

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
LOYOLA UNIVERSITY CHICAGO

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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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 Loyola University Chicago (LUC). 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 February 2015 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.

Founded in 1870, LUC is a private, Jesuit-Catholic university. Loyola has a rich Jesuit-Catholic identity and heralds itself as a steward of Roman Catholic tradition and Ignatian heritage. The institution embraces the following values and priorities: ethical behavior, faith and reason, respect for all faiths, social responsibility and global solidarity, among others.

LUC is comprised of four campuses, with three in the Chicago metropolitan area: the Lake Shore, Water Tower and Health Sciences Division campuses. LUC enrolls nearly 16,000 students in its 10 academic colleges and schools and has over 4,000 faculty and staff. The Health Sciences Division Campus, located in Maywood, IL, contains the Loyola University Health System, the Graduate School's biomedical research programs, the Marcella Niehoff School of Nursing (SON) and the Stritch School of Medicine (SSOM). The degree granting schools and programs of the Health Sciences Division Campus collectively comprise LUC's Health Sciences Division (HSD). The mission of the HSD is to improve human health in local and global communities and to advance interprofessional, multidisciplinary and transformative education and research excellence while promoting service to others through stewardship of scientific knowledge and preparation of tomorrow's leaders.

One of 10 graduate programs of the SSOM, the LUC Master of Public Health (MPH) program was established in 2009 as a program of the Department of Public Health Sciences (PHS), which was formerly known as the Department of Preventive Medicine and Epidemiology. The MPH program offers two tracks: epidemiology and public health policy and management (PHPM). Consistent with the institution's values of social responsibility and global solidarity, the program is committed to creating leaders trained to advance the quality and accessibility of health care by bridging gaps along racial/ethnic and socioeconomic lines and by addressing the educational and societal conditions that contribute to disparities.

The current accreditation review constitutes the LUC MPH program's first CEPH accreditation review.

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 MPH program at LUC. Since 1921, LUC has been accredited by the Higher Learning Commission (HLC). The institution's last reaffirmation of accreditation was granted in August 2005, with the next accreditation review scheduled for spring 2015. In embracing the vision and values common to public health, the program aims to produce graduates who demonstrate an awareness of the health care accessibility inequities and social and behavioral factors that contribute to health disparities. Using the city of Maywood and neighboring cities as the setting for community-based learning, the program is seeking to tap into greater opportunities that will expand the scope of practical training and outreach for students. The program functions as a collaboration of disciplines drawing on faculty with training in social psychology, applied mathematics, medicine, public health, exercise science and law, among others. The program has the faculty, physical, financial and learning resources to provide the breadth and depth of public health education.

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 program has a clear and concise mission statement with supporting goals and objectives. The program's mission is as follows:

The Master of Public Health Program exists to prepare public health leaders to improve global health, with a focus on eliminating health inequities, through a transformative education, rigorous research, and active community engagement.

The MPH program's mission reflects the history of LUC as the largest Jesuit university. There is a strong emphasis on global health and local community engagement and ensuring that students make a personal connection to the work, reflect on it and transform themselves through it. Faculty, students, staff and administrators spoke to the program's dedication to the mission and the historical roots and reputation of the program in the LUC community.

The MPH faculty designed the mission, goals and objectives through a strategic faculty retreat in June 2013, followed by a process through which they gained input from program constituents and chose a mission statement from among three options. It was evident to the site visit team that program administrators, faculty and students were engaged in the development and selection of the mission statement. While external stakeholders were not involved in drafting the language for the mission statement, they were asked to cast their vote on the three potential options. During the site visit, some external stakeholders expressed the desire to have been involved in earlier stages of the mission development process, such as drafting the initial mission statement options.

The mission, goals and objectives are regularly monitored by the MPH Accreditation Committee and are intended to be reviewed and revised as needed at the annual June faculty retreat. The program widely promotes its mission, goals and objectives with faculty, students and the community at large, and they are published on the program's website and in the MPH Student Handbook.

The mission is supported by three goals in the areas of instruction, research and service. Each of these goals is supported by several specific measurable objectives. The MPH program has adopted and is committed to upholding a broad vision rooted in the mission of LUC and holds seven values: social justice, collaboration, scholarship, critical thinking, advocacy, professionalism and ethical behavior and humility. Each value is accompanied by an explanation of how it is interpreted in the MPH program. The values of the MPH program are posted on the MPH website.

The concern is a lack of one shared public health vision across internal and external entities that possess an interest in public health. The HSD, SSOM, PHS Department, health departments and community-based organizations all appear to be concerned with and engaged in public health-related activities and discussions. Yet, it does not appear that the program has harnessed or has been an intentional beneficiary of the activities and plans of these entities. There are numerous puzzle pieces that together demonstrate how the public health mission can be operationalized, but these pieces are not systematically integrated together, nor articulated collectively by program administration. It is evident that numerous components of the program have been formalized in the last 18 months, but program administrators have not yet woven these components together into one clearly articulated vision that aligns with the public health activities and goals of closely-related entities. In addition, university administrators envision a new strategic direction around health disparities with the potential combination of community service in the SSOM, the HSD's Institute for Public Health and the new directive from the provost on health disparities. The program would benefit from a clearer delineation of how all of these public health-related efforts establish a firm foundation on which the MPH program can grow and succeed in concert with other university-wide efforts.

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 met with commentary. The program has established ongoing efforts to monitor achievement of its mission, goals and objectives, which include data collection from monthly MPH and PHS Department faculty meetings, the MPH Accreditation Committee, practicum and capstone evaluations, course evaluations, student exit surveys, alumni surveys, employer surveys and faculty evaluations.

The mission of the program is evaluated, in large part, by the outcome measures and targets identified for each goal. Performance data on outcome measures have been collected over the last three years for most objectives. The responsible parties for data collection, analysis and monitoring of outcomes include the MPH administrative coordinator, the PHS Department vice chair, the PHS Department director of administration, the MPH program director and committee chairs. Program leadership and administrative staff analyze the collected data and report the findings in monthly faculty meetings, the annual faculty retreat and to the MPH Steering Committee, which meets bi-annually.

Evaluation and planning activities are managed by the MPH program director, primary faculty and administrative staff. Program constituents identified a number of areas where changes have been made

by program leaders as a result of evaluation findings. Program leaders identified several course changes that were made as a result of student input, including changes to the environmental health course and the addition of SAS training. The creation of the MPH Leadership Day results from input received through the program's analysis of its evaluation data.

Students are involved in ongoing evaluation through their participation in satisfaction surveys, course evaluations, competency assessments and exit surveys upon graduation. The program formalized all course evaluations in fall 2014. While these formal evaluation mechanisms were only put into place in 2014, students indicated that, from the program's inception, their informal input has been sought by faculty. Students articulated specific examples of how faculty have addressed their concerns, most notably about course issues.

The self-study was well organized and provided the site visit team with sufficient supporting documentation. Any additional documents requested by the site team were readily provided and were sufficient in addressing the site team's inquiries.

The commentary is that the program's evaluation plan is still in its nascent stages. While many components of a comprehensive evaluation framework are in place or have been connected together through the self-study development process, the new framework itself has not yet been tested. The committee charged with ensuring that the program's goals and objectives facilitate continuous improvement in education, service and research is the MPH Steering Committee, which has only met twice to discuss program-related matters, which primarily included preparation for the accreditation site visit. The committee has not yet begun to fully engage in strategic planning. Therefore, the program has not had formal mechanisms to discuss evaluation findings with external partners or seek their involvement in strategic programmatic oversight.

