals and objectives. Some objectives appear to be highly generic and do not adequately reflect the intention of their respective goal. For example, objective 2, which is to "prepare students to translate public health knowledge from core courses into evidence-based practice during internship and capstone and after graduation," does not reflect anything specific to goal 1, which focuses on interdisciplinary and global perspectives in MPH program coursework.

The second concern relates to the questionable usefulness of the indicators. Several of the indicators set a benchmark between 20%-50%, which faculty explained were set intentionally low to be attainable with the resources of the department. Other indicators focus on the behavior or outcomes of students while the associated objectives are stated in terms of faculty or staff activities. The focus of each indicator should match the action of the respective objective. Placing the onus of outcomes on students does not assess the activities of the program more holistically. Site visitors also found that 7 of the 18 indicators are based on student preference. To have indicators based on student choice, for instance, students choosing to pursue a field experience abroad, does not measure how well the program is doing at meeting its mission, vision, and goals.

The third concern relates to the omission of any objectives or indicators pertaining to the BSPH program. The self-study describes a process by which faculty determined that the goals and objectives are consistent with the intention of the bachelor’s program, but there is no evidence that they are used to evaluate the quality and success of both degrees. Discussions during the site visit confirmed that none of the existing objectives or indicators was designed to evaluate BSPH program performance.

1.2 Evaluation and Planning.

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

This criterion is partially met. The department lacks a formal process to assess its programmatic efforts and inform decision making. By design, the targets and data do not lend themselves to continual programmatic assessment and improvement. The majority of targets set forth have been met or exceeded over the last three years, sometimes by more than 200% as discussed in Criterion 1.1, many of the indicators do not relate directly to programmatic effectiveness, as many are either reports of student choice (such as field placement site) or have no relationship to the goals and objectives they are intended
to support. While the department has data for each of the measures indicated, the targets by which the
data is measured are low and designed to be easily met or exceeded.

The faculty meet monthly to discuss issues related to admissions, enrollment, courses, student activities,
and graduation. Adjunct faculty, however, are not invited to these meetings. The program also hosts
yearly curricular committee meetings (at the MPH and BSPH levels); where, only five of the 18 indicators
are reviewed during these meetings.

During on-site discussion, department leaders noted that there is no formal or systematic method for
reviewing evaluation results. While ad hoc meetings and committee meetings are held throughout the
year, the lack of useful indicators led site visitors to conclude that there is no systematic approach to
quality improvement.

The concern pertains to the lack of a process for using program performance data to make program
improvements. Site visitors did not see examples of how evaluation results are shared among program
faculty and leadership and how those results are used to make program decisions or improvements. The
self-study describes recurring meetings and the topics discussed, but it does not specify what evaluation
results are examined in those meetings or how they are used to inform those discussions and decisions.
Discussions during the site visit confirmed that there is no systematic process for reviewing evaluation
results to review program elements and to consider improvements.

1.3 Institutional Environment.

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

This criterion is met. Arcadia University is regionally accredited by the Middle States Commission on
Higher Education. The university was last accredited in 2014 with a term of five years. In addition to
CEPH, the university responds to professional accreditors in the disciplines of art and design, education,
forensic science, genetic counseling, physical therapy, psychology, global business, and physician
assistant studies.

Arcadia University was founded in 1853 as an independent, liberal arts college serving a traditional-age
student body. Today, it is a comprehensive university serving approximately 3,800 students per year, with
ages ranging from 17 to 77. Approximately 2,500 students pursue undergraduate education, while the
remaining 1,300 pursue graduate education. Arcadia University offers four doctoral degrees, 35 master’s
degrees, nine dual degrees, and 30 certificate programs. The university boasts a robust study abroad
program, serving an additional 3,000 students.
Arcadia University is composed of three colleges (arts and sciences, global studies, and health sciences) and two schools (education and global business). The College of Health Sciences houses four departments: genetic counseling, medical science, physical therapy, and public health. The Department of Public Health includes the MPH and BSPH degrees. The BSPH program director reports to the MPH director, who is also currently the department chair. The department chair reports to the dean of the College of Health Sciences, who reports to the provost and vice president of academic affairs. The provost and vice president of academic affairs report to the president of the university, who reports to the Board of Trustees.

Each November, the department chair submits a budget request for the next academic year to the dean, who presents the request, with recommendations, to the provost. The chair determines the budget request through consultation with program directors, faculty, the student organization, and the Advisory Board to identify priorities for academic and related program resources. The provost then negotiates with the Board of Trustees and the university president, on behalf of colleges and schools for any increase in funding.

The department chair implements but does not make policy decisions related to the distribution of indirect cost recoveries and tuition and fees. Per university policy, departments recover 15% of the facilities and administration costs collected by the university from external funding. Tuition and fees are collected centrally and are not distributed uniformly to departments.

The department chair is responsible for making requests for additional faculty and staff to the dean. If granted, the dean submits the requests to the provost and chief financial officer of the university. 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, along with the dean, interviews prospective candidates and recommends hires. 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.

Promotion and tenure begins with faculty submitting annual reports to the department chair. The chair reviews the reports, makes comments, reviews the reports with faculty individually and then forwards the report to the dean. The reports are the basis of the materials required for promotion and tenure. The review process involves an interview with the college’s Promotion and Tenure Committee. After the review is complete, the Promotion and Tenure Committee recommends action to the provost, who makes the final decision.
The university’s shared governance model gives faculty direct input in academic policies and structure, 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 the changes to the Academics Committee of the university’s Faculty Senate for review and approval.

1.4 Organization and Administration.

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

This criterion is met. The MPH and BSPH programs are situated within a Department of Public Health that is part of a larger College of Health Sciences. The department is small; therefore, the reporting lines within the department and the college are simple and clear.

Since the department’s last accreditation review, it has changed names from the Community and Global Public Health Unit to the Department of Public Health within the College of Health Sciences. With the establishment of the department in 2016, the MPH director kept this role and also became chair of the department. In 2017, she retained the MPH director role while assisting the director of undergraduate public health in her transition to department chair. As of spring 2018, the chair had also assumed the MPH director role. At the time of the site visit, another public health faculty member was in the process of transitioning into the director of undergraduate public health role. An administrative assistant serves the department as a whole. The administrative assistant also works closely with faculty and students to ensure that appropriate information is collected for programmatic evaluation.

