

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
LA SALLE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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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 La Salle University. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in October 2016 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.

La Salle University was founded in 1863 through the legacy of St. John Baptist de La Salle and the Christian Brothers teaching order, which De La Salle founded 300 years ago. La Salle recently celebrated its 150th anniversary in 2013. La Salle is an educational community shaped by traditional Catholic and Lasallian values such as promoting a deep respect for each individual, a belief that intellectual and spiritual development goes together, a passion for creative teaching and learning and a conviction that education should be useful for personal growth, professional advancement and service to others.

La Salle University consists of three schools: 1) the School of Nursing and Health Sciences (SONHS), 2) the School of Business and 3) the School of Arts and Sciences. As of spring 2016, there were 4,331 undergraduate students, 2,322 graduate students and 202 doctoral students enrolled at La Salle.

Both the Master of Public Health (MPH) and Bachelor of Science in Public Health (BSPH) programs are housed in the School of Nursing and Health Sciences. The SONHS also houses nursing, communication sciences and disorders, nutrition and health sciences.

In 2012, the Pennsylvania Department of Education granted final approval for the MPH program at La Salle University. In 2013, approval was granted for the BSPH program. In spring 2016, the program graduated the fourth cohort for the MPH degree and the first cohort for the BSPH degree.

La Salle University was accepted as an applicant by CEPH in June 2013. The program seeks to accredit the BSPH, MPH and joint Master of Science in Nursing (MSN)/MPH degree. This is the program's first CEPH 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 public health program at La Salle University. La Salle University is an institution of higher learning accredited by the Middle States Commission on Higher Education. The public health program's faculty and students have the same rights, privileges and status as those in other professional programs at La Salle University.

The faculty have diverse backgrounds that support interdisciplinary collaboration. With an emphasis on social justice and respect for each individual, La Salle's public health programs prepare students to work in health education, health promotion and disease prevention initiatives. The program has clearly defined mission, goals and objectives that are aligned with the university's mission and use the objectives to evaluate its ongoing efforts. The program has adequate resources to offer a BSPH, MPH and MSN/MPH degree.

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 met. The program has a clearly formulated and publicly stated mission with supporting goals, objectives and values. The BSPH and MPH degree programs have a joint mission statement which reads as follows:

The mission of the La Salle University Public Health Program, which is rooted in the larger University mission, is to educate students from diverse disciplines and backgrounds in core public health knowledge areas so that they are equipped to help prevent disease and promote physical and mental health and social well-being through public health practice, leadership, research, and service.

The program's mission and values were developed with broad stakeholder input. In academic year (AY) 2011-2012, building upon the university's mission statement and strategic plan, the primary faculty body drafted the MPH program's original mission and values statements. The statement was then vetted, in turn, by the students, the dean, the school's Curriculum Committee and the school's Advisory Board. In AY 2013-2014, two new primary faculty were appointed, the BSPH program was launched and the program's Advisory Board was convened. These developments provided the opportunity and impetus to revisit the mission and value statements. On several occasions throughout the site visit, the visitors heard stakeholders comment about how well the program's mission aligns with the founding principles and future directions of the university.

Through a separate development process, the original faculty prepared first drafts of the goals and objectives and then sought input of the dean and then, later, the more recently-hired faculty. In addition, as a result of the CEPH consultation visit in 2015, the program made significant changes to streamline and refine the goals and objectives. The program currently has six goals, with two in the area of instruction and one each in the areas of research, service, workforce development and diversity. There are a total of 56 measurable objectives with 35 subsumed within the instruction goal, nine within research, seven within service, one within workforce development and four within diversity.

Moving forward, the program intends to revisit the mission, values, goals and objectives as part of its ongoing quality improvement process. The program expects to undertake a thorough review of the identity statements next year. This review will respond to several anticipated changes, some of which may include: (a) the outcomes of the university-wide program prioritization process, (b) the new CEPH accreditation criteria and (c) expected enrollment growth, should the program become accredited.

The program's mission and values are readily accessible to various stakeholders through inclusion in the program's website, marketing materials, student handbooks, introductory course syllabi and through sharing at student orientation and new faculty interviews. The program's dissemination of goals and objectives is more limited in scope; they are shared through the graduate student catalog and public health student handbooks.

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 developed a comprehensive evaluation system that provides data to assess achievement of each of its objectives. The system relies on a myriad of sources which provide subjective data, such as student surveys, course evaluations and exit focus groups, as well as objective data, such as those derived from faculty productivity reports and the student enrollment database. In addition to the official data sources mentioned in the self-study, site visitors were made aware of informal channels for providing feedback by communicating directly to program leaders.

