



IUPUI

RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH

INDIANA UNIVERSITY

Indianapolis

PRAC Annual Report

2014-2015

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SCHOOL OVERVIEW

The IU Richard M. Fairbanks School of Public Health (RMFSPH) is dedicated to the pursuit of health for all people. Health is defined as the capacity to develop full human potential, not simply the absence of disease. In promoting the health of communities, we emphasize the prevention of disease and injury and recognize the interconnectedness of the physical environment and ecosystem to the health of the community. We strive to ensure that the interests of the public are represented in health policies and practices and supports activities that promote this comprehensive view.

The School is committed to the principles of equality, shared decision-making, and a focus on the social, biological and environmental determinants of health which are central tenets of healthy communities and social justice. We embrace collaborative and participatory activities as a means of working collectively with other institutions and organizations in the community, across the state, nationally and internationally to ensure healthy communities and populations, a prerequisite for social justice.

In this annual PRAC report, we will present competencies for each academic program (which includes both undergraduate and graduate programs), assessment measures, procedures, and associated outcomes for each academic program, as well as upcoming plans for the 2015-2016 academic year.

ACCREDITATION STATEMENT

The IU Richard M. Fairbanks School of Public Health is proud to be fully accredited by the Council on Education for Public Health (CEPH) as of June 2015. Accreditation is the culmination of a rigorous multi-year process involving an extensive self-study and a site visit by an accreditation team. In order to achieve accreditation, schools are required by CEPH to conduct a self-evaluation and submit a lengthy report detailing how the school meets a variety of criteria, including the school's curricula, student learning outcomes, resources, research opportunities, and students/faculty interaction. An on-site visit by peer reviewers was then conducted to validate the findings of the self-study.

In addition to CEPH accreditation, the MHA program is accredited by the Commission on Accreditation Healthcare Management Education (CAHME), and the Environmental Health Science major of the BSPH program is accredited by the Environmental Health Science and Protection Accreditation council. The School is also a member of the Association of Schools and Programs of Public Health (ASPPH) and the Association of Schools of Public Health in the European Region (ASPHER).

ACADEMIC PROGRAMS

The Fairbanks School of Public Health offers the following academic programs:

- Bachelor of Science in Public Health (BSPH)
 - Community Health
 - Environmental Health Sciences
- Bachelor of Science in Health Services Management (BSHSM)
- Master of Public Health (MPH)
 - Epidemiology

- Health Policy and Management
- Biostatistics
- Social and Behavioral Sciences
- Environmental Health Sciences
- Master of Health Administration (MHA)
- Master of Science in Biostatistics (MS)
- Doctor of Philosophy (PhD)
 - Epidemiology
 - Health Policy and Management
 - Biostatistics

ASSESSMENT

Competencies

For each degree program and area of specialization within each program identified, there are clearly stated competencies that guide the development of degree programs. According to CEPH, the school must identify competencies for graduate professional public health, other professional and academic degree programs and specializations at all levels (bachelor's, master's and doctoral).

The faculties in the RMFSPH monitor and evaluate student progress in each of the academic programs to determine if competencies have been achieved. This is done through course requirements (assignments, exams, presentations, papers), internship experiences, and culminating experiences. Each program has an Academic Progress Review Committee that meets at least once a semester to monitor and evaluate student progress. Program-specific competencies are shared below.

Members of the faculty use competencies developed by their profession to determine the appropriate knowledge, skills, and abilities for each academic program. The ASPPH competencies were reviewed to determine the appropriate competencies for the MPH program and each of the five concentrations. The CAHME competencies were reviewed to determine the appropriate competencies for the MHA program. Competencies are reviewed and refined by the committees that oversee each academic program. The competencies for the MS in Biostatistics and the three PhD Programs were developed by the faculty in the Departments of Biostatistics, Epidemiology, and Health Policy and Management.

Once competencies are developed for each program, they are used to drive the curriculum. The competencies are available to students on the website and in the student handbooks. They are also linked to objectives and assignments in the course syllabi, on the internship proposal form, and in the capstone course or the final project proposal form.