Given the small size of the department, organization and governance are closely connected. The department chair is the chair of all committees at the MPH level. The director of undergraduate public health is the chair of all BSPH committees and will report all committee work back to the department chair.

The department boasts collaborative activities through service and research. The department offers multiple service learning opportunities yearly in conjunction with a community-based public health entity, examples of these collaborations are trips to Guatemala and Belize. These service learning collaborations help to foster the department and university’s dedication to global health. One primary faculty member also spearheads GRANT (Growing Research and Networking Together), which brings together faculty from across the university and is aimed at providing feedback on developing grant proposals through peer support. GRANT also provides the opportunity to explore future collaborations across disciplines in externally funded research. The department has strong ties to the Montgomery County Department of Safety, Montgomery County Health Department, and Montgomery County Community College.
1.5 Governance.

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

This criterion is partially met. The department has two standing committees: the Curriculum and Evaluation Committee and the MPH Admissions Committee. The Curriculum and Evaluation Committee consists of all primary faculty, two adjunct faculty, four students, and one alumni representative. Dual degree advisors also serve as ad-hoc members of this committee. The charge of the Curriculum and Evaluation Committee is to review, propose, and approve changes to program policies, procedures, and curriculum.

The MPH Admissions Committee reviews all applicants to the MPH program, including dual degree applicants. Members include all primary faculty and one or more staff from the university Enrollment Management Office as well as the departmental administrative assistant.

General department policy development occurs during monthly faculty meetings. The department holds regular faculty meetings each month with primary faculty members. It was noted on site that no adjunct faculty members are invited to these meetings. During these meetings, primary faculty review and discuss questions and concerns within the department and individual programs, student progress concerns, curricular issues, existing and new policies, and any other overall concerns. Decisions regarding the program are made and put into effect as appropriate or sent to the dean or provost if additional approval is required. The existing policy documents at the department level only pertain to students. There is no faculty or staff handbook at the department level, however the faculty and staff are governed by the university-level handbook.

The Curriculum and Evaluation Committee meets every May and additionally on an as-needed basis. Its primary responsibility is to review courses offered over the past academic year and to discuss suggestions from the Advisory Board, feedback from the student organization, and comments noted on the worksite and alumni surveys related to the curriculum. They committee typically reviews at least two courses at each meeting. This meeting is when primary faculty make decisions related to updating or adding new content to individual courses and when new courses are proposed.

It was noted on site that while this committee meets once a year, most decisions are made throughout the year at the monthly faculty meetings. However, only primary faculty members are invited to partake in the monthly meetings, so adjunct faculty members are not part of decision making as it pertains to curriculum or program planning and evaluation.
Each summer, the chair and program directors (MPH and BSPH) update the graduate and undergraduate catalogs, internship handbook, and capstone handbook to ensure accurate information. Any new courses must be reviewed by the university’s Academics Committee. Prior to submitting the new courses for review to the committee, the department convenes a group of members from the Curriculum and Evaluation Committee: typically, two primary faculty members, one adjunct faculty if he or she has content knowledge, and two students. When the course proposal group has a final draft, the draft is presented at a faculty meeting and feedback is considered and changes are made. Once final, the draft goes to the university’s Academics Committee of the Faculty Senate. Upon approval, it is added to the course catalog.

The provost and CFO provide the colleges and schools with approved operating budgets for the upcoming academic year. While the department proposes a budget every year, the budget from the provost has been flat as it pertains to operations for the last two years. 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. The budget is monitored by the chair and administrative assistant in coordination with the university finance department.

The department chair and MPH director, BSPH director, and administrative assistant meet regularly with the university-level Enrollment Management Office staff to discuss student recruitment and open houses for the program. Applicants to the MPH program complete online applications with the university Enrollment Management Office. Once an application is complete, the office notifies the department chair, program directors, and the administrative assistant. The MPH Admissions Committee reviews and accepts students on a rolling basis. An interview is not required for acceptance into the program, but applicants are sometimes contacted via phone or email to schedule a phone interview to clarify questions about their application. Applicants to the BSPH program are reviewed at the university level and are accepted on a rolling basis throughout the year. Awarding of degrees is done through the Graduate Office at the university level. Questions regarding student status are referred to the department chair and program directors.

When the department receives 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 ad-hoc committee conducts the search, interviews prospective candidates, and recommends hires. In addition to the search committee, the dean interviews candidates for tenure-track faculty lines and provides input on candidate’s qualifications and appropriateness. The provost makes the final decision to hire tenure-track faculty members. Adjunct faculty are selected by the department chair in consultation with the primary faculty. Final authority over adjunct hires rests with the department chair.
Faculty promotion and tenure is handled at the college level, with input from a department-level mentor at the third-year review stage. Regarding year-to-year retention, each faculty member is required to have an annual review with the department chair to review faculty achievements and to revise faculty goals and discuss mutual concerns. All tenure-track and non-tenure-track faculty are required to submit an annual report to the department chair. Non-tenure-track faculty are reappointed annually based on the department chair’s recommendations to the dean and provost. Tenure-track faculty are not reappointed every year but are still required to submit the annual review to the chair for discussion. It was noted on site that during the annual review and the third-year review, no peer faculty member input is considered for retention or promotion.

While the department does not have explicit policies related to research and service, the faculty follow the expectations set by the department chair, which are in line with the goals that have been established to fulfill the mission. During each annual review, the department chair discusses faculty service and research productivity and changes are made to the faculty goals if needed.

The department follows the general bylaws and policies adopted by the university for administrators, faculty, and students.

In 2011, graduate students formed the Public Health Student Society (PHSS) to serve as their official organization to promote academic achievement and clinical excellence. All students in public health programs (MPH and BSPH) are members, and students are encouraged to actively engage in planning outreach awareness and educational activities for the Arcadia campus and surrounding community. On site, students mentioned that they wished that the PHSS was better organized and more involved in programmatic decisions. While the self-study states that students from the PHSS are invited to faculty meetings, on site it was noted that only primary faculty members attend the monthly faculty meetings. While students are invited to faculty meetings, faculty noted that they do not have any decision-making ability, therefore their presence would just be observational.