The program has developed an evaluation system that relies heavily on rapid responses to data obtained throughout the academic year. As evaluation data become available, program directors are responsible for communicating with primary faculty and initiating program improvements. As a small faculty, they meet often and are able to incorporate changes quickly. In addition to activities throughout the year, the site visitors were informed of an annual faculty meeting in which faculty review evaluation data more comprehensively and make decisions.

The self-study process had opportunities for wide stakeholder input. It was primarily drafted by the former program director, however, the current program director, faculty, students, alumni, former and current deans and Advisory Board members have all had opportunities for input.

The first commentary relates to the process for using evaluation data for program improvement. Site visitors met with students, alumni and Community Advisory Board members who consistently noted that they were routinely asked for feedback and suggestions about program improvement. Furthermore, they felt that their input was highly valued since it was so often solicited and because they witnessed how rapidly the program made changes to reflect the feedback they received. While the program is still very small, relying on the program directors to ensure that the program feedback loop is maintained may indeed be working for them. However, as the program grows and program leadership changes, the lack of a less centralized evaluation plan may jeopardize program quality in the future.

A second commentary relates to the limited data available to assess the program's progress toward its objectives. Approximately one-third of the 56 objectives have missing data for one or more of the years in the three-year period covered in the self-study. The missing data may be related to the age of the program. However, without sufficient trend data, it is difficult for conclusions to be drawn about the appropriateness of the targets, the need for remedial actions, the success of interventions, etc. In addition, many of the objectives lack a timeframe, without which it is difficult for site visitors to assess how realistic or appropriate the objectives might be.

1.3 Institutional Environment.

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

This criterion is met. La Salle University is accredited by the Middle States Commission on Higher Education. Its most recent review was in spring 2016. The university and its programs also maintain accreditation with a number of specialized accrediting agencies, including those in nursing, nutrition, social work, business, communication sciences and disorders, clinical psychology and marriage and family therapy.

La Salle University consists of three schools as follows: the School of Nursing and Health Sciences (SONHS), the School of Business and the School of Arts and Sciences. As of spring 2016, there were 4,331 undergraduate students, 2,322 graduate students and 202 doctoral students.

The program currently operates within the Department of Urban Public Health and Nutrition, which is housed in SONHS. The program is led by two directors, one for graduate degrees and another for undergraduate degrees offered. The program directors report to the chair of the department. The chair then reports to the Dean of SONHS. Currently, there is a vacancy in the chair position, and the program directors report to the dean of SONHS until the position is filled. The school dean reports to the university provost.

Annually, the directors, with input from faculty, submit budget requests to the SONHS dean, who reviews the requests before submitting them to the provost. The directors and dean receive the approved budget in the beginning of the next fiscal year, approximately June 1. The program generates revenue for the university via tuition and fees, however these monies reside at the university level.

Both the program and the department are charged with faculty recruitment. When a full-time faculty position is available, the program directors, current primary public health faculty and at least one student form an ad-hoc Search Committee. Candidates undergo interviews with the committee, the dean and the provost. New full-time faculty can be hired as tenure-track, non-tenure track or with a one-year appointment. For adjunct positions, given the small size of the program, faculty primarily rely on informal

recruitment procedures, predominantly word of mouth. If no qualified candidates are identified through these means, a formal advertisement is posted. The program directors interview potential adjunct faculty. All faculty are evaluated each semester using course evaluations.

All faculty and students must comport with standards and policies outlined in the La Salle University Graduate and Undergraduate catalogs. These catalogs are updated annually by faculty and provide information about the university, degree programs and policies and procedures that affect students. Primary faculty have oversight of the public health curricula. Programs wishing to add new courses must follow a six-step process to get formal approval, including approval from the departmental Curriculum Committee.

La Salle University's president and provost confirmed the high priority given to the public health program. They described the program as a role model for other programs within the university. Faculty also spoke highly of the interaction of the program within the SONHS and with the greater university community.

1.4 Organization and Administration.

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

This criterion is met. The program provides an organizational setting conducive to public health learning, research and service. The program currently houses five primary faculty, two of whom play administrative roles (interim director of the MPH degree and director of the BSPH degree). Faculty teach both at the undergraduate and graduate level, interacting with all students in the program.

