

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

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

The program routinely monitors its overall effectiveness with regard to the development of its students and faculty, and the support of community-based research and service activities. Program planning and evaluation is also a responsibility of all committees within the CEOMPH governance structure. All of these committees are also responsible for proactively reviewing and making recommendations for improvement to the Governing Council for policy changes, based on their evaluation of Program activities. For example, the Program Coordinating Council reviews the employer/alumni/graduate survey data, the Curriculum Committee reviews course evaluation data, the Faculty Appointments and Development Committee reviews faculty evaluations, and the Admissions Committee reviews admissions data. They all make recommendations to the Governing Council from the data based on their reviews.

Based on feedback, certain procedures and plans that do not require approval are developed by the appropriate committee and implemented by the MPH office or program coordinators; for example, the Curriculum Committee reviews and revises the capstone application process.

The Governing Council reviews and approves all program policy, including the establishment of the program's governance structure; the development and continued monitoring of the program's mission and goals; the establishment of academic policy; the approval of fiscal policy; and the approval of faculty appointments.

Strategic or long-term planning discussions for the program continue to occur at the Governing Council meetings, as its members contemplate and agree upon both current and future policy development. The Program Coordinating Council provides input regarding program operation and oversight. The Fiscal Issues Committee provides guidance regarding the budgeting process. The Office of Public Health Practice provides input into the overall organization and direction of the program and to the operating committees. Other constituent groups, such as students and alumni and other faculty members are contacted via email for input and feedback. Also, student class representatives are on the Curriculum Committee and Program Coordinating Council.

- b. Description of how the results of the evaluation processes described in Criterion 1.2.a. are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.**

The quality of programs and activities is enhanced at many levels. Review of evaluation data has resulted in changes at the faculty, committee, and administrative level.

Course directors receive student course and faculty evaluations. They have revised some curricular content and instructor changes within their courses based on feedback (formal and informal). For example, guest lecturers have been invited based on input. If the program administration receives informal feedback (verbal or email), this information is passed along to the course director or pertinent faculty so that appropriate action can be taken. For example, students requested a tutor to help in one class, so tutor help was offered. In another example, faculty had indicated that student writing could be improved, so the use of TurnItIn was incorporated into a couple of the writing-intensive courses to help with grammar issues and to raise awareness of plagiarism.

Committees also review program data on a regular basis in their meetings. The MPH Curriculum Committee and Faculty Appointments and Development Committee have based changes on course and faculty evaluations. In some cases, no actions are suggested; in other cases, recommendations are made. For example, a course evaluation that shows a declining trend in ratings may merit a discussion with the course director with suggestions for the future. Student feedback during committee meetings is taken very seriously.

The Governing Council and administration also look at program data. Often the Program Director may offer recommendations to enhance programming or increase efficiency. These are discussed and appropriate measures are implemented. For example, an ad hoc committee discussed the program's branding to external stakeholders to attract more students to the program, based on the data from admissions.

**c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.**

The measurable objectives were reviewed and revised throughout 2015. Several new objectives were added, several were revised, and a few were deleted (because they were outdated) from the previous self-study. For some of the new objectives, outcomes data was not collected until mid-2015.

Table 1.2.c. Outcome Measures for Measurable Objectives

Outcome Measure	Target			
<b>GOAL 1--Administration: To enhance the CEOMPH's overall capacity by providing programming that facilitates student, faculty, and staff success, incorporating community considerations.</b>		<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
A. Each academic year, enrollment at or above 30 qualified students per cohort. (NEW 2015)	At least 30 students per year.	26 NOT ACHIEVED	35 ACHIEVED	25 NOT ACHIEVED
B. Each academic year, student demographics meet or exceed expected population projections in Ohio for Black/African American (12%), and Hispanic/Latino (3%) populations. (NEW 2015)	12% for Black/African American and 3% for Hispanic/Latino populations.	11.5% AA 11.5% Hisp ACHIEVED (if AA % rounded up)	20% AA 2.9% Hisp ACHIEVED (if Hispanic % rounded up)	28% AA 0% Hisp NOT ACHIEVED
C. Each academic year, information on diversity offerings from partner universities is sent on average at least once monthly on diversity events (NEW 2015)	Send email at least once monthly on diversity events.	NA	Jan 3 Jul 1 Feb 3 Aug 1 Mar 1 Sep 0 Apr 2 Oct 1 May 0 Nov 1 Jun 0 Dec 0 ACHIEVED	Jan 3 Feb 5 Mar 4  ACHIEVED
D. Every two years (odd years), a diversity climate survey is conducted. (NEW 2015)	Conduct survey every two years.	NA	May 2015 ACHIEVED	No survey year
E. Each academic year, faculty ratings are at least 3.0 out of 4.0 on core course evaluations.	Course directors and faculty teaching in the core courses receive at least a 3.0 on evaluations.	Fall—PHC, BIO, HSA Spring—SBS, EPI, PHPI  EHS—one instructor with 3 of 5 ratings between 2.5 and 3  ACHIEVED IN ALL CLASSES BUT ONE	Fall—PHC, HSA Spring—SBS, EPI, PHPI, GW  BIO—1 of 5 rating between 2.46 and 3  EHS—one instructor with 1 of 5 ratings between 2.8 and 3	Fall-- Spring—to be updated by final self-study