The concern relates to imbalances in the decision-making structure within the department. Currently, two committees serve the department; however, the majority of the decision making lies with the chair and primary faculty members only. Adjunct faculty have limited opportunities to participate in decision making at the department level as they are not invited to faculty meetings where a majority of departmental decisions are made.

1.6 Fiscal Resources.

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.
This criterion is met with commentary. The department relies on the university to allocate fiscal resources for the operation of the unit, including faculty salaries and benefits. Faculty and staff salaries are a guaranteed line item in the university budget. Public health faculty are not required to seek outside grants or funding to cover any portions of their salaries; however, faculty are encouraged to pursue grant funding for research. Table 1 represents the department’s budget. While table one represents a large sum of tuition and fees, these funds do not go directly to the department. Instead, the funds go to the university. Each year the university provides the department with their operating budget, which includes a guaranteed line for faculty and staff salaries and benefits. The funds for student support, including graduate assistantships, are not allotted until late in the year, thereby making it difficult to offer graduate assistantships to prospective students.

Table 1. Sources of Funds and Expenditures by Major Category, 2013 to 2018

<table>
<thead>
<tr>
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<tbody>
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<td>Tuition &amp; Fees</td>
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<td>$14,078</td>
<td>$14,078</td>
<td>$12,578</td>
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<tr>
<td>Grants/Contracts</td>
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<td>Indirect Cost Recovery</td>
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<tr>
<td>Gifts</td>
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<td>$0</td>
<td>$0</td>
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<td><strong>$1,346,798</strong></td>
<td><strong>$1,761,933</strong></td>
<td><strong>$1,649,198</strong></td>
<td><strong>$1,468,613</strong></td>
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<table>
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<tbody>
<tr>
<td>Faculty &amp; Staff Salaries</td>
<td>$12,803</td>
<td>$315,838</td>
<td>$311,665</td>
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<td>Operations</td>
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<td>$14,078</td>
<td>$14,078</td>
<td>$14,078</td>
<td>$12,578</td>
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<tr>
<td>Travel</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1,500</td>
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<td>Student Support</td>
<td>$41,000</td>
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<td>$51,100</td>
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<td><strong>Total</strong></td>
<td><strong>$71,630</strong></td>
<td><strong>$464,847</strong></td>
<td><strong>$455,463</strong></td>
<td><strong>$529,022</strong></td>
<td><strong>$538,312</strong></td>
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</table>

While the university has provided financial support for new faculty positions and ASPPH membership, other fiscal resources have not kept up with the changing educational environment, and targets for measurable objectives have generally not been met for the past three academic years. For example, the department has set goals for the programmatic operating budget to increase by 2% each year, and over the last three years, the department has reported a 0% increase. Additionally, the department has set a goal of a 2% annual increase in funds for student support and over the last three years the program has had decreases in student support. The department has also set forth goals in terms of offering graduate assistantships, again at a 2% annual increase, and over the last three years the department has seen a decrease in graduate assistantships.
The department operating budget has remained unchanged for the past five years, affecting the program’s ability to offer students support for research or conference travel. Additionally, the department has mainly used graduate assistants and work-study students to meet the support staff function. In 2014-15, funds doubled for graduate assistantships; since then, the number has been reduced by over 40%, although more money has been put toward work-study students, especially to assist the BSPH program that started in fall 2016.

On site, faculty noted that due to the nature of fund allocation, it is difficult to determine what kinds of funds they will get during the student recruitment process. They said that it is difficult to recruit students when funds for graduate assistantships or work-study is unknown. In addition, it can be challenging to plan service and research projects.

The department has strong projections for enrollment growth with the addition of the BSPH program; however, this will require additional funding and resources from the provost. While the acting provost noted during the site visit that she is dedicated to the public health degree programs, along with the dean of the college, the large projected growth may cause strain on the small department.

The commentary relates to a funding allocation process that has limited transparency, which makes it difficult for faculty to predict the need for resources for the coming year and to plan accordingly. During the site visit, the dean indicated her intention to make this process more transparent. Despite a significant surplus in tuition revenue, the university allocation to the department has remained virtually unchanged over the last several years. At the same time, student support is steadily decreasing. A clear allocation process with sustained funding and increased support from the university will be essential to support the projected growth within the department.

1.7 Faculty and Other Resources.

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

This criterion is met. The department employs five primary faculty and 11 part-time faculty. All five primary faculty teach MPH and BSPH courses, but four of the five are assigned primarily to the MPH program. With 75 students in the MPH program and 20 in the BSPH program at the time of the visit, this faculty complement creates student-faculty ratios of around 10:1 and 9:1, respectively. These ratios meet the minimum requirements for faculty resources for both degree options; however, this only appears to be adequate due to the infancy of the BSPH program. As demand for and enrollment in the BSPH option continue to grow, the number of faculty available to teach undergraduate public health courses will need to grow as well, without compromising the faculty resources available to the MPH option.
Since enrollment in the BSPH degree doubled from academic year 2016-17 to 2017-18, faculty resources may have to increase quickly as well. As discussed on site, the provost has dedicated a new faculty line to the program in response to the increase in enrollment. The provost reiterated her dedication to the growth of the BSPH program and stated that in relation to enrollment growth, she will dedicate resources to the program.

Faculty numbers have also increased in response to the need to hire an internship coordinator in 2015, and a 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 granted and will begin in August 2018. A program support specialist position was upgraded to a department administrative assistant when the program became a department in January 2016. Overall, the program meets the minimum number of primary faculty.

The department has access to facilities across campus for primary and adjunct faculty offices, meeting rooms (for faculty and students), classrooms, computer labs, special events, and independent student use. The program also has access to three computer lab classrooms, three open computer labs, and computers in the library for student use. The university library has a dedicated health science librarian, 18 labs, meeting rooms and classrooms for student use, and 69 computers. Documentation provided during the site visit indicated an extensive library collection that includes over 149,720 books, 58,133 e-books, 304 print journal subscriptions, 15,591 online journals (available on and off campus), and 45 electronic databases.

The department has identified outcome measures to gauge student satisfaction with IT and library resources. Over the last three years, all targets have been met in terms of student satisfaction. For example, student satisfaction with professional IT staff resources has exceeded the target of 60% over the last two years, as well as satisfaction with software availability, and library resources.