The self-study provides an extensive list of examples of the program's interdisciplinary work. The organization of the program is conducive to learning, research and service. The program is housed within the SONHS, which also houses health disciplines such as nursing, nutrition, health studies and communication sciences and disorders. Given that the program shares the same contiguous space, there is opportunity for interdisciplinary collaboration with regard to research, service and workforce development. Beginning in AY 2013-2014, the SONHS initiated Interprofessional Education (IPE) initiatives, allowing for additional opportunities for public health faculty to collaborate with faculty and staff from other disciplines. For instance, IPE members partner with the La Salle Community Building Team to plan the university's annual community health fair.

Faculty noted the convenience of the program being housed within the SONHS and the ease of collaborating with faculty in other programs such as nursing and nutrition. Students also expressed their appreciation in being able to interact with students from other programs, especially in research and

service activities. For instance, the SONHS students play an active role in the university's annual community health fair where public health students were given the opportunity to partner with nursing students and nutrition students to conduct community needs assessments.

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. The program has clearly defined rights and responsibilities concerning program governance and academic policies. The program has a clear and defined governance structure with committees that ensure regular, active participation in the program's ongoing operations. The program directors are often the first steps in policy changes or personnel decisions, but most decisions are reviewed and/or approved by the Public Health Advisory Board (PHAB) and by the dean.

The program has three standing committees: 1) Public Health Program, 2) Public Health Program Admissions and Academic Standards and 3) Public Health Curriculum. The MPH director chairs all of the committees and the members include primary faculty. Each committee meets at least once per semester or more as needed. The committees report to the dean and the PHAB with their decisions, reviews and suggestions. Each standing committee also includes student representation, when possible.

The program also has four ad-hoc committees: 1) CEPH Task Force, 2) Public Health Admissions and Standards Committee, 3) Public Health Advisory Board and 4) Public Health Student Organization. The MPH program director chairs the first three of these committees. Alumni and community stakeholders are invited to participate in the PHAB. All matriculated students are invited to participate in the student organization, which meets at least four times per semester. Similar to the standing committees, the ad-hoc committees report to the dean with their decisions, reviews and suggestions.

The program also uses informal methods to receive feedback from students, alumni and community stakeholders such as conducting key informant interviews, surveys and casual meetings to discuss areas of improvement.

Faculty acknowledged that students are very vocal and invested in the governance aspect of the program. After meeting with students, site visitors confirmed that students felt they had an important role in the program's governance and were engaged by primary faculty for feedback on a regular basis. Alumni and community stakeholders expressed similar sentiments, stating they felt their opinions and perspectives are valued. Adjunct faculty, students, alumni and community stakeholders have witnessed improvements and quick responses on the program's behalf based on the feedback provided. The

program's readiness to include feedback received to improve the program's effectiveness is a strength acknowledged by its constituents.

1.6 Fiscal Resources.

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

This criterion is met with commentary. The program has financial resources to fulfill its stated mission and goals and its instructional, research and service objectives. La Salle is a private not-for-profit institution. All tuition, fees and indirect costs generated by the program accrue at the university level. The program director, in consultation with primary faculty, submits budget requests to the provost, in concert with and through the dean. The university returns a final approved program budget at the beginning of each fiscal year. A review of the program budget reveals a general increase in year-over-year expenditures since 2011; one exception is the modest decrease between AY 2014-2015 to AY 2015-2016.

The program doesn't explicitly fundraise. This is also done at the university level, however donors who wish to contribute directly to the program or school can identify where they want their contribution sent to. Onsite, the team learned that the program has the largest budget in the school.

As shown in the table below, the program's budget for 2011-2016 has covered faculty and staff salaries and benefits, general office operational expenses, faculty travel to professional conferences, student support, marketing/recruitment expenses and program membership dues.

In the self-study and onsite, visitors learned about the recent university-wide program prioritization process in which there was a complete review of all academic and operational programs at La Salle. In discussing this process with site visitors, program, school and campus leaders all expressed tremendous pride in the BSPH and MPH programs and how well they fared in the prioritization process. Both of the degree programs scored in the top quintile of university programs. The university has already decided which programs will be phased out, and the president, provost and dean were unequivocal in asserting to the site visitors that the public health program will be retained and slated for increased investment. However, the details about the expected timeline and the magnitude of that investment are yet to be determined.

The faculty and program leaders indicated overall satisfaction with the financial resources available to the program. The program has identified five objectives against which they judge the adequacy of their fiscal resources. Over the past three academic years, the program has met or exceeded all of its targets.