Assessment Measures

The RMFSPH uses both direct and indirect assessment measures to ascertain what students have learned. *Direct assessment* measures used by the school include a rigorous analysis of student research papers, class projects, performance in the internship upon completion of the core courses, e-portfolios, capstone course assignments, final concentration projects, qualifying exams and dissertations. These direct measures indicate to the faculty the level at which students have acquired the knowledge and skills as a result of their education. For example, the MPH internship preceptor/mentor evaluates student performance at the mid-point and end of the internship. The preceptor and faculty advisors evaluate the MPH final project papers, and multiple faculty members evaluate the MPH final project/capstone poster presentations.

Indirect assessment methodologies used by the school include employer surveys, student surveys, the number of students who successfully progress through the program, the number of students who are employed after graduation, and exit interviews conducted just before or after students graduate. The learning objectives addressed in each course, internship or culminating experience are outlined in syllabi and are competency-driven.

Assessment Procedures

The faculties in the RMFSPH monitor and evaluate student progress in each of the eight academic programs to determine if competencies have been achieved. This is done through course requirements (assignments, exams, presentations, papers), internship experiences, and culminating experiences. Each program has an academic progress review committee that meets at least once a semester to monitor and evaluate student progress.

BSHSM Program: The Bachelor of Science in Health Services Management degree consists of requirements designed to track the AUPHA (Association of University Programs in Health Administration) certification criteria. The curriculum provides students with knowledge and skills in the following competency areas: general management; health services management; health services applications; and health services integration. Competence in these areas is assessed by faculty through student performance in the practicum (H365) or the internship (H380), and by student performance in the applied health services management capstone experience (H474).

BSPH Program: In the Bachelor of Science in Public Health, students in the Environmental Health major complete either the Environmental Health Science Internship (A380) or the Public Health Field Experience (A466) to demonstrate their competencies. In the CH major, students complete the Applied Capstone Seminar (A400) or the internship in CH to demonstrate their competencies. Faculty in the Environmental Health and Community Health majors assess students' competencies through these practical experiences as well as didactic course work.

MPH Program: In the MPH Program, when students plan their internship, they work closely with their faculty advisor to identify the core and concentration competencies that will be addressed during the internship. The student, faculty advisor, and preceptor sign the internship agreement form outlining the competencies for the practical experience. The preceptor and faculty advisor evaluate whether the student has met the competencies at the conclusion of the internship.

The MPH culminating experience is accomplished through completion of either a final concentration project or the capstone course. In preparation for the final project, students work with their faculty advisor and preceptor to identify the core and concentration competencies that will be addressed during the project experience. The identified competencies are evaluated by the preceptor and faculty advisor upon completion of the project and poster presentation. The option of completing the capstone course is available to students in two concentrations: Health Policy and Management and Social and Behavioral Sciences. The core and concentration competencies in the capstone course are outlined in the course syllabi and students identify the competencies that will be addressed by the various projects and papers assigned in the course. All MPH students, regardless of whether they complete a final concentration project or capstone course, prepare a paper and a poster to present to faculty, staff, students, and community partners. Each paper is evaluated by the capstone course instructor, and each poster presentation is evaluated by at least two faculty members who complete an evaluation form and submit it to the faculty advisor as part of the final grade for this experience. Following the poster sessions each term, faculty members discuss the strengths and weaknesses of the student presentations during departmental faculty meetings and in the MPH Program Committee meeting.

MHA Program: MHA Students complete a group capstone project in a healthcare setting. The Capstone Project Competency Evaluation forms are summarized, analyzed, and evaluated regarding their command and proficiency of the program competencies and their application in practice. The Capstone Project Competency Evaluation forms are completed by the course instructor with input from the respective capstone sponsor of the project. Methods for input and feedback on competencies include: the initial Capstone Project Proposal document that includes anticipated competency content areas for the project; initial project outline submitted by the student; initial and interim sponsor meeting reports; instructor interaction, monitoring, and coaching of student on project during the semester; in-class project presentation made by student; project presentation to sponsor and instructor; written report submitted to sponsor and instructor; and feedback from sponsor. The MHA Program Committee may make recommendations for any

appropriate changes to future capstone projects or related processes for ongoing performance improvement purposes.