1.3 Institutional Environment.

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

This criterion is met. The MPH program is an integral component of the institution, which is accredited by the HLC. LUC's most recent reaffirmation of accreditation occurred in August 2005, with the next accreditation review scheduled for spring 2015. In addition to its regional accreditation, the university responds to a number of specialized accreditors, including the Council on Social Work Education, American Bar Association, Commission on Collegiate Nursing Education and the Liaison Committee on Medical Education, among others.

LUC is led by a president, who reports to the university's Board of Trustees. The president has a four-member cabinet, which oversees government affairs, trustee relations, the university's Jesuit and Catholic

identity and the Council of Regents. Nine executive administrators maintain oversight of the institution's units and affairs and have a direct reporting relationship to the president: the senior vice president of administrative services, vice president of general counsel, senior vice president of finances, vice president of development, senior vice president of capital planning and campus management, senior vice president for health sciences, vice president of the John Felice Rome Center, provost of the Lake Shore Campus and the provost of the HSD Campus.

The HSD Campus is a robust and self-governing entity and maintains similar administrative offices as those seen at the university-level, with administrators overseeing strategic planning, advancement, mission and identity and financial planning, among others. The campus consists of two degree-granting schools: the SON and the SSOM.

Presently, the position of provost of the HSD Campus is held by the SSOM dean, who is serving as the provost in an interim capacity. The SSOM dean also maintains a dual role as the campus' chief diversity officer. The SSOM dean maintains oversight of 23 academic departments and nine research institutes, including the Institute for Public Health, Institute for Transformative Interprofessional Education and the Neiswanger Institute for Bioethics and Health Policy. Additional SSOM offices include student affairs, diversity, medical education and the Center for Community and Global Health.

As one of 23 academic departments in the SSOM, the PHS Department offers an MS in Clinical Research Methods and Epidemiology and the MPH degree. General oversight of the MPH curriculum is managed by the MPH Academic Content Committee, however, substantive curricular changes must receive final approval from the LUC Council of Graduate School Programs, with prior approval from the HSD Curriculum Committee and the Graduate School Council. The process for approval of substantive curricular changes typically takes four months or less.

The program is involved in a process by which all projected expenditures are submitted to the institution's budget review team. Proposed budgets are then negotiated with the provost and university president. The Board of Trustees then grants final approval of budgets.

Personnel recruitment, selection and advancement in the MPH program are managed by the university's Human Resources Office. Though the PHS Department does reserve the right to restrict personnel recruitment to existing departmental employees, all candidates must be approved and referred for interview by the Human Resources Office.

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 with commentary. The MPH program is housed in the SSOM within the PHS Department, which provides education for public health and medical students. The PHS Department is particularly active in research on the determinants and outcomes of chronic diseases among under-represented populations and, as this necessarily encompasses a wide array of specific foci, there are many opportunities for interdisciplinary collaboration. The MPH program fosters interdisciplinary collaboration in learning, research and service within the PHS Department and the institution. MPH faculty are trained in disciplines including nutrition, social epidemiology, environmental health, medicine, exercise physiology, biostatistics, injury surveillance, health services research and genetic epidemiology. Cross-campus collaborations are encouraged and occur among the teaching and research activities with faculty from the other schools and institutes of LUC including the SON, School of Social Work, Graduate School of Arts & Sciences, School of Law, Neiswanger Institute of Bioethics, Center for Community and Global Health and the Institute of Environmental Sustainability.

Overall LUC, as an institution, respects and encourages interdisciplinary collaboration which is considered a major strength of the MPH program. University administrators articulated and reaffirmed the strong commitment by the institution to support the MPH program.

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 met with commentary. The MPH program's governance structure includes committees and individuals tasked with carrying out functions related to student admissions, academic standards and policies, curricular oversight and strategic planning, among others. Program governance is inclusive of students, and the robust student-led association—the Loyola MPH Student Assembly (LMSA)—adds value to the program.

The program has five standing committees. The program's advisory committee is the MPH Steering Committee, which exists to strategically guide the program in its educational, research and service endeavors. This 19-member group consists of the MPH program director, representatives from other SSOM and HSD units and the LUC Law School, two external representatives (one a resident of the local community) and one student representative.

The MPH Academic Content Committee is composed of the MPH program director, the epidemiology and PHPM track directors, five additional departmental faculty and one student member. This committee determines course schedules and the frequency of course offerings, ensures that the curriculum adequately addresses diversity and health disparities, monitors key programmatic goals and objectives and stays abreast of trends in public health education to propose updates to the curriculum as needed. Overall, there is limited curricular oversight in terms of reviewing course syllabi for content and ensuring that there are no gaps in competency coverage in the curriculum. The Academic Content Committee has standing meetings each semester, and meetings are open to all program faculty.

The MPH Admissions Committee meets quarterly and is composed of the MPH program director, track directors, the MPH administrative coordinator and one additional MPH faculty member. The committee sets admissions standards and policies, controls student enrollment to maintain class sizes, monitors applicant inquiries, votes on admission of low-performing applicants and monitors the program's success at enrolling students from under-represented populations.

The four-member MPH Marketing/Student Recruitment Committee consists of faculty and staff members who convene twice a year to identify new opportunities and sites for student recruitment. Similarly, the newly created five-member MPH Workforce and Continuing Education Committee exists to assess workforce development needs and implement continuing education programs for local public health agencies. The MPH Practicum/Capstone Committee also develops a network of potential practicum sites and establishes guidelines and expectations for these learning experiences. This committee meets every six months.

The program has three ad hoc committees, which oversee CEPH accreditation, faculty recruitment and mid-tenure faculty review and mentorship. Among the membership of these ad hoc committees are the MPH program director, staff, a student representative and a number of program faculty members.

General departmental meetings are held monthly and are open to all faculty and staff. General faculty meetings keep program constituents abreast of programmatic changes and provide opportunities to discuss student and faculty affairs and research and service activities. These faculty-wide meetings are also the forum in which faculty discuss and vote on program-related matters. Additionally, this meeting also serves as the venue for sharing the program's performance on measureable objectives with faculty and staff annually.

The MPH program director currently serves as the chair-elect of the LUC Council of Graduate School Programs, and MPH faculty serve on committees and councils at the school of medicine, division and university levels.

A unique aspect of the program's governance is the intricate involvement of several key faculty, staff and administrators in steering the program. This collaborative, horizontal leadership model allows the program to avoid micromanagement by one individual.

The commentary relates to the potential need to codify the roles, responsibilities and authority related to program decision making, program planning and policy setting as the program continues to grow, although the model seems to be working at present. The program appears to have many different faculty members individually pursuing opportunities for program expansion and development, but these initiatives do not seem to converge in order to increase efficiency and decrease potential overlap. An example relates to the program's efforts at expanding community collaborations. The program has hired a new faculty member for the purposes of building the program's partnerships and community networks, and at the same time the epidemiology track director (also the PHS Department vice chair) has been reaching out to community members for potential partnerships. While multiple efforts of faculty targeted toward the same initiatives could be beneficial, the individual efforts of faculty appear to be uncoordinated. It should be noted, however, that the activities of the PHS Department vice chair may be for the purposes of benefitting the entire department, rather than focusing on specifically expanding opportunities for MPH students and faculty.