			ACHIEVED IN ALL CLASSES BUT TWO COURSES	
F. Each academic year, expenditures per FTE student at least \$7,500 per active student. (REVISED)	Expenditures are at least \$7,500 per active student.	\$578,747/91=\$6,360 NOT ACHIEVED	\$813,830/84=\$9,688 ACHIEVED	\$803,584/74=\$10,859 ACHIEVED
G. By the end of 2017, faculty/alumni/student engagement opportunities are available through the development of a mentoring program. (NEW 2015)	Develop mentoring program.	NA	NA	Sent out survey to alumni on mentor program
H. Each academic year, at least five students present an oral presentation or poster at the Ohio Public Health Combined Conference, American Public Health Association, or Teaching Prevention or other conference. (NEW 2015)	At least five students present at a conference.	Cassie Zimmerman Bhavan Shah Matt Scanlin	Sharon Colvin Amy Kundmueller Josh Scakacs Nelson Isaac Baez NOT ACHIEVED	Chelsey Bruce Josh Scakacs Don Sim Jennifer Lin STILL COLLECTING DATA
I. Each academic year, at least 90% of first year students belong to a public health association. (NEW 2015)	At least 90% of first year students belong to a public health association.	20/26=76% NOT ACHIEVED	29/35=83% NOT ACHIEVED	25/25=100% ACHIEVED
J. Each academic year, at least three alumni sharing via webinar are implemented each semester. (NEW 2015)	At least three webinars per year.	NA	Wendy Smith Aaron Bohannon Neelam Ghiya ACHIEVED	Mary Helen Smith STILL COLLECTING DATA
K. Each academic year, the graduation rate of the cohort that started 6 years prior is at least 70%.	Graduation rate is at least 70% for cohort that started 6 years prior.	57% (2 students continuing) NOT ACHIEVED	88.9% ACHIEVED	Will have at end of July 2016 STILL COLLECTING DATA
L. Within a year of graduation, 80% of graduates are employed within one year of graduation (students not desiring employment excluded).	80% of graduates employed within one year of graduation.	88.9% (2013) ACHIEVED	97% (2014) ACHIEVED	88.9% (2015) ACHIEVED

M. Each academic year, at least one opportunity to grow the program is investigated. (NEW 2015)	Investigate at least one growth opportunity per year.	NA	4-year MD/MPH ACHIEVED	4+1 CSU NEOMED pathway ACHIEVED
<b>GOAL 2--Education: To educate public health students and professionals to improve health and well-being in diverse communities</b>		<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
A. Each academic year, 100% core and generalist track courses achieve at least a 3.0 weighted average (out of a 4.0 scale) on all course learning objectives. (REVISED)	100% of core and generalist track courses receive at least at 3.0 on all learning objectives.	Fall—PHC, HSA, EHS Spring—SBS, EPI, PHPI, GW  BIO (4 of 5 objectives between 2.78 and 3.0)	Fall—PHC, HSA Spring—SBS, EPI, PHPI, GW  BIO (1 of 5 objectives between 2.94 and 3.0)  EHS (1 of 6 objectives between 2.81 and 3.0)	Fall-- Spring Summer
B. Each academic year, students indicate that at least 80% of core and generalist track course competencies are attained.	80% of core and generalist track competencies attained.	Fall—PHC, HSA, EHS Spring—SBS, EPI, PHPI  BIO—10 of 18 between 70-80% attained	Fall—PHC, HSA, SBS Spring—SBS, EPI, PHPI  BIO—4 of 18 between 70-80% attained  EHS—5 of 32 between 70 and 80% attained  GW—17 of 43 between 74 and 80% attained	Fall-- Spring
C. Each academic year, 90% of graduates achieve core course GPA of 3.0 or better.	90% of graduates with core course GPA of 3.0 or better.	100% ACHIEVED	100% ACHIEVED	So far >90% ACHIEVED
D. Each academic year, 80% of graduates mark their capstone experience at least 4 out of a 5 point scale on the capstone evaluation form.	80% of students indicate that course competencies are achieved on the course evaluations.	82% ACHIEVED	99% ACHIEVED	STILL COLLECTING DATA