1.8 Diversity.

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

This criterion is met. Arcadia University has a longstanding commitment to diversity and to civil behavior among all members of the 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 department has a parallel plan for increasing faculty, staff, and student diversity, which it is planning to revise in the 2018-19 academic year.
The department has identified non-white/Hispanic, foreign-born individuals, and males as its desired underrepresented populations in students, and non-white, Hispanic, and foreign-born individuals as its underrepresented populations among faculty and staff. The self-study indicates the following: “Given Arcadia’s emphasis on global education, the inclusion of non-white race, Hispanic, and/or foreign-born students and faculty is particularly relevant.” Other than this reference to Arcadia’s emphasis on global education, the department could not provide a rationale for these designations when asked during the site visit.

Over the past three years, the department has met its goals related to ethnic diversity among the student body, with a target of 25%. The department also achieved its goal for race/ethnicity among primary faculty members in the most recent academic year, by exceeding the target of 25%. The diversity among adjunct faculty varies from year to year depending on the need for specific adjunct faculty during any particular academic year. Little data were provided for the BSPH program. However, also over the past three years the public health programs have not met their goal of 20% for the male gender for students. Over the last three years, the department has only enrolled 13%, 6%, and 6% of males.

The department’s ad hoc Strategic and Organizing Planning Working Group plans to meet during 2018-19 to revise the strategic plan related to diversity efforts.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The department offers an MPH in community health and a BSPH in global health, as shown in Table 2. The MPH degree can be completed as a standalone program or as a dual degree with the following options: MAC/MPH (counseling), MA/MPH (international peace and conflict resolution), MMS/MPH (physician assistant studies), and DPT/MPH (physical therapy).

The MPH program requires 42 credit hours, which include 18 credits of core coursework, three practicum credits, six capstone credits, nine concentration credits and six elective credits. Dual degree programs may share up to nine credits.

Students must take nine credits in concentration coursework, in the form of three 3-credit courses. These courses are theories and principles of health behavior and health promotion, program planning and
evaluation for health professionals, and evaluation of public health programs: case studies. Course content in each course is appropriate for the concentration and the degree level. Students will take a minimum of six elective credits from a predetermined list of 14 courses. It is uncommon for students to look outside of this list of predetermined electives, however if a student desired a course not on the list, the department chair would review the course content with the student to determine if it is appropriate as an elective.

Table 2. Instructional Matrix

<table>
<thead>
<tr>
<th></th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bachelor’s Degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Health</td>
<td></td>
<td>BSPH</td>
</tr>
<tr>
<td><strong>Master’s Degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td></td>
<td>MPH</td>
</tr>
<tr>
<td><strong>Joint Degrees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td>MAC/MPH</td>
</tr>
<tr>
<td>International Peace and Conflict Resolution</td>
<td></td>
<td>MA/MPH</td>
</tr>
<tr>
<td>Physician Assistant Studies</td>
<td></td>
<td>MMS/MPH</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td></td>
<td>DPT/MPH</td>
</tr>
</tbody>
</table>

2.2 Program Length.

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

This criterion is met. The MPH program requires 42 credits for all students with up to nine credits being shared in dual degree programs. The university defines a credit hour as a minimum of 50 minutes per credit over a 14-week semester, plus one week consisting of a final examination or project presentation.

All MPH students must fulfill the minimum 42 credit hours. No degrees have been awarded for fewer than 42 credit hours.

2.3 Public Health Core Knowledge.

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

This criterion is met. The MPH program covers the five core areas of public health core knowledge as defined by the criterion, dedicating an entire required course to each of the five areas. All MPH students are required to successfully complete all five of these courses. Table 3 presents the program’s required coursework.
Table 3. Required Courses Addressing Public Health Core Knowledge Areas

<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 and Behavioral Sciences</td>
<td>PBH 501: Social Determinants of Health and Disease</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>PBH 510: Health Care Systems and Policy</td>
<td>3</td>
</tr>
</tbody>
</table>

Upon review of the syllabi, site visitors found that the public health core coursework offers the appropriate breadth and depth of knowledge for the MPH degree. There is adequate coverage of the five core areas of public health and each course offers appropriate depth within each specialization.

2.4 Practical Skills.

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

This criterion is met with commentary. All MPH students are required to complete one semester of internship planning prior to completing the one-semester internship. Students are required to complete a minimum of 200 hours for the internship, and although exemptions are possible, few students have done so. Students are able to apply and demonstrate practice-related competencies learned in coursework within their internship experience. Faculty, students, and preceptors are aware of the practice skills students are expected to master and are graded on. 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 format, and maintains responsibility for assigning final grades. The preceptor completes an evaluation addressing the student's progress in achieving acceptable competency levels, and the student has the opportunity for evaluating both the preceptor and internship site. The internship coordinator reviews the student internship site evaluation as part of the final assessment of whether to retain the site for future placements.

International experiences bring value to the MPH program, and during discussion with students, it became apparent that many students apply to Arcadia University because of the opportunity to study with diverse populations in differing geographical settings.

The 2015 approval of a full-time MPH internship coordinator position as a non-tenure-track faculty line has been a benefit to the MPH program. In this role, the internship coordinator is able to mainly focus on the MPH internship experience with limited teaching responsibilities in the BSPH program.
During on-site discussions with students, it was noted that the internship coordinator has not been available during the last year due to an injury. The site visit was her first day back in the office. While this issue has been resolved for now, students said that it took considerable time to replace the individual and that this caused them to have little to no guidance. Students also mentioned that while the internship coordinator was supposed to check in and have oversight of the preceptors and internship sites throughout the process, the internship coordinator was not available until just days before internships were ending.

The commentary relates to the dependence on a specific individual rather than on a structured process to guide the internship. The department would benefit from a contingency plan when situations occur that affect the ability of the coordinator or other faculty to provide effective oversight.