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. The MPH program is funded through university support and tuition and fee revenue. Over the past five years, the program's allocation of tuition and fees has steadily increased as university support has fluctuated. Since academic year (AY) 2011-2012, the MPH program's budget has been largely based on the tuition and fees generated from student enrollments. Because LUC is a private institution, the program does not receive state appropriations. University leadership demonstrated its commitment to the program both in the investments it has made to start the program and in its ongoing commitment to the program's future growth and development.

Budgets are set on an annual basis, and each year the budget allocation is determined based on expected student enrollment numbers. The MPH program director works with the PHS Department's director of administration, the HSD's associate vice president for strategic and financial planning and the vice provost for research and graduate programs on annual budget planning. While the university has charged the MPH program with being self-sufficient, it has also provided an annual support allocation to complement resources raised from tuition and fees and to make up the difference between projected expenditures and tuition and fee revenue. Research funds (in the form of recovered indirect costs) are not directly returned to the MPH program, but rather managed at the department level and serve as part of the basis for the university support that is provided to the MPH Program.

The site team noted trends in the program's budget which indicated that the funds allocated by the university offset fluctuations in tuition so as to ensure that the MPH program can meet its financial obligations. The program also has startup funds until it becomes self-sufficient, although it is evident from university leadership that the university support will continue as needed to build a robust and effective MPH program.

Table 1 presents the program's funds and expenditures from FY 2010 through 2014.

	2009-10	2010-11	2011-12	2012-13	2013-14
Source of Funds					
Tuition & Fees ¹	168,020	278,650	509,530	945,678	839,982
University Funds ²	477,817	542,835	383,580	165,878	424,233
Total	645,837	821,485	893,110	1,111,556	1,264,215
Expenditures					
Faculty Salaries & Benefits ³	563,436	697,470	758,970	949,901	1,133,839
Staff Salaries & Benefits ⁴	58,365	59,270	62,146	70,071	63,670
Operations ⁵	19,710	61,389	71,450	77,633	50,191
Travel	4,326	3,356	1,184	6,608	8,958
Student Support			544	7,343	7,557
Total	645,837	821,485	894,294	1,111,556	1,264,215

¹ Tuition income represents program income generated within last five years. Tuition income is trending favorably in FY11-FY13.

² University support represents mainly SSOM operating surplus used to support strategic initiatives. University support was declining until FY14 due to the growth of the program and increasing enrollment/tuition revenue. However, in FY14 a new full-time faculty member and several part-time non-primary faculty members started their involvement in the program, requiring an additional influx of university support.

³ The faculty salaries are trending upwards due to hiring new faculty members to allow the program to grow and serve students enrolled in the program.

⁴ In FY13 temporary part-time staff member was hired to assist with the program needs. The involvement of the part-time employee was very limited in FY14. In FY13 and FY14 student support was utilized to assist with program needs.

⁵ Operations category within expenses includes mainly expenses associated with advertising and online marketing of the new program and a purchase of necessary computer equipment. These expenses were steadily increasing until FY14. A computer infrastructure is well established and all major purchases have been completed by now. The advertising and marketing expenses are also lower in FY14 due to a change in an advertising strategy and utilizing more internal resources for this purpose. The university has increased the budget for the MPH marketing for the 2014-15 year, and the program anticipates utilizing those funds for exploring other avenues such as direct mailings, public transportation ads, radio ads, and new web site/e-newsletter ads. A media proposal has been developed in conjunction with the University Marketing & Communication Department and the Director of Enrollment Management, Marketing & Communication. This increase in advertising expenditures is expected to increase the cost of Operations beyond previous years' amounts.

The program maintains three measureable objectives to assess the adequacy of its fiscal resources. The first objective is simply that operating expenses do not exceed the program's budget. The program has consistently achieved this objective, as operating expenses have constituted between 82-96% of the program's budget over the last three years. The second objective is related to the program's target of expending \$5,000 or more on temporary paid teaching and research assistantship positions for MPH students. The program has consistently achieved this objective, as the amount of funding available to

support paid student teaching and research assistantships has steadily increased over the last three years, with nearly \$25,000 available in AY 2013-2014. The third objective is for the program to secure research startup funds for all new tenure-track faculty hires. The program implemented this objective in AY 2012-2013 and was only able to secure research startup funds for 67% of the new faculty hires during that academic year. However, in AY 2013-2014, the program met its target, as it was able to secure funds for 100% of the new tenure-track faculty hires.

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 MPH program has sufficient faculty, staff and physical resources to support its degree offerings. Each track offered has the requisite quantitative faculty contingent. The number of primary faculty in the epidemiology track has remained fairly consistent over the past four academic years, and as of fall 2014, the track has five primary faculty. Likewise the PHPM track, has had fairly stable faculty numbers, with the faculty headcount increasing slightly since AY 2011-2012. This track currently has a contingent of three primary faculty and one secondary faculty member who contributes a full-time equivalent (FTE) value of 0.25 to the program. The epidemiology track is supported by five secondary faculty contributing a total of 1.25 FTE to the program. The contingent of secondary faculty in the epidemiology track has continued to increase incrementally over the last four years, while the PHPM track's secondary contingent has decreased within the last two years. Both tracks have experienced a decrease of one primary faculty member from the previous year.

The program is supported by four staff members. The MPH administrative coordinator contributes 0.79 FTE to the program. Two additional staff members provide administrative support, contributing a total of 0.60 FTE. The PHS Department's director of administration contributes 0.10 FTE to the MPH program.

Student enrollment in both tracks has fluctuated over the last four years. Student enrollment in the epidemiology track has remained consistent from AY 2014-2015 to the previous academic year. The PHPM track has experienced a 20% decrease in student enrollment from AY 2013-2014 to AY 2014-2015. The program's student-faculty ratios for primary faculty alone, and for the total faculty complement combined, have remained below 10:1 for the last four years in both tracks.

MPH program offices are located in the Maguire Center of the HSD Campus. The Maguire Center is also home to the SON and numerous medical departments such as neurosurgery, otolaryngology, research services and the Oral Health Center. The MPH program occupies 5,500 square feet of space in the center, which includes 17 faculty and staff offices, a conference/classroom, five work stations and a student lounge. Additional classroom space in the SSOM may also be used for MPH courses.

The PHS Department maintains a laboratory and research clinic in the Maguire Center, which are equipped with examination rooms, a research participant lounge and office space. The department also maintains the equipment necessary to carry out community-based and clinical epidemiologic research, such as a dual x-ray absorptiometry unit, phlebotomy supplies and a treadmill for exercise science testing. All MPH faculty have personal computers in their offices and laboratories. All computers are linked to LUC's campus-wide communications network and have the necessary data management, statistical and Microsoft Office Suite software. The university maintains three information technology support services: The Information Commons service desks, the ITS Help Desk and the ResNet office. Faculty may specifically access the IDTeam portal for instructional design training and training using the Sakai e-learning platform.