E. Each academic year, graduates attain 80% of competencies (16 of 19 competencies) (UPDATED 2015).	Graduates completing graduate exit surveys indicate at least 80% of competencies achieved (16 of 19 competencies).	90% (with the ASPPH 119 competencies) ACHIEVED	100% (with the ASPPH 119 competencies) ACHIEVED	100% (STILL NEED TO COLLECT SPRING 2016 DATA) ACHIEVED
F. Each academic year, three out of six core courses incorporate public health practitioners.	Three out of six core courses incorporate public health practitioners	4=PHC, EPI, EHS, SBS ACHIEVED	4=PHC, EPI, EHS, SBS ACHIEVED	4=PHC, EPI, EHS, SBS ACHIEVED
G. Each academic year, 50% of core course directors/co-directors have formal public health training.	50% of core course directors/co-directors with public health degrees	PHC—Lee EPI—Sergeev SBS—Allensworth-Davies EHS—Porter 4/7=57% ACHIEVED	PHC—Lee EPI—Sergeev SBS—Allensworth-Davies EHS—Porter 4/7=57% ACHIEVED	PHC—Lee EPI—Sergeev SBS—Allensworth-Davies EHS—Adams 4/7=57% ACHIEVED
H. Each academic year, at least four additional events per year featuring Black/African American, Hispanic/Latino, American Indian/Alaskan Native, LGBT, disabled, etc. speakers. (NEW 2015)	At least four additional events per year featuring Black/African American, Hispanic/Latino, American Indian/Alaskan Native speakers	NA	Faculty webinar—Allensworth-Davies NOT ACHIEVED	PHC—Terri Robinson STILL COLLECTING DATA
I. Each academic year, all six core courses include discussion opportunities for diversity issues. (NEW 2015)	Include a diversity-related discussion, problem, case, or example in all six core courses.	NA	NA	PHC, SBS, EPI STILL COLLECTING DATA
J. Each academic year, two core courses include an hour in-class discussion, illustrating that diversity is integrated with public health core principles.	A one-hour in-class discussion in at least two core courses.	NA	NA	PHC—Dr. Robinson SBS—Dr. Walsh ACHIEVED
<b>GOAL 3--Research: To advance interdisciplinary research on environmental, social, and individual determinants of health.</b>		<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>

A. Each academic year, at least two students involved in faculty research. (NEW 2015)	At least two students involved in research.	Gathering faculty info	Gathering faculty info	Bhavan Shah Katie Coffmon ACHIEVED
B. Each academic year, faculty research sharing via at least two webinars is presented to students. (NEW 2015)	At least two webinars per year.	NA	Don Allensworth-Davies NOT ACHIEVED	Michelle Chyatte STILL COLLECTING DATA
C. Each academic year, tenure-line faculty submits at least two articles and delivers three presentations at a conference.	Two articles submitted and three presentations delivered at a conference per tenure-line FTE.	Gathering faculty info	Gathering faculty info	Gathering faculty info
D. Each academic year, research dollars per primary FTE tenure-line faculty will increase by 5%.	5% increase in research dollars annually per FTE tenure-line faculty	Gathering faculty info	Gathering faculty info	Gathering faculty info
E. Each academic year, extramural funding will increase by 5% per primary FTE faculty.	5% increase in extramural funding per FTE tenure-line faculty.	Gathering faculty info	Gathering faculty info	Gathering faculty info
F. By the end of 2016, a system to track opportunities for research with diverse communities is developed. (NEW 2015)	Develop a system to track agencies/populations with which MPH faculty conduct research.	NA	NA	In progress
<b>GOAL 4: To promote effective public health practice through collaboration with communities and service activities.</b>		<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
A. Each academic year, at least 50% of graduates list service activities on resume. (NEW 2015).	At least 50% of graduates list at least one service activity on their resume.	NA	15/25=60% ACHIEVED	Available in August 2016 STILL COLLECTING DATA
B. Each academic year, 60% of faculty participate in community/professional service activities in collaboration with community-based organizations. (NEW 2015)	60% faculty in at least one service activity.	Gathering faculty info	Gathering faculty info	Gathering faculty info