MS Program: MS students have the choice of completing either a comprehensive exam or a master's thesis. Evaluation of student progress in achieving the program competencies is conducted through one of these two mechanisms.

PhD Program: Monitoring of student progress in achieving the expected competencies of the PhD programs is done through evaluation of students' performance in the following areas: didactic courses for the major and minor, qualifying examination, research and writing phases of the dissertation, and oral defense of the dissertation.

In addition to the culminating experiences just described, students in the MPH, MS, and PhD programs who meet the competencies in each course earn a grade of "B" or higher. Students who do not demonstrate competence earn a grade of "B-" or lower and must repeat the course if it is required (i.e. not an elective course). The MHA students who meet competencies for each course will earn a grade of "C" or higher; students who do not earn a grade of "C" or higher in a required course must repeat the course. Undergraduate students must maintain a minimum grade point average (GPA) of at least 2.5 in all of their coursework.

Outcomes

Degree Completion Rates

The tables in Appendix I share outcomes by which the RMFSPH evaluates student achievement in each program. The degree completion rates for the PhD, MPH, MHA, and bachelor's degree programs are reflected. Students in the MPH and MHA program have up to five years to complete their degree. As students approach the five-year window, they are sent a notice reminding them the degree must be completed within five years. If there are extenuating circumstances, students can petition for an extended window of time, which is usually granted by the Admissions Committee in consultation with the Academic Program Review Committee. Doctoral students have up to seven years after passing the qualifying exam to complete the PhD degree. The attrition rates for the PhD programs are also reflected in these tables.

Student Achievement

Other outcomes by which the RMFSPH evaluates student achievement are shared in Appendix II.

Graduates Performing Competencies

The RMFSPH conducts assessments of its graduates' ability to perform competencies in a variety of ways, including periodic e-surveys of students and alumni, as well as regular discussions with employers and other relevant stakeholders. The surveys are conducted using Survey Monkey™ and include questions regarding attainment of programmatic competencies, strengths and weaknesses of academic preparation, and emerging training/educational needs in the field. These surveys have been conducted at least once every three years as a program, and they will continue to be conducted at least once every three years as a school.

The May MPH employer e-survey captured feedback from 41 respondents, 95% of whom work in the health related field. When asked how well they think the RMFSPH MPH Program prepares students for jobs in public health, 60% indicated that the program prepares students *very well*, 40% indicated *moderately*, and 0% indicated *poorly*. When asked about specific gaps or weaknesses in academic preparation for the job, employers' who supervise the MPH graduates had the following comments:

- *They are well-prepared academically, but lack experience.*
- *As a group, I did not notice any specific gaps or weaknesses.*
- *Writing skills are not especially strong.*
- *Generally solid preparation. Would recommend more skills in geospatial analysis, economic analysis, statistical methods for epidemiology, etc.*
- *Find the recent grads to be better prepared than those from the past. Ongoing challenge of balancing academic vs. public health practice experience ... not sure how the school can address*

- this. Seems that study of non-communicable conditions could better balance disease background and analytic methodologies.*
- *Lack the ability to perform basic research in areas outside their academic areas.*

When asked about specific strengths in academic preparation for the job, employers' who supervise the MPH graduates had the following comments:

- *Epidemiology skills.*
- *Understanding the health needs and outcomes of patients.*
- *Use of analytic tools (SAS) seem to be strong. In the case of this individual, writing skills are very good. Good foundation in epidemiology.*
- *Stronger analytic skills, broader exposure to methodologies an content specific to my area.*
- *Good connection between legislation and policy. Strong research, organizational and analytical skills.*
- *They seem to have an excellent understanding of public health. One is exceptionally strong in epidemiology.*

In addition to e-surveys, employers and stakeholders provide regular information to the school regarding graduates' ability to perform competencies through feedback in regular standing committee meetings, planning retreats, and meetings with the leadership of state and local health departments. Input is obtained on a regular basis in the following ways:

- a) During quarterly meetings of the MPH Community Practice Committee comprised of employers, preceptors and community partners;
- b) From the dean's National Advisory Committee comprised of national and state leadership;
- c) From hospital and health department leadership during the RMFSPH strategic planning retreats;
- d) From adjunct faculty who practice in the field; and
- e) During meetings among the Indiana State Health Commissioner, the dean, and the associate dean for public health practice who holds a joint appointment between the school and the state health department;
- f) During alumni association meetings.