2.5 Culminating Experience.

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

This criterion is met. The capstone is a culminating project designed to help students integrate knowledge and demonstrate the achievement of clearly defined public health competencies. It is a seminar class that requires considerable time outside of the classroom for students and for faculty who mentor and guide students’ independent learning, including those in the dual degree programs. The capstone requires students to draw from their courses to meet the required objectives for completing the project. Students have a variety of options to choose from in terms of format for the capstone project. Projects may take the form of research using quantitative or qualitative methods, a policy paper, comparative program analysis or literature review, or students may link their capstone to the internship project that they completed in the previous semester. Primary faculty serve as advisors for the capstone course. Faculty use a predetermined rubric to evaluate student work in the capstone course. The capstone is used as one of the four measures of competency attainment in the program.

2.6 Required Competencies.

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

This criterion is partially met. The MPH program has an identified set of 13 core competencies that address the domains of analytical and assessment skills, communication skills, cultural competency skills, leaderships and management skills, and public health science skills. The BSPH program has a set of 17 core competencies in the same domains.
The MPH program also has nine concentration competencies that address policy development and planning, cultural competency, community dimensions of practice, and leadership and management. The bachelor’s-level global health concentration has 11 concentration competencies that address the same areas.

The BSPH competencies are appropriate for the degree level and area of specialization. Upon review, site visitors found that the competencies, both core and concentration, mapped well to the coursework and the specific learning objectives within the syllabi.

Prior to the department’s initial review in 2013, the Curriculum and Evaluation Committee undertook a systematic review of the core competencies seeking input from adjunct faculty, students, and a consultant. Primary faculty reviewed and discussed the competencies adopted by two organizations, ASPPH and the Council on Linkages. Reviewing the competencies from ASPPH and COL, the program was able to assess which of the competencies being taught were most essential to a practitioner in an MPH program. From this process, a list of 13 competencies was derived. The competencies were then put into table format to determine which courses introduced and reinforced each competency. Faculty members were asked to provide this information based on their courses; if any inconsistencies were found across course sections, faculty members and program leaders met to discuss modifications to ensure that students were learning the same material across all sections. During the site visit, it was noted that the department uses the competencies to inform its teaching, as opposed to the courses informing the matrix, and reviewers were pleased to see this approach.

With the addition of the BSPH program, core and concentration competencies were developed by primary faculty and sent to members of the Curriculum and Evaluation Committee and the Advisory Board for suggestions and approval.

The department hosts an annual meeting to bring together primary and 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 the core and concentration competencies. At the end of each academic year, the results of the degree completion survey and the preceptor survey evaluations are reviewed by the department chair for areas that students identify that reflect changing needs of the curriculum, competencies, and learning modalities. For example, it was noted on site that student feedback prompted the change from the environmental course being offered online to strictly a face-to-face format.
During the site visit, students said that it was difficult to understand how the MPH competencies fit into their internship and capstone projects. Students from the BSPH program said that they were unaware of the purpose of competencies but did recall seeing them on syllabi.

The first concern relates to the lack of advanced-level MPH core competencies. Competencies such as “describe the characteristics of a population-based health problem,” “reference public health data sources,” “identify gaps in information,” and “identify core contributions of the basic public health sciences” are not reflective of skills appropriate for graduate-level learning. Site visitors noted that syllabi list in-depth learning outcomes that are different from the competencies mapped to each course. The learning outcomes are rigorous and in-depth skills covered in each course, while competency statements are unclear and underdeveloped. Reviewers had difficulty identifying the links between learning outcomes and listed competencies.

The second concern relates to the lack of developed and measurable MPH concentration competencies. Competencies such as “maps stakeholders who constitute the community linkages and relationships essential to involve in public health initiatives” and “adhere to an organization’s policies and procedures” are not fully developed, nor are they measurable. These skills cannot be taught and assessed through coursework. Concentration competencies such as “describe the organizational structure and policies of a public health agency,” and “identify strategies to address the public health needs of a defined population” overlap with core competencies. There is opportunity to better develop and distinguish concentration competencies to reflect the degree level as well as the community health concentration.

2.7 Assessment Procedures.

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

This criterion is partially met. The MPH program has four evaluation instruments designed to measure students’ level of achievement of the core and concentration competencies. These instruments are the pre- and post-core competency survey, the preceptor evaluation, the capstone evaluation, and the degree completion survey. The program also uses two surveys that evaluate competencies gained during the program and their helpfulness on the job through use of the alumni and employer surveys.

The MPH program’s pre-competency survey assesses students’ self-reported level of competency on the 13 core competencies. Students also self-report any formal public health education, work, or volunteer experience prior to enrollment in the program. After completion of the internship experience, preceptors evaluate the student on key core competency areas demonstrated during the internship. Upon 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. Students then take a post-competency survey at the completion of the MPH program to measure their self-reported competence on the same list they encountered when they matriculated. The degree completion survey is also used for students to assess the program overall and to give faculty feedback regarding the strengths and weaknesses of the MPH program. The data from the exit survey is not reviewed until after graduation. The evaluation tools are reviewed by the department chair each summer and based upon the chair’s review, the Curriculum and Evaluation Committee establishes a list of issues to be addressed in a series of discussions during faculty meetings in the upcoming academic year.

During the site visit, students stated that they were comfortable voicing concerns and providing feedback to the faculty and department leaders. One example of how the department responded to their feedback was the changing of aspects of the environmental health course at the master’s level. When students noted frustration with the course, the faculty member was receptive and made changes. Students in the meeting said that they could see changes through semesters and appreciated the changes that have been made.

The BSPH program has an evaluation plan in place for when students move throughout the four-year degree. The BSPH degree also utilizes a pre-competency and a post-competency survey as well as an evaluation of competencies attained during the capstone, and a preceptor evaluation. Due to the infancy of the program, only the pre-competency survey has been implemented.

The concern relates to the limited competency assessment performed by faculty. For instance, only one of the four assessment measures is completed by a faculty member who is familiar with the MPH program competencies and expectations. One of the four assessment measures is completed by a preceptor using a grading rubric. The remaining two assessments are self-reported by students. During the site visit, faculty members noted that coursework grades do not factor in to how students are assessed on achievement and proficiency related to competencies.

The MPH program has a seven-year maximum time to graduation. Graduation rates for the last seven years have exceeded the CEPH threshold of 70%. The program presents graduation rates of 84.6% for 2011-12, 89.5% for 2012-13, 70.3% for 2013-14, 74.1% for 2014-15, and 89.7% for 2015-16.