Program constituents have access to the Health Sciences Library, which provides a wealth of resources, including personnel and technology resources. The library is staffed with six library personnel, seven library faculty and three paraprofessional staff, who conduct reference and resource consultations and deliver informational courses annually.

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 partially met. The MPH program abides by the strategic plan and initiatives on diversity and cultural competence outlined by LUC and the SSOM. In September 2014, the SSOM dean unveiled the strategic plan for the next five years. Explicitly stated in the plan is a commitment to “engage talented individuals with diverse backgrounds, perspectives, and experiences who reflect the populations we hope to impact.” Within the SSOM strategic plan are three goals related to diversity: 1) create and sustain a welcoming climate for diversity, 2) attract and retain diverse faculty, students and staff and 3) provide rich learning experiences that prepare students for global citizenship.

Consistent with its overarching mission and values, the MPH program has made a concerted effort to address diversity. As a result, for the past three academic years (2011-2013), between 17-21% of enrolled students were international or from under-represented racial groups, with one student being a Hawaiian/Pacific Islander. In the incoming class of 2014, which includes MPH and certificate students, one-third of the students are from under-represented populations and international locales. Additionally, for AY 2013-2014, 16.7% of primary and non-primary faculty and 20% of staff were from under-represented populations and international locales.

The PHS Department vice chair and the MPH program director have been working closely with the SSOM assistant dean of diversity to define goals for the program that are congruent with those of SSOM and

LUC as a whole. The goals relate to the areas of access and success, education and climate. Activities and plans have included a student “climate” survey; incorporating cultural competency education throughout curricula and research agendas; and setting a target to increase faculty representation from under-represented populations to 25%.

The concern is that although the MPH program stands to benefit from the institution’s explicit strategies and policies regarding enhancing the diversity of the student body, faculty and staff, the MPH program did not seem to reflect the yield from the formulated plans. The program set six objectives to measure the success of its diversity efforts. Of the six objectives, the program met two annual targets over the course of the last three academic years. The site team found it problematic that the outcome data encompassed international populations, but the program’s objectives for faculty, staff and students are targeted toward traditionally under-represented U.S. racial groups, making it difficult for reviewers to ascertain the program’s true performance on its objectives. It should be noted that although many activities are in their nascent stages, with the support of the university, the program did demonstrate that there are several strategies to increase diversity among the student body and faculty. These include developing a personalized approach to recruiting and retaining students from historically under-represented groups; networking with organizations to identify and recruit students; working with the newly established Graduate Students of Color Alliance to identify and address the concerns of graduate students from under-represented populations; and working with the Center for Faculty Professional Development to enhance mentoring and networking of faculty from under-represented populations. The program has also enhanced its marketing and recruitment efforts because of the low performance outcomes related to its diversity targets for student enrollment.

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 MPH program at LUC offers two tracks: epidemiology and PHPM, in addition to a joint MD/MPH degree. Upon review of syllabi, site visitors conclude that the curriculum for each track demonstrates adequate depth and appropriate content knowledge. Students and alumni expressed satisfaction with the curriculum and confirmed during the site visit that courses were rigorous and applicable to current practice needs. The curriculum consists of five core courses, five track-specific courses, eight credit hours of electives, a three-credit hour practicum and a three-credit hour culminating experience.

Track-specific courses in the epidemiology track include courses such as grant writing, research ethics and research methods, and the elective options include course topics such as methods for infection prevention, cultural competence in health care, public health and law, cancer prevention and medical sociology, to name a few. Track-specific courses in the PHPM track include courses such as fiscal management in health care organizations, public health law and public health ethics, and the elective options include course topics such as health care risk management, health care systems analysis and design and global health policy, among others.

The program maintains a thoroughly descriptive and comprehensive MPH Student Handbook outlining course requirements for each track, program competencies and practicum and capstone expectations. The program’s website is easy to navigate and also serves as a comprehensive resource for prospective students. During site visit meetings, students, alumni and faculty all highlighted the program’s flexibility as its key strength. Many students are employed while simultaneously enrolled in the program, so the ability to tailor their course schedule is an attractive feature.

Table 2 presents the program’s degree offerings.

Table 2. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Masters Degrees		
Epidemiology		MPH
Public Health Policy and Management (online & on campus)		MPH
Joint Degrees		
Doctor of Medicine/Master of Public Health		MD/MPH

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 44 credit hours for degree completion. The curriculum consists of 38 credit hours of didactic coursework and six credit hours toward the capstone and practicum experience. The program maintains that one credit hour is equivalent to 15 hours of classroom time per semester, or 15 hours of synchronous events for online courses. Most courses in the MPH program are three credit hours, which requires 45 contact hours per semester.

No students have graduated with fewer than 44 credit hours in the last three years. The program, however, maintains a policy that up to six credits hour may be transferred into the program from

comparable courses. To date, the MPH program director and track directors have approved three such transfer requests.

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 provides students with a solid foundation in the core areas of public health knowledge. Students take one core course for each of the five core knowledge areas, and each core content area has an online course option. Four of the five core courses are taught by primary MPH faculty appointed in the PHS Department. Students are allowed to select between two course options to fulfill the core knowledge areas of biostatistics, epidemiology and health services administration. Upon review of syllabi, site visitors conclude that the course options pertaining to the same core area are comparable and deliver sufficient content knowledge.

One of the logistical challenges of the program is that not all core courses can be offered every semester, and as a result, some courses are offered once per academic year.

Table 3 presents the programs required core courses.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	MPBH 404: Biostatistics for the Biomedical Science OR CRME 420: Biostatistics I	3
Epidemiology	MPBH 403: Introduction to Epidemiology OR CRME 410: Epidemiology I	3
Environmental Health Sciences	MPBH 401: Environmental Health	3
Social & Behavioral Sciences	SOWK 500: Human Behavior in Social Environment	3
Health Services Administration	MPBH 407: Public Health Policy: Concepts and Practice OR SOWK 602: Health Policies & Health Systems	3

Note: All courses are also offered online with the exception of Biostatistics I and Epidemiology I.

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. The Practicum Handbook describes the program's policies and procedures in detail. The intent of the practicum is to enable students to apply the concepts learned in didactic coursework to a practical setting. The timing of the practicum depends upon each student's progress in completing curricular requirements. At a minimum, students must be in the process of completing 21 credit hours, including at least four of the five core courses, in the term preceding

enrollment in the practicum. Faculty advisors monitor students' progress in coursework through individualized meetings and course checklists.

The site supervisor is responsible for ensuring that the student is provided with a practical learning experience (as outlined in the practicum proposal agreement); monitoring the student's progress on site; and formally evaluating the student at the mid-point and end of the practicum. For practicum projects that involve research, approval or exemption by an institutional review board (either the practicum site's or LUC's) may be required. Students are required to complete a minimum of 210 hours of practical fieldwork in a public health practice setting to obtain three credit hours. Since many students in the program are employed full-time, they may elect to complete the practicum over two to three semesters instead of the usual one semester. The practicum may also be developed and carried out within a student's place of employment but must extend beyond the student's normal scope of work, as well as refine and develop new skills. Practicum deliverables include a written self-evaluation/reflection paper.

The program has granted only one practicum waiver in the past three years. In this case, the student managed a study outside of her routine employment and co-authored a paper that was eventually published in a major medical journal.