PLANS FOR AY 2015-2016

The Fairbanks School of Public Health continues to grow in size, and so do our goals and plans. Over the 2015-2016 academic year, for example, the School will be establishing its own Honors Program, increasing the number of courses eligible to be submitted to the General Education Core, and establishing more intentional career services efforts.

1. RMFSPH established an Honors Program over the summer in 2015. Eligible students (at least a 3.5 GPA, between 12 and 42 completed credit hours) were invited to apply in order to be accepted to the program. Admitted students will be required to maintain a 3.3 semester and cumulative GPA, earn a grade of 'B' or better in all honors courses, and complete 24 honors credit hours (15 in RMFSPH) in order to graduate with Honors Notation.
2. Currently, the RMFSPH has one course in the General Education Core – Biostatistics (PBHL-B300). As the School continues to expand reach to undergraduate students, we recognize the need to have courses on the General Education Core. Three courses from the RMFSPH will be submitted to the General Education committee this fall.
3. The RMFSPH recently created and filled a new staff role that will focus on building the School's career services efforts. This is an area of need identified by our students. Sarah Johnson was hired in August and will spend the 2015-2016 academic year creating new materials on career options for Bachelor's-level students, hosting professional development sessions for undergraduates and graduates, and providing one-on-one career coaching to all students as well.

Appendix I: Graduation and Attrition Rates

PhD-Biostatistics: Graduation and Attrition Rates

Cohort of Students		12-13	13-14	14-15
2012-13	# Students continuing and new	4		
	# Students withdrew, dropped, etc	0		
	# Students graduated	0		
	Cumulative graduation rate	0%		
	Cumulative attrition rate	0%		
2013-14	# Students continuing and new	4	3	
	# Students withdrew, dropped, etc	0	0	
	# Students graduated	0	0	
	Cumulative graduation rate	0%	0%	
	Cumulative attrition rate	0%	0%	
2014-15	# Students continuing and new	4	3	5
	# Students withdrew, dropped, etc	0	0	0
	# Students graduated	0	0	0
	Cumulative graduation rate	0%	0%	0%
	Cumulative attrition rate	0%	0%	0%

PhD-Epidemiology: Graduation and Attrition Rates

Cohort of Students		12-13	13-14	14-15
2012-13	# Students continuing and new	2		
	# Students withdrew, dropped, etc	0		
	# Students graduated	0		
	Cumulative graduation rate	0%		
	Cumulative attrition rate	0%		
2013-14	# Students continuing and new	2	2	
	# Students withdrew, dropped, etc	0	0	
	# Students graduated	0	1	
	Cumulative graduation rate	0%	7%	
	Cumulative attrition rate	0%	0%	
2014-15	# Students continuing and new	2	2	2
	# Students withdrew, dropped, etc	0	0	0
	# Students graduated	0	0	0
	Cumulative graduation rate	0%	0%	0%
	Cumulative attrition rate	0%	0%	0%

PhD-Health Policy and Management: Graduation and Attrition Rates

Cohort of Students		12-13	13-14	14-15
2012-13	# Students continuing and new	6		
	# Students withdrew, dropped, etc	1		
	# Students graduated	0		
	Cumulative graduation rate	0%		
	Cumulative attrition rate	17%		
2013-14	# Students continuing and new	5	5	
	# Students withdrew, dropped, etc	0	0	
	# Students graduated	0	0	
	Cumulative graduation rate	0%	0%	
	Cumulative attrition rate	17%	0%	
2014-15	# Students continuing and new	5	5	3
	# Students withdrew, dropped, etc	0	0	0
	# Students graduated	0	0	0
	Cumulative graduation rate	0%	0%	0%
	Cumulative attrition rate	17%	0%	0%