Post-graduation outcomes for MPH students is tracked on a more informal basis using social media. Currently, the department reports placement rates of 100%, 85%, and 88% employment for years 2014-15, 2015-16, and 2016-17, respectively.
The BSPH program was added to the unit of accreditation in 2016; therefore, the program had not had any graduates at the time of the site visit and therefore no graduation rates to report.

**2.8 Bachelor’s Degrees in Public Health.**

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

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

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

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

**Capstone Experience:** students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor’s degree at the parent university. The experience may be tailored to students’ expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is partially met. The BSPH program requires four core knowledge courses, four concentration courses in global health, 12 credits of electives in the major, a practicum (field experience), and a six-credit senior capstone project. The core requirements include a course in epidemiology and additional coursework in biostatistics, environmental health, and health policy.

The same five primary faculty members who teach in the MPH program also teach in the BSPH program. Each faculty member has a different FTE allotment to the BSPH program, and some adjunct faculty members teach solely in the BSPH program.

The site visit team found it difficult to identify adequate preparation in social and behavioral sciences before the capstone course where program planning competencies are delivered and assessed. Faculty indicated that these competencies are spread across many other required courses, but also noted that a course dedicated to social and behavioral health might provide a stronger foundation in this area.
However, after further review and conversations with students and faculty members, it was determined that there is adequate coverage of the social and behavioral sciences.

The concern relates to the lack of definition for the field experience and capstone requirements. Since the program is new, the first cohort of students is expected to enroll in the capstone and field experience in spring 2019. Although the official program of study includes the capstone and field experience courses, specific requirements for these program elements had yet to be defined at the time of the site visit. The self-study document explains that the proposed internship and capstone courses are under review by the faculty for major revisions in the content and focus. During the site visit, faculty confirmed their commitment to getting these courses approved (with course proposals to be submitted to the university by October 2018) and ready for the first cohort to enroll in January 2019. Faculty noted that they do not have a contingency plan in place in case the courses are not approved in October.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met. The department offers four joint MPH degree options, as shown in Table 2. In all four options, students are required to complete all requirements of the standalone MPH program of study, along with the requirements of the partner degree. No MPH requirements are waived or reduced for joint program students. The program has defined a small number of courses that can count toward both degrees in all four joint options, with required courses in one degree counting as electives in the other degree. In all four options, the MPH field experience and capstone requirements have not been reduced or combined with other degree requirements. These joint degrees are well articulated, and during the site visit, students expressed satisfaction with the joint degree options.

Students may take the required MPH research methods course as a substitute for a research methods class in the other degree they are pursuing, with approval of their advisor. Students in the International
Peace and Conflict Resolution dual-degree may count an international health and human rights course as an elective in the MPH program. In the counseling dual-degree, students may take a theories and techniques of counseling course and a mental health and mental illness course as electives in the MPH program.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met with commentary. The public health faculty are actively engaged in community health research, focusing on areas such as maternal and child health, family planning, caregiver support, childhood obesity, medication compliance, and other public health issues. Currently, 80% (four of five) of primary faculty have published their research in peer-reviewed publications, and 100% have presented their work at professional meetings. Program faculty demonstrate significant accomplishments in meaningful scholarship, with eight peer-reviewed publications and 15 professional presentations in AY 2016-17 and 15 peer-reviewed publications and 26 professional presentations in AY 2015-16. Faculty have also produced scholarly reports, grant applications, community workshops, and community health projects.

The university requires that faculty spend 20% of their time on scholarly activity, which allows them to dedicate one day per week to research activities. Faculty can also apply for internal and external grants to support their work and are released from teaching over the summer, leaving them more time to work on
research activities. Tenured faculty may also apply for one semester or one year of sabbatical leave every seven years.

The faculty have developed a number of community-based research collaborations. Although none were funded by grants at the time of the site visit, several continue to produce scholarly work. Examples of local community collaborators include the Maternity Care Coalition, American Cancer Society, Fox Chase Cancer Center, National Alliance for Caregiving, Philabundance, Villanova University, and Penn Family Care.

Although the faculty did not have any grant-funded research in 2017-18, they have received $245,000 in grant funds over the past three years. When asked about the adequacy of grant funding during the site visit, faculty indicated that much of their research does not require funding. They expressed confidence that the lack of current funding does not hinder their productivity; however, they were actively engaged in trying to increase their grant submissions. For example, they recently launched an initiative called GRANT (Growing Research and Networking Together) that was designed to support faculty teams from across the college in the grant submission process.

The commentary relates to the opportunity for more student involvement in faculty research. During the site visit, faculty indicated that two graduate students receive graduate assistantships, which allow them to work with faculty. In addition, one faculty member said that an MPH student had worked with her on research projects in 2017-18, and they were able to present their research findings at a conference. Faculty noted that they are open to supporting students who wish to get research experience and said that students could help to analyze data sets or perform other duties on their personal research projects. However, opportunities within the department are scarce, and there is no structured method of involving students in faculty research. There is opportunity for the program to facilitate student engagement, both MPH and BSPH, in faculty research through a more structured approach.

Over the last three academic years, the department has met all of their targets for the defined outcome measures. The department set forth a target of 80% of tenured/tenure track faculty disseminating peer reviewed publications, and over the last three years they have almost met or met this target reporting numbers of 66%, 80%, and 80%. The department also has a goal of 60% of tenured/tenure track faculty member presenting at conferences, and have met that goal over the last three academic years reporting numbers of 100%, 80%, and 100%. The program has consistently met their research goals even considering the lack of grant funded research opportunities.

3.2 Service.

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.
This criterion is met. The program maintains a level of service 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. Faculty engage in local community health organizations, professional organizations, and scholarly service. Throughout the site visit, it was evident to reviewers that these activities enhance faculty teaching and mentoring of students and foster service that is responsive to community needs. Service activities are recognized within a formalized promotion and tenure review process.

The Public Health Student Society 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. Feedback received during the site visit indicated that students would like to see even greater involvement by the organization in service activities. Student contributions to service activities outside their academic requirements are documented via the degree completion survey administered at the end of the capstone each year.

Over the next couple of years, the department plans to develop a more focused service agenda based on the expertise and individual talents of the primary faculty.