The commentary pertains to the fact that the PHS Department and LUC have not executed the contracts that will aid in securing practicum sites with organizations to expand the program's practicum and outreach networks with organizations such as the Chicago Department of Public Health (CDPH) and the Cook County Department of Public Health. The program explained that these contracts are held up at the university level, and this delay negatively impacts the program's ability to provide practicum sites for students. University-level administrators assured site visitors that the contract procurement process will be improved by summer 2015.

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. All MPH students are required to complete a culminating experience that translates public health knowledge into research or practice. Per the MPH Student Handbook, the culminating experience should demonstrate communication skills through an oral presentation and a capstone project and must address core and concentration-specific competencies. Most students complete the capstone project in their final semester, as it must be completed after the practicum. Students work collaboratively with their capstone mentor through the experience to ensure that the goals and objectives of the capstone are attained.

Students' capstone mentors may or may not be their regular faculty advisors. The student's capstone mentor must approve the project prior to the student's presentation. Capstone expectations have been clearly articulated in the MPH Student Handbook, and students on-site demonstrated an awareness of the expectations. Students explained to site visitors that the capstone must demonstrate the student's ability to understand and apply the program's competencies.

The program maintains an evaluation form for both the written and oral components of the capstone, which are completed by the student's faculty advisor and one additional faculty member. On the written evaluation form, faculty are asked to give the student's final grade as a pass or fail. On the oral evaluation form, faculty are asked to rate the student on the successful completion of the capstone project's objectives; depth of investigation of the public health problem; communication skills; sufficiency of data collection methods utilized; social, cultural and ethical implications of the project; and the project's limitations. While the evaluative material related to the capstone do not ask faculty to provide a direct assessment of the program's competencies, reviewers were convinced that students and faculty approached and evaluated the capstone with the program's competencies explicitly in mind.

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 met with commentary. The program has established core and concentration competencies based on those recommended by program faculty, the Association of Schools and Programs of Public Health (ASPPH) and the Council on Linkages Between Academia and Public Health Practice. The program convened the Public Health Core Competencies Workgroup in 2013 to review the existing competencies in the field, map the selected competencies to the curriculum, identify gaps in coverage and refine the core and concentration competencies. The 12 core competencies are comprehensive and effectively address the five core public health disciplines along with interprofessionalism. The competencies are presented in a matrix format organized by each core discipline, which identifies the core courses in which the competencies are addressed. Multiple required courses are listed for each competency with indication of the primary and reinforcing sources of attainment. They are easy to navigate and clearly written.

The competencies appear to be integrated into the fabric of the curriculum, and the site team confirmed that, overall, faculty and students use the competencies throughout the duration of the degree program. Faculty and students independently discussed the competencies during the site visit without prompted questions by the site team. The program provides students with the competencies at orientation, and

students are required to complete competency assessments at specific times during the program. Most core and concentration competencies are linked to course learning objectives and documented in syllabi. Students are required to choose competencies when developing their practicum proposal, which also serves as a mechanism to educate practicum preceptors about the competencies.

The commentary is that during the site visit, a number of program faculty did not seem familiar with the matrix mapping the competencies to courses, and it appears as though one faculty member was involved in determining which competencies were mapped to courses. The specific example identified is that the new health policy core course had not been reviewed to determine alignment with the program's associated core competencies. This indicated that there is likely a need for greater curricular oversight to ensure that newly developed courses are incorporating the associated competencies.

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 met with commentary. The program has designed and is effectively implementing a continuum of assessment methods to evaluate student attainment of competencies. The program assesses the collective performance of competencies through the aggregation of data from course-specific competency assessments, student satisfaction surveys, the alumni survey and the employer survey.

Course grades also serve as a regular source of data on student performance. The MPH administrative coordinator assesses 100% of students after each semester and uses a course checklist for this purpose. In its outcome measures, the program's performance for the last two years indicates that students are exceeding the 3.0 grade point average (GPA) target.

In addition to grades, data points for each competency include the following: student self-assessments at matriculation, graduation and one year post-graduation; course-specific assessments; and practicum and capstone planning and evaluation. Students on site readily acknowledged the competency assessment process and described their active participation in its implementation. Students reflect on their chosen competencies in the practicum's required deliverables. The integration of competencies is assessed in the capstone seminar, with specific attention on the relevance of the capstone project to health disparities.

The first alumni and employer surveys were implemented in 2014, so the program has not yet had an extensive opportunity to affect change based on these survey results. However, program faculty and students described informal changes to improve the program based on an informal review of the initial

findings. Fifteen employers responded to the employer survey, and 14 of 41 alumni completed the alumni survey after three email communication attempts. The MPH administrative coordinator and PHPM track director collect and analyze survey data, which are provided to MPH faculty at monthly faculty meetings. These data are expected to be used for discussion at annual faculty retreats held in June. Program faculty have not yet formulated a plan for how to address findings from the assessment results.

The commentary relates to the “just-in-time” implementation of the assessment processes. While the assessments were technically in place in time for the site visit, many of the tools were only first implemented in 2014 or as late as one month before the site visit. This means that while the assessment results are available, there has not been sufficient time for program faculty to reflect on the findings and take the steps to formalize continuous quality improvement processes.

The program identified five outcome measures to assess student achievement in the program. The program has met its targets for student participation in interprofessional education and the MPH Leadership Day. Though the program has not adopted cross-cutting competencies, the Leadership Day is designed to strengthen cross-cutting skills. Another objective set by the program is for 80% of graduates to report mastery of the core competencies at an intermediate or advanced level within one year after graduation. In AY 2013-2014, the program reached 71.4% on this objective.

The program also assesses student achievement by tracking graduation and job placement rates. The graduation rate is tracked to assess compliance with a five-year date to graduation metric as set by the program. The graduation rate is at 66.7%, 100%, 68% and 46% for the cohorts entering in the program between 2009-2012. The program’s withdrawal rates from 2009-2012 are 20%, 0%, 16% and 25%. It should be noted that over the last five years the program has attracted a cadre of part-time students who are completing the program at a slower pace than full-time students, who generally complete the program in two years. In fact, as of spring 2015, the program has 22 full-time students and 36 part-time students (less than eight credit hours is considered part-time).

For the last three cohorts of graduates, the program has maintained a 100% job placement rate, with 77% gaining employment and 23% continuing their education.

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 not applicable.

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 with commentary. Beginning in summer 2015, the program plans to be enrolling students into its joint MD/MPH degree. The curricular requirements for the joint degree are equivalent to those of the standalone MPH degree, as no course substitutions are allowed for the MPH degree. In this five year joint degree plan, MPH didactic courses will be taken in the student's first and fourth year of medical school. In the fifth year of medical school, students will complete the MPH practicum and capstone, which will count as electives in the MD program.

The commentary pertains to the proposed practicum timeline for joint degree students. It is proposed that MD/MPH students will complete the 210 contact-hour practicum in four weeks by spending 53 contact hours per week at the placement site. While a four-week practicum may be attractive to MD students,

reviewers conclude that it may compromise the integrity of the MPH practicum experience and its goals. Further, the proposed four week time frame to complete 210 contact hours may be unrealistic considering the medical school graduation requirements that occur during the fourth year of medical school.