C. Each academic year, at least three workforce development opportunities are offered to community agencies by request or need.	At least 3 workforce development opportunities offered annually.	7 ACHIEVED	3 ACHIEVED	5 ACHIEVED
D. Each academic year, opportunities are offered for service to faculty or students from at least one additional or different agency. (NEW 2015)	At least three programs offered per year.	1. Ryan White Mobile Testing unit 2. Susan G. Komen 3. HHS Office of Adolescent Health 4. AmeriCorps  ACHIEVED	1. Prevention Research Center for Healthy Neighborhoods, YRBS volunteer training 2. Akron-Canton Regional Foodbank 3. Habitat for Humanity  ACHIEVED	1. Ohio Public Health Association at Ohio dinner to make video 2. Vista at Helping Hands 3. Public Health Combined Conference assistance  ACHIEVED
E. Each academic year, at least one program-sponsored service activity is offered. (NEW 2015)	At least one program sponsored service event offered per year.	Foodbank volunteering  ACHIEVED	Foodbank volunteering, donations and health promotion photo contest  ACHIEVED	Foodbank donations and health promotion photo contest  ACHIEVED

**d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.**

An accreditation coordinator was hired to collect information from CEOMPH constituents and write the first draft of the self-study. The coordinator was a member of the initial CEOMPH class and graduated in 2002. She has been a member of the Office of Public Health Practice since 1999.

In the fall of 2013, a strategic planning kick-off event was held at which faculty, staff, students, alumni and representatives of community partners participated. Prior to the event, a strategic planning survey was distributed electronically to approximately 400 faculty, staff, alumni, students and community partners. Responses were received from 72 individuals. The survey assessed perceptions of the mission, values, goals and competencies as developed in 2009. The survey further served as a SWOT analysis, asking respondents to the strengths, weaknesses, opportunities and threats of and to the overall program as well as specifically in the areas of diversity, program advising and career counseling, and research opportunities for students. The information gleaned from the survey was shared at the strategic planning kick-off and provided background information used during the event.

During the strategic planning kick-off, participants worked in five small groups to address mission, values and goals; competencies; diversity; advising, career counseling and mentoring; and research opportunities and precepting. After each group shared the outcome of their deliberations, the entire group was led in an exercise to develop a vision for the CEOMPH program. A report of the results of the planning was compiled and shared with program constituents. The results of the sessions were used to develop the first drafts of the mission, vision, values and goals. These were shared with faculty, administrators, students, alumni and community partners.

Further input from stakeholders was sought through the development of eight webinars held between March 2013 and December 2014. Topics of the webinars included the following:

- Accreditation Overview and Mission, Vision and Values
- Diversity
- Competencies
- Goals
- Faculty and Other Resources
- Research
- Evaluation
- Advising and Career Counseling

Invitations to participate in the webinars were sent electronically to all faculty, alumni, students, relevant administrators, committee members and community partners. Invitees could participate in the webinars via telephone and AdobeConnect; the webinars are posted on this web page: <http://mph.neomed.edu/about-ceomph/accreditation>

Key aspects and iterations of the draft mission, values, competencies goals and diversity statements were discussed at every committee meeting, including Governing Council, Program Coordinating Council, Curriculum, Faculty Appointments and Development Committee, and the Office of Public Health Practice. Students were reminded during class and through emailed “Wednesday Tips” to check the accreditation web pages. Portions of the self-study were posted on the program website so that constituents could comment <http://mph.neomed.edu/about-ceomph/accreditation/ceomph-self-study>

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

**This criterion is met.** A broad range of stakeholders are involved in the program evaluation process. They were also involved in providing input and feedback into the self-study.

**Strengths:** Program constituents through formal committee processes and informal channels are incorporated into the evaluation system. They were involved in providing feedback to the self-study. The program has a database to collect much of the data in the outcomes table. The program has changed and improved as a result of suggestions and recommendations.

**Weaknesses:** A program always has the opportunity to grow, especially with the changing demands of students. It is difficult to gather some data from the partner universities for all of the objectives. We did not achieve some of the objectives, although some of them are new. Although program constituents had the opportunity to see the self-study responses in progress, we do not know how many actually took the time to read them.

**Plan:** The program will continue to solicit comments and feedback from its constituents. Mechanisms to gather data will continually be developed and improved. We will continue to monitor our progress and improve on the objectives that we did not achieve through committee and faculty discussions.