The department has determined two outcome measures to measure faculty involvement in service. The two measures are faculty involved in service to Arcadia University, with a target of 100%, and Faculty involved in service to community public health organizations, with a target of 80%. The department has succeeded in meeting these targets in all but one year, where they only had 60% of faculty involved in service to Arcadia University. This was due to the addition of newly appointed assistant professors, who are exempt from College and University committee service responsibilities for the first year on campus.

### 3.3 Workforce Development.

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

This criterion is met. The program surveys public health organizations in the immediate region to assess workforce development needs and preferences in the delivery of continuing education, with a new survey assessment planned to occur in 2018-19. The workforce development survey occurs on a rolling basis with the alumni and employer surveys. The last workforce development survey occurred in academic year 2015-2016 and it is set to occur again this coming academic year.
There are a few 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 and symposia the department has hosted over the last two years. The program sponsored a federal grant workshop hosted by the US Department of Health and Human Services during National Public Health Week in 2017. This grant workshop was attended by 66 participants 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. The program also offered a symposia series over two years that focused on the opioid crisis in America. The first installment of the symposium included 223 attendees with 19 vendors hosting information booths and 11 student volunteers. During this installment, the Montgomery County Department of Public Safety provided dummies for attendees to learn how to administer Narcan safely in an overdose emergency. The program has plans to collaborate with the Montgomery County Department of Public Safety and Montgomery County Community College to offer continuing education in the area of emergency medical services.

The majority of workforce development opportunities are offered once per year during National Public Health Week in early April. While the current offerings provide development opportunities for professionals, the self-study indicates that they have not been planned in time to apply for relevant public health continuing education credits (e.g., CHES). The department has stated its dedication to planning and offering development opportunities in time for professionals to apply for relevant continuing education credits in the future.

Interviews with faculty during the site visit indicated that they 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 these collaborations. Alumni and Advisory Board members also exhibited a keen interest for more workforce training focused on particular topics of need such as GIS mapping and other statistical programming.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is partially met. The department has a complement of five qualified primary faculty. Four primary faculty members have a terminal degree from a CEPH-accredited school or program in the area in which she teaches. The department also has a complement of 11 non-primary faculty members who
share teaching responsibilities with the primary faculty. Of the non-primary faculty, all have degrees in public health, and a majority have practical experience in the area in which they teach. Eight of the 11 adjunct faculty members hold master’s degrees as their highest degree level achieved.

The concern relates to the proportion of courses taught by adjunct faculty with limited qualifications that align with areas of instructional responsibility. MPH students told site visitors that they were concerned with the fact that at least 27 of the required 42 credits are taught by adjunct faculty members, rather than primary faculty members. This includes courses such as epidemiology, biostatistics, environmental health, theories of health promotion and health behavior, and social determinants of health. For example, the environmental health course can be taught by two adjunct faculty members, one with an MPH in community health and the other with an MPH in health promotion. Upon further review of the adjunct faculty members’ currency in the field, it was determined that although one of these adjunct faculty members has a personal interest in environmental health, there has been no formal training in the field. Additionally, the program planning and evaluation course has been taught by two different faculty members. Neither faculty member has a doctoral degree nor do they have apparent professional experience in program planning and evaluation. One faculty member received her master’s degree in 2015 and only began a position utilizing program planning and evaluation in July of 2017, providing little evidence of the history or depth of experience that would be appropriate for providing graduate-level instruction. The second faculty member teaching the program planning and evaluation course has extensive knowledge and experience in the area of teaching sexual health education, however there is no evidence of program planning or evaluation work in her CV.

Students in the MPH program noted that they felt as though faculty qualifications and credentials were sometimes stretched in terms of course assignments. Students also stated that they felt as though knowledge base was limited at the adjunct faculty level. During the site visit, department leaders acknowledged the need for adjunct faculty who represent a better fit in terms of qualifications. Leaders expressed a commitment to searching for the best candidates and to providing classroom and instructional training for adjunct faculty members. Student comments coincide with the reviewers’ evaluation of adjunct faculty credentials and qualifications. In contrast, students in the BSPH program felt as though they received a good amount of attention from faculty members but reiterated that they felt as though adjunct faculty were not necessarily qualified to teach all of the courses assigned to them.

Faculty leaders stated that when looking to hire adjunct faculty members, intent to make a long-term commitment to teaching at Arcadia is at the forefront of the decision to hire, rather than seeking a match for specific courses. Program leadership stated that many of the adjunct faculty hires occur not through a faculty search, but through the individuals seeking out the program to gain teaching experience. It was also noted that individuals with an MPH are typically chosen because they bring the practice side to the
classroom, as opposed to purely research. While this is sound logic, students said that public health practitioners also tend to lack experience in course instruction, which can make learning more difficult and this was reiterated on site by department leadership.

Through a review of education, experience, and on-site discussions, reviewers were unable to verify that all faculty members in the program are sufficiently qualified to provide instruction in the MPH program.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The university provides a written faculty handbook that details an array of personnel policies and procedures related to organizational guidance, codes of conduct, employment contracting, academic policies, faculty development, decision authority, and others. The document is available on the website for employees.

Faculty performance is reviewed on a regular basis using student course evaluations, faculty annual reports, and promotion and tenure review. Students rate the quality of courses on a survey that includes closed-item and open-ended questions. Results are shared with the faculty member, chair of the department, and program director (for the BSPH degree) to discuss student concerns and adjust course delivery as needed. Faculty also complete annual written self-assessments of their performance in teaching, research, and service. Faculty receive constructive feedback on their performance from the chair, dean, and provost and have a chance to meet with the chair and dean to discuss opportunities for improvement moving forward.

For promotion and tenure, faculty complete three separate reviews. The pre-tenure review occurs after the third year and is led by the faculty member’s outside mentor to ensure that the faculty member is progressing adequately toward tenure standards. After six years, the faculty member can apply for tenure and promotion. Although the approvals for tenure and promotion are separate, both involve reviews at multiple levels throughout the university, and both are based on meeting the same standards of achievement in teaching, scholarship, and service. During the site visit faculty made it clear that they are aware of the promotion and tenure process and that they were satisfied with the overall process.