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 met. The program offers its PHPM track in an entirely online format through the Sakai online course management system, which allows asynchronous and synchronous components. All LUC computers are equipped with access to the Sakai e-learning platform, and the university's Division of Information Technology provides concierge-level technical support for all faculty and staff. The university also has digital media advisors and an ITS Help Desk for immediate assistance with technology-related inquiries.

The program's online curriculum is flexibly structured to meet the needs of the program's working student population, as 74% of the students in the track are enrolled in the program part-time. Faculty have access to a number of interactive tools in the Sakai platform, such as Adobe Connect and Panopto presentation software. The online program utilizes learning tools that are well-suited for adult learners, which include video conferencing, online chats and discussion forums.

The program's Academic Content Committee and individual course instructors are responsible for monitoring the quality and rigor of the online curriculum and ensuring equivalence to the classroom-based curriculum. Like the classroom-based curriculum, the program evaluates the effectiveness of the online curriculum through student course evaluations.

By incorporating synchronous components into the online curriculum, the program ensures that the student enrolled in the distance program is the same student who participates in and completes the degree and receives academic credit. During the site visit, students shared their satisfaction with online

courses that incorporate synchronous components, which allowed more personalized interaction with classmates and helped to build a sense of belonging and connection with the program.

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 MPH program has a strong commitment to research, based on the university's expectations. The program's tenured, tenure-track and non-tenure-track research faculty clearly articulate and operationalize the university's expectation of extramurally-funded research. Research priorities within the program include global health; sickle cell disease; cardiovascular health; obesity; physical activity; the use of electronic medical records; social epidemiology and social networks; injury prevention; and health systems and clinical outcomes. Administrators, faculty and students articulated a research vision rooted in Loyola's social justice mission. The university's new strategic plan embraces health disparities, and the provost and other university leaders outlined how this will continue to drive the focus of the research portfolio within the MPH program.

The university has made a commitment to provide internal resources to support faculty research. All new tenure-track faculty are provided with startup funds in addition to one year of instructional release time to invest in building their research agendas and secure extramural funding. In order to achieve tenure, faculty are required to bring in 30-40% of their salary in extramural funds. Faculty policies state this expectation, and faculty readily stated this expectation during the site visit. Faculty who exceed this expectation are eligible to compete for funds from the Base Salary Incentive (BSI) program to supplement their compensation. Faculty indicated that the BSI program policies are clearly articulated in materials made available to faculty. Additional resources are available within the HSD, SSOM and PHS Department to incentivize faculty research.

Review of the faculty research list indicates that faculty have applied for and secured internal LUC funding intended to leverage extramural funding. Mentoring is evident between tenured faculty and tenure-track and non-tenure-track research faculty, which includes the incorporation of tenure-track faculty on grants secured by seasoned faculty in the department. Collaborative interdisciplinary faculty projects are also evident across the SSOM, HSD and other LUC campuses. In discussions with university administrators about the new Center for Translational Research and Education being established on the HSD Campus, administrators highlighted the success of MPH faculty in seeking out and developing successful interdisciplinary research projects across LUC's campuses. The MPH program is expected to

play an integral role in new translational medicine efforts, especially related to the university's commitment to health disparities research.

Community-based research is evident in the MPH program, as displayed in projects such as those with the Eisenberg Foundation (to address obesity and physical activity); the South Side Renal Project (focusing on kidney disease and lead levels in young adults); as well as projects on vitamin D, cardiovascular disease and sickle cell disease with the program's community partners in Ghana and the U.S./Mexico Border region.

The MPH program has set targets to measure research and scholarly activity. These targets allow for new tenure-track and research faculty hires to build their research portfolios before being expected to bring in 30-40% of their salary from extramural funds. The outcomes focus on the following: expectations for funded public health research; submission of research grant applications; publication and dissemination of research findings; and student involvement in research, including presentations and publications.

The MPH program has successfully informally engaged students in research, both through participation in faculty research projects and through successful practicum and capstone efforts. The site team found that students who choose to participate in research are able to find these opportunities across the program and PHS Department. Students enthusiastically reported that primary faculty facilitate identification of research projects that allow student involvement, and faculty report that students take proactive steps to seek out faculty and ask to be involved in their research efforts. Student projects identified in the self-study and by students during the site visit included urinary bisphenol-A levels in humans; cardiovascular disease; West Nile virus; obesity and physical activity interventions; and injury surveillance.

The commentary relates to the formal engagement of students in research. The program sets a target for 30% of its students to be involved in faculty-led research projects annually. The program sets this 30% target primarily for epidemiology students, but does not set the same expectation for students in the PHPM track, which has been its highest enrolling track over the past four years. Site visitors expressed concern that opportunities for student involvement in research, particularly for students in the PHPM track, could be strengthened (especially considering that students may likewise not be involved in service-based opportunities to augment faculty-led research, as over the last three years only 10-30% of students annually have been engaged in activities involving community partnerships). In AY 2013-2014, the program had 10 primary faculty (six in epidemiology and four in PHPM) and 56 students (20 in epidemiology and 36 in PHPM). In this academic year, six primary faculty conducted funded research, and overall there were 37 research projects involving MPH primary and secondary faculty that provided opportunities for student participation. In AY 2012-2013 and 2013-2014, 19% (11 students) and 25% (14 students) of students, respectively, were involved in faculty-led research projects. As a relatively new

program, the lack of attainment of the student research target may be due to the fact that the program has a number of recent faculty hires who are not yet required to meet their research expectations. It should be noted that overall the program's research orientation has historically leaned more heavily toward epidemiology-focused research, with faculty projects focusing on environmental and genetic determinants of chronic disease among under-represented populations. As the tenure-track and research faculty in both tracks continue to expand their research portfolios, it will be important to formally design and target student engagement in research in both tracks. During on-site meetings, students indicated that research opportunities with faculty are available, if students are willing to seek those opportunities out and follow-up with faculty.

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 with commentary. As reflected in the program's mission, service is considered to be a central part of the MPH program. The self-study highlights the fact that faculty are engaged in a broad range of public health activities that are reflected in the linkages to professional associations and local, national and international community-based organizations. Faculty have participated in community service in the city of Maywood and neighboring communities such as Forest Park, Cicero, Chicago and Maywood. A number of MPH faculty have serviced as mentors to youth in Chicago's Sisters4Science program, as well as to students at Forest Park's Proviso Science and Math Academy and Cicero's J. Sterling Morton East High School.

The program has worked to develop a number of opportunities for student service. One such entity that facilitates student community service opportunities is the SSOM's Center for Community and Global Health (CCGH), where students can participate in a South American summer immersion experience. Students may also apply for the South Texas Environmental Education and Research Program, where they can earn two credit hours toward the MPH program by working on a four-week independent study with the organization. Students and faculty alike have also been involved with promoting physical activity among local children through the Maywood Fine Arts Association.

Service is an expectation of all MPH faculty and is considered in reviews for promotion and tenure. The institution prides itself on having various linkages to the local community, and as one small illustration, the MPH program does recognize the contributions by faculty and staff for outstanding service to the community as evidenced by the annual presentation of the Spirit of Dr. Martin Luther King, Jr. Award. In addition, the program has listed five outcome measures to describe its engagement with community-based or professional organizations.