MPH: Graduation and Attrition Rates

Cohort of Students		12-13	13-14	14-15
2012-13	# Students continuing and new	66		
	# Students withdrew, dropped, etc	4		
	# Students graduated	0		
	Cumulative graduation rate	0%		
	Cumulative attrition rate	6%		
2013-14	# Students continuing and new	62	77	
	# Students withdrew, dropped, etc	4	2	
	# Students graduated	15	0	
	Cumulative graduation rate	23%	0%	
	Cumulative attrition rate	12%	3%	
2014-15	# Students continuing and new	43	75	62
	# Students withdrew, dropped, etc	0	1	0
	# Students graduated	0	0	0
	Cumulative graduation rate*	23%	0%	0%
	Cumulative attrition rate	12%	4%	0%

MHA: Graduation and Attrition Rates

Cohort of Students		12-13	13-14	14-15
2012-13	# Students continuing and new	33		
	# Students withdrew, dropped, etc	6		
	# Students graduated	0		
	Cumulative graduation rate	0%		
	Cumulative attrition rate	18%		
2013-14	# Students continuing and new	27	37	
	# Students withdrew, dropped, etc	0	0	
	# Students graduated	18	0	
	Cumulative graduation rate	55%	0%	
	Cumulative attrition rate	18%	0%	
2014-15	# Students continuing and new	9	34	26
	# Students withdrew, dropped, etc	0	0	0
	# Students graduated	0	0	0
	Cumulative graduation rate	55%	0%	0%
	Cumulative attrition rate	18%	0%	0%

BSPH: Graduation and Attrition Rates

Cohort of Students		12-13	13-14	14-15
2012-13	# Students continuing and new	17		
	# Students withdrew, dropped, etc	0		
	# Students graduated	0		
	Cumulative graduation rate	0		
	Cumulative attrition rate	0%		
2013-14	# Students continuing and new	17	36	
	# Students withdrew, dropped, etc	1	0	
	# Students graduated	2	0	
	Cumulative graduation rate	12%	0%	
	Cumulative attrition rate	6%	0%	
2014-15	# Students continuing and new	14	35	13
	# Students withdrew, dropped, etc	0	1	0
	# Students graduated	0	0	0
	Cumulative graduation rate	12%	0%	0%
	Cumulative attrition rate	6%	3%	0%

*BSHSM: Graduation and Attrition Rates**

Cohort of Students		14-15
2014-15	# Students continuing and new	33
	# Students withdrew, dropped, etc	0
	# Students graduated	0
	Cumulative graduation rate	0%
	Cumulative attrition rate	0%

* This program was not part of the prior unit of accreditation; data is being collected moving forward.

Appendix II: Other Outcomes

Outcome Measure	Target	2012-2013 Cohort started 2006- 2007	2013-2014 Cohort started 2006-2007
The degree completion rates for all degrees will meet the targets each year	60% for PhD Degrees 70% for MPH Degree 70% for MHA Degree 70% for MS Degree 70% for BS Degrees	* 70% 79%** N/A ***	* 72% 100%** N/A ***
Alumni one year after graduation will confirm that the curriculum adequately prepared them for employment or further education in their field	80% of alumni respondents will confirm curriculum adequately prepares graduates for employment or further education	N/A	87.5%
Employers of graduates one year after graduation will confirm that the curriculum adequately prepared graduates for employment in their field	80% of employer respondents will confirm curriculum adequately prepares graduates for employment	N/A	100% <i>Very well=60%</i> <i>Moderately=40%</i> <i>Poorly=0%</i>

* The Biostatistics PhD degree information is not available prior to the establishment of the RMFSPH. The remaining PhD degrees did not exist for these cohort years.

** The MHA degree information is available from the CAHME accreditation prior to the establishment of the RMFSPH.

*** The BS degree information is not available prior to the establishment of the RMFSPH.