The university offers a variety of recurring opportunities for faculty development, including a faculty mentor from outside the home department, monthly teaching workshops, annual teaching conferences, periodic leadership development workshops, and weekly technology training sessions. The university also
provides a number of financial supports for continued faculty development, which include paid sabbaticals every seven years, reimbursement for travel to conferences and tuition at other institutions, an endowed chair position, competitive research awards, small internal research grants, stipends for online course development, and funding for graduate assistants.

4.3 Student Recruitment and Admissions.

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

This criterion is met with commentary. The department has a well-developed recruitment and admissions policy that is designed to attract a qualified pool of MPH applicants who will complete the program and become competent public health practitioners in community health. The Enrollment Management Office provides recruitment materials, processes and manages applications, and notifies applicants of admissions decisions.

Recruitment for BSPH students is conducted by the Office of Enrollment Management through a series of open houses. Students who attend these open houses are granted a certificate that waives the application fee. Primary faculty from the department attend these open houses to meet with prospective students and families to discuss the program and undergraduate life at Arcadia. Families traveling more than 250 miles are eligible to apply to the Arcadia University Campus Visit Grant to ensure that they can visit campus during their college search. BSPH recruitment efforts are also focused on Arcadia University students who have an undeclared major.

The program has clearly defined admissions criteria and uses a portfolio review approach to ensure that admitted students are likely to meet the demands of the curriculum. The program has specific conditions for admission of students who may be qualified if they correct specific deficiencies prior to matriculation.

There are no minimum admissions requirements for BSPH students, however the university conducts a holistic review of the candidate, taking into consideration high school transcripts, high school GPS, SAT or ACT scores, and a letter of recommendation.

Dual degree students applying to the MMS/MPH program apply through the CASPA (physician assistant) system and are initially reviewed through the MMS program. If accepted, the MMS and MPH Admissions Committees jointly interview the candidates. If an applicant is not accepted to the MMS program, he or she is still considered for acceptance to the MPH program. For DPT/MPH applicants, only applicants who are accepted into both programs are admitted. For the MAC/MPH and MA/MPH, students can be admitted into either or both programs.
The Enrollment Management Office provides open houses each semester for students interested in full-time and part-time graduate and undergraduate programs. The department participates in these open houses each semester so that staff can reach students interested in the MPH degree alone, one of the joint degree options, or the BSPH program.

Public health faculty and staff represent Arcadia University at conferences and by sitting on steering committees to promote the public health degrees. The university also provided support for ASPPH membership in 2017-18, which allowed for additional opportunities to promote the MPH and BSPH programs via SOPHAS and related graduate school fairs.

The dual degree options contain the majority of MPH students and are the largest draw for applicants. Enrollment in the BSPH program is also rapidly growing, which signifies adequate recruitment strategies.

The commentary refers to a discrepancy between the stated policy and goal balancing enrollment to include qualified applicants for the programs defined underrepresented groups, and the department’s actual procedures for doing so. The program has identified underrepresented individuals, however the recruitment policies and procedures do not reflect the intention to recruit individuals from that identified group.

The department set four outcome measures they use to evaluate success in enrolling a qualified student body. The department has measures related to GRE scores (80% of students meet the department set qualifications), GPA (student body has a GPA of 3.0 or higher), public health experience (60% of students have volunteer or work experience in some aspect of public health), and TOEFL scores for international students (90% of students will have at least a score of 19 on each of the TOEFL sections). Over the last three academic years, the department has met many of the targets, however they have struggled to meet the requirements for GRE scores as well as overall GPA. Because of this, the department conducted a brief study on student’s current GPA in the MPH program and their GRE scores at the time of the application. It was found that GRE scores were not highly correlated with GPA in the MPH program. The primary faculty decided that the next few cohorts would be monitored using this process and after these three cohorts are analyzed, the department chair will bring these findings to a faculty meeting to discuss if the GRE requirement needs revision in the future.

4.4 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.
This criterion is partially met. New students in the MPH and BSPH programs 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. Although new faculty receive a university faculty handbook that delineates advising responsibilities and meet with the department chair if they have questions regarding departmental advising, they generally do not have advising responsibilities in their first academic year.

The university’s 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 noted onsite that they found these services useful and satisfactory based upon survey results. Students noted that they use the writing center for help on resumes and LinkedIn profile reviews and the practice interview service offered. Students are asked to evaluate their satisfaction with advising and mentoring primarily throughout the capstone/integrative learning experience on the degree completion survey.

The BSPH director is reportedly developing 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 is expected to administer evaluations with the first graduating class (May 2019).

The concern is that there are no evaluation instruments to gauge student satisfaction with advising and career counseling at the bachelor’s level. While these instruments were under development at the time of the site visit, no data were available at the time of the review.
Monday, April 23, 2018

9:30 am  Meeting with Program Chair
          K. DiSantis

10:00 am  Break

10:15 am  Meeting with Program and Department Administration
          K. DiSantis
          D. Gordon
          K. Whitmore

11:15 am  Break

11:30 am  Meeting with Faculty Related to Curriculum and Degree Programs
          K. DiSantis
          H. de Vries McClintock
          M. Longacre
          D. Gordon

12:30 pm  Break

1:00 pm  Lunch with Students
          E. Kaye
          W. DebRoy
          E. Feathers
          T. Phileogene
          N. Greenwood
          M. Marino
          E. Romulus
          C. Ripley
          M. Lai

2:00 pm  Break

2:15 pm  Meeting with Faculty Related to Research, Service, Workforce Development, and Faculty Issues
          H. de Vries McClintock
          M. Longacre
          D. Gordon
          A. Crivelli-Kovach

3:15 pm  Break

3:30 pm  Meeting with Program Chair
          K. DiSantis

4:15 pm  Break

4:30 pm  Meeting with Alumni and Community Representatives
          C. Cohen
          L. McGann
          J. Erb
          S. String
          N. Voges
          N. Rose
          K. Smith
Tuesday, April 24, 2018

9:00 am  Meeting with Institutional Academic Leadership/ University Officials
         S. Crenshaw
         R. Craik

9:30 am  Break

9:45 am  Meeting with Preceptors
         J. Fink
         B. Pasquale
         K. Pulliam
         E. Gonzalez

10:15 am  Break

10:30 am  Executive Session and Report Preparation

12:30 pm  Exit Briefing

1:15 pm  Team Departs