The commentary relates to the fact that the program has not been able to meet most of its defined service targets over the course of the last three years, which is surprising given the numerous service activities and community linkages described during the site visit. The self-study reported that during AY 2013-2014, only one-third of the MPH faculty and only 10% of MPH students engaged in at least one community partnership activity, compared to the 50% faculty target and 30% student target. The self-study does refer to several challenges in this area which seem to be a result of the informal expectation for faculty to engage in community service. Also, according to the self-study, community-based service among students is not strong mostly due to the fact that the majority of students have full-time employment. However, students expressed on site that they do participate in service, both professional and community-based, according to their own interests and schedules. The discrepancy between the perceived community linkages and community-based service activities described during the site visit and those reported in the self-study document seems to indicate one or more of the following factors: 1) that it may be difficult for the program to tease out community-based service activities that are closely tied to faculty community-based research projects, 2) the program should improve its tracking mechanisms to more accurately capture the community-based service activities of its faculty and students or 3) that the faculty and students overestimate their overall involvement and community partnerships. It should be noted that the program has recently hired a faculty member to assume the responsibility of building and strengthening the program's community partnerships. Further, program constituents noted the difficulty in getting contracts and memoranda of understanding (MOU) approved at the university level and noted that the process is cumbersome and often impedes the program's ability to have formal arrangements with organizations. Positively, during an on-site meeting with institutional leadership, site visitors were informed that the institution is making a concerted effort to resolve issues with obtaining contracts and MOU's with external organizations. Further, the PHS Department vice chair plans to meet with the former CDPH Commissioner to ascertain his ability to help facilitate affiliation agreements between the CDPH and LUC.

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 with commentary. The workforce development component of the MPH program was formally implemented in February 2014 when an MPH faculty member was assigned to head a workforce and continuing education initiative. Through this initiative, the continuing education needs of the Chicago metropolitan area are being assessed through active communication between MPH faculty and staff of local government agencies that include the CDPH, Cook County Department of Public Health and the Evanston Health and Human Services Department, to name a few.

Community partners spoke of their involvement with the program through the MPH Workforce and Continuing Education Committee chair. Community partners highlighted the program's efforts at

proactively seeking opportunities to provide training to their organization's staff. During on-site meetings, alumni, community representatives and practicum supervisors reflected on the "return on this investment" and described the value for having this workforce development service for all constituents and stakeholders.

The program began offering the Certificate in Public Health (CPH) in fall 2014. The CPH is managed by the PHPM track director and requires the completion of an epidemiology course, biostatistics course, public health practice course and one elective course, with each course being three credit hours. There are currently five students enrolled in the certificate program. The CPH program shows great promise as a potential pipeline to increase enrollment into the MPH program, as one successful CPH graduate has already matriculated into the MPH program.

The commentary is given in light of the program's self-identified weakness that because many of the workforce development initiatives are relatively new, the program has had little opportunity to evaluate the effectiveness of their training activities at meeting the needs of sites. There is, however, growing optimism that the MPH program will be a valuable resource for the training needs of the local public health workforce.

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 met. The program's faculty complement is robust in both educational training and public health expertise. Faculty demonstrate significant practice experience and all have terminal degrees appropriate to the field of public health or relevant core disciplines, with the majority having received their graduate degrees from CEPH-accredited schools and programs of public health. Faculty members are individually well qualified and collectively offer both breadth and depth in relevant sub-disciplines of public health to support the tracks in PHPM and epidemiology. Expertise in quantitative and qualitative methods and in applied, interdisciplinary and translational public health research and teaching is evident in the faculty complement as well. In addition to substantial expertise in community-based research, there is also significant depth in social epidemiology; lifestyle determinants of chronic disease; obesity and physical activity; social and health disparities; environmental health; biostatistics; health systems research; injury prevention; and global health.

Primary MPH faculty are complemented by the addition of secondary faculty, who are actively engaged in programmatic activities. Secondary faculty have earned degrees in disciplines such as epidemiology,

environmental health and health services research, to name a few. Like primary faculty, many of the program's non-primary faculty members have appointments in the PHS Department.

During the site visit, students, alumni, preceptors and external stakeholders all commented extensively on faculty members' depth of expertise and their ability to train students in the requisite knowledge and skills for public health practice. Further, alumni survey results indicate that students have been increasingly satisfied with the quality of instruction and academic rigor in the 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. MPH program faculty are governed by LUC's Faculty Handbook and SSOM faculty documents. These documents include policies and procedures pertaining to faculty rights and responsibilities; governance; appointments, promotion and tenure; contracts and workload; orientation and development; and grievances and complaints. The materials are provided at the time of employment, with updates provided as applicable.

Faculty development is provided in support of teaching, research/scholarship and service excellence. The university provides support for professional development through faculty mentoring, faculty development training, bi-annual teaching and learning conferences and sabbaticals. The MPH program allocates travel funds for faculty and startup funds for new tenure-track faculty hires. Faculty discussed their use of these faculty development resources during the site visit and especially focused on their use of funds for professional development, travel and research planning. Program faculty and administrators also outlined the opportunity for faculty to secure additional compensation through the BSI program for faculty who exceed the institution's standard research expectations.

Well-defined policies and procedures are in place to recruit, appoint and promote qualified faculty; to support their professional development and advancement; and to evaluate competence and performance of faculty (through annual comprehensive evaluations, mid-tenure reviews and student course evaluations—though not uniformly used in all faculty evaluations). Faculty on site were very familiar with the promotion and tenure requirements to secure 30-40% of their salary from extramural research funds, demonstration a commitment to service and maintain a teaching load of three courses per calendar year.

Tenure is granted to full-time faculty members appointed in the SSOM who meet the following seven criteria: 1) served as an assistant professor for a minimum of three years, 2) demonstrate evidence of outstanding professional achievement and excellence in scholarly activities, 3) demonstrate the capacity and likelihood for continued intellectual, scholarly and professional vitality, 4) demonstrate evidence of the

ability and willingness to perform assigned duties consistent with the faculty appointment, 5) demonstrate evidence of national recognition in his or her discipline or field of expertise, 6) demonstrate current and future potential to contribute to the goals and objectives of the SSOM and university and 7) achieve and document outstanding performance, as evidenced by the entire appointment record of the faculty member, in two major areas of academic endeavor (one of which must relate to scholarly activity).

In addition to clear policies and procedures for tenure-track faculty, MPH faculty also indicated the seamless integration of non-tenure-track faculty, both research faculty and practitioners, in the activities of the program. The MPH program does not delineate between tenure and non-tenure-track faculty in its practices, governance or day-to-day operations. Research and practice faculty are valued for the contributions they lend to the program, and program-level expectations for teaching, research, scholarship and service are the same as that of tenure-track faculty.

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. The program has established policies and practices to guide its admissions efforts. The program seeks candidates who have the interest and motivation for undertaking and advancing in public health careers consonant with the program's mission. The MPH Admissions Committee is responsible for reviewing all prospective student applications, ensuring compliance with admissions criteria and making admissions recommendations to the Graduate School. In addition to providing a personal statement of interest in public health and three recommendation letters, the MPH Admissions Committee looks for applicants with an undergraduate GPA of 3.0 or higher and Graduate Record Examinations (GRE) scores of 150 or higher on both the quantitative and verbal sections of the exam. Over the last three academic years, more than 75% of the students enrolling in the program had an undergraduate GPA of 3.0 or higher and over 62% met the program's GRE performance expectations.

Over the last year, the program has seen a slight decrease in the number of applicants. In fall 2014, 107 prospective students applied, and 43% were accepted. Of those accepted, 39% enrolled. Observations across a span of four years show that AY 2012-2013 had the highest number of applicants, acceptances and enrollments. Student enrollment in both tracks has fluctuated over the last four years, and both tracks have experienced slight decreases in enrollment numbers over the last three years.

Program faculty have been actively engaged in student recruitment by attending on-campus career fairs and giving targeted presentations to LUC's undergraduate students. The program also publishes brochures for distribution at conferences and professional meetings. The program's website also serves

as a useful recruitment tool, as it provides comprehensive information on the application process, an information request form and answers to frequently asked questions regarding graduate public health education.

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 met with commentary. The MPH program utilizes multiple methods for academic advising and career counseling. The MPH program director and track directors serve as the primary source of advising for students, although all MPH faculty have an open-door policy and are readily available for consultation. In spring 2014, the program conducted an alumni survey and received a 30% response rate (14 of 46 alumni). A component of the alumni survey assessed student satisfaction with academic advising and the quality and efficiency of career development services. Of the 14 alumni responding to the survey, 85.7% were very satisfied with the academic advising they received, and 42.9% were satisfied or very satisfied with career development services.

To aid in meeting students' career counseling needs, the program developed the bi-annual Leadership Day, which is intended to address preparatory areas related to career placement, such as effective communication methods with potential employers; resume building and job application strategies; enhancing collaborative learning and working; and effective written and oral communication skills to a variety of audiences. The program evaluates the effectiveness of the Leadership Day activities every semester. Of the students surveyed, overall most agree that the Leadership Day has fulfilled its intended purpose.

The commentary relates to the program's self-identified challenge of the limited career services that it can offer. While students who met with the site team indicated that the program's career services may be limited, they felt that the program has made significant advancements in providing career guidance and services. One resource mentioned was the MPH program blog, which is updated by the MPH primary faculty member who chairs the MPH Marketing/Student Recruitment Committee and the MPH Practicum/Capstone Committee. The blog serves as a means of keeping students abreast of career opportunities. Another programmatic change that should enhance career guidance is the formal assignment of a faculty advisor to each incoming student, which the program began implementing in fall 2014.

Regarding complaints and grievances, MPH students follow the policies and procedures outlined by the Graduate School. These policies and procedures are located in a document that is easily accessible via the HSD Graduate School website. The MPH Student Handbook also outlines formal procedures for resolving grievances within the program. Additionally, the program has informal procedures for resolving

grievances, which include the student first communicating his or her concern to a track director or the MPH program director, who then communicates the student's concern to the involved party in an attempt to mediate the situation. To date, no students have submitted formal grievances or complaints.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Loyola University Chicago Public Health Program

February 9-10, 2015

Monday, February 9, 2015

- 8:30 a.m. Site Visit Team Request for Additional Documents
David Shoham, PhD, MSPH, LUC MPH Program Director
- 8:45 a.m. Team Resource File Review
- 9:30 a.m. Break
- 9:45 a.m. Meeting with Program and Department Administration
David Shoham, PhD, MSPH, LUC MPH Program Director
Amy Luke, PhD, Vice-Chair, Department of Public Health Sciences; Director, Epidemiology Track
Ruth Kafensztok, DrPH, Director of the Public Health Policy and Management Track
Cinthia Leman, Director of Administration, Department of Public Health Sciences
Ilze Berzina-Galbreath, MS, MPH Administrative Coordinator
- 10:45 a.m. Break
- 11:00 a.m. Meeting with Faculty/Staff Related to Curriculum and Degree Programs
Ruth Kafensztok, DrPH, Director of the Public Health Policy and Management Track
Ramon Durazo-Arvizu, PhD, Professor
Holly Kramer, MD, MPH, Associate Professor
James Sinacore, PhD, Associate Professor
Talar Markossian, PhD, MPH, Assistant Professor
Justin Harbison, PhD, Assistant Professor
Lara Dugas, PhD, Assistant Professor
John Orwat, PhD, MA, Assistant Professor, School of Social Work
Daniel Swartzman, JD, MPH, Lecturer
- 12:00 p.m. Break
- 12:15 p.m. Lunch with Students
Jason Gantenberg, Epidemiology
Helen Nde, Epidemiology
Dominique Mocarski, Epidemiology
Jollyn Tryrfter, Epidemiology
Sana Yousuf, Epidemiology
Christina Small, Public Health Policy and Management
Natalia Arroyo, Public Health Policy and Management
Carlos Minaya, Public Health Policy and Management
Larry Benjamin, Public Health Policy and Management
Jennifer Rhodes, Public Health Policy and Management
Rochelle Washington, Public Health Policy and Management
- 1:15 p.m. Break
- 1:30 p.m. Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Ramon Durazo-Arvizu, PhD, Professor
Talar Markossian, PhD, MPH, Assistant Professor
Justin Harbison, PhD, Assistant Professor
Lara Dugas, PhD, Assistant Professor
Jennifer Layden, MD, PhD, Assistant Professor
Daniel Swartzman, JD, MPH, Lecturer
- 2:30 p.m. Break
- 2:45 p.m. Resource File Review and Executive Session

- 3:45 p.m. Break
- 4:00 p.m. Meeting with Institutional Academic Leadership / University Officials
 Richard Kennedy, PhD, Vice Provost of Research and Graduate Programs
 Linda Brubaker, MD, MS, Provost for the Health Sciences Division
 Patricia Mooney-Melvin, PhD, Acting Dean of the Graduate School
 Richard Cooper, MD, Chair, Department of Public Health Sciences, Assistant Professor
 Lauren Hagan, Associate Vice President for Strategic and Financial Planning, Health Sciences Division
- 5:00 p.m. Adjourn

Tuesday, February 10, 2015

- 8:30 a.m. Meeting with Alumni, Community Representatives, Practicum Supervisors
 Paul Zemaitis, MPH, Alumnus, graduated 2011
 Rommie Johnson, MPH, Alumnus, graduated 2014
 Gillian Conrad, MPH, Alumna, graduated 2014
 Tammy Rhoda, MPH Alumna, graduated 2012
 Christopher Bivens, MPH, Alumnus, graduated 2014
 Vytas Karalius, MPH, Alumnus, graduated 2012
 Frances Vlasses, PhD, RN, NEA-BC, ANEF, FAAN, Practicum Site Supervisor, Marcella Niehoff School of Nursing
 Evelyn Lyons, RN, MPH, Practicum Site Supervisor, Illinois EMS for Children Program
 Tala Schwindt, MPH, Practicum Site Supervisor, Sinai Urban Health Institute
 Lois Baumann, Community Representative, Executive Director of the Maywood Fine Arts Association
 Christopher Xamplas, Practicum Site Supervisor, North Shore Mosquito Abatement District
 Carl Caneva, MA, Community Representative, Assistant Director of the City of Evanston IL Health Department
 Cortland Lohf, MD, Community Representative, Director of the City of Chicago IL Environmental Health Department
- 9:15 a.m. Break
- 9:30 a.m. Executive Session and Report Preparation
- 11:30 a.m. Working Lunch, Executive Session and Report Preparation
- 12:30 p.m. Exit Interview