Table 1. Sources of Funds and Expenditures by Major Category, 2011-2012 to 2015-2016						
	Year1 (11-12)	Year 2 (12-13)	Year 3 (13-14)	Year 4 (14-15)	Year 5 (15-16)	Year 6 (16-17)
Source of Funds						
University Funds	\$311,518	\$382,393	\$493,201	\$623,566	\$590,169	\$603,723
Expenditures						
Faculty Salaries & Benefits	240,751	303876	398911	520952	499838	504,036
Staff Salaries & Benefits	50,707	51521	58440	65098	55271	65,321
Operations**	2580	5873	5638	4920	7560	7539
Travel***	4055	4216	7342	7298	6200	6200
Student Support****	8851	9268	9333	9216	9200	9200
Promotion*****	2189	3445	5778	9068	7800	7127
Dues *****	2385	4194	7759	6815	4300	4300
Total	\$311,518	\$382,393	\$493,201	\$623,566	\$590,169	\$603,723

NOTES:

****Operations** includes the following items from our La Salle Budget (eg, Professional Services, Printing, General Supplies, Office Depot Supplies, & Duplicating Charges).

*****Travel** includes the following items from the LaSalle Budget (eg, Convention). These funds are designated for primary faculty members for travel to conferences (ex, Annual American Public Health Association (APHA) conference).

******Student Support** includes the following items from the LaSalle Budget (eg, LSU Student Wages, Student Support). These funds include work study and financial aid that is given to the program annually to allocate to students.

*******Promotion** funds are utilized to attend events that we can promote the Public Health programs (ex, Pennsylvania Public Health Association annual conference).

*******Dues** are funds utilized to pay for program memberships to public health professional organizations including (ex, The College of Physicians of Philadelphia Section on Public Health, Pennsylvania Public Health Association, Association for Prevention Teaching and Research).

The commentary relates to the availability of funding to meet current and projected program needs. While site visitors consistently heard that the program felt grateful and appreciated the generosity of the university allocations, various stakeholders commented on the need for additional resources, which would require budget increases. Funding level increases would be needed to fund new hires, including, but not limited to a practicum coordinator; to provide expanded program marketing and recruitment; and to subsidize student travel and graduate assistantships.

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 program has adequate personnel resources for systematic evaluations, practicum support and departmental support to fulfill its stated mission, goals and objectives. The program hired a new, permanent MPH program director, as of 1/25/17. In response to concerns over practicum support, an adjunct faculty position has been created to serve as the practicum coordinator.

At the time of the site visit, the program had five primary faculty (5.0 FTE) and 13 secondary faculty (3.25 FTE). All five of the primary faculty are allocated to both the BSPH and MPH degrees. Of the 13 secondary faculty, five are allocated to the BSPH program and eight (2.0 FTE) to the MPH program. The program is supported by one staff member at a level of .40 FTE.

At the time of the site visit, the program had student-faculty ratios (SFRs) above its target of 30:1 for the BSPH program (37:1 SFR for fall 2016) and above 10:1 for the MPH program (13:1 SFR for fall 2016), but these SFR levels are based on the same five faculty members being counted for each program, in reflection of their functional roles with both degree levels. An unexpected influx of new BSPH students transferring from the nursing program contributed to larger than anticipated class sizes. The self-study identified a need for three additional faculty members: a permanent replacement for the former MPH director, a practicum coordinator and a workforce development coordinator. There is currently a university faculty hiring freeze, pending the results of the program prioritization process, described in Criterion 1.6.

Despite these issues, faculty and students did not express concerns. Faculty members who met with the site visit team stated that faculty resources are adequate and that their teaching loads are manageable. Students who met with the site visit team stated that they have appropriate class sizes, that the faculty are always available and responsive.

The program occupies 1,900 square feet of newly renovated space on the third floor of St. Benilde Tower within the SONHS. The space includes private offices for all primary faculty, smart classrooms fully equipped with technology, computer laboratories and two student lounges.

The SONHS also has a state-of-the art Interprofessional Simulation Center on the third floor, which has two patient rooms, two exam rooms, eight patient beds, a control room and debriefing room. Although typically used to facilitate clinical instruction, discussions are underway with public health faculty to identify uses for the public health program.

The SONHS has one computer laboratory with 29 computers. Students also have access to more than 1,000 computers on campus. The self-study, however, identified IT resources as an area for improvement. One of the required MPH courses uses Arc-GIS, but the software licenses are only downloaded on a limited number of computer laboratories on campus with limited computer lab hours during the summer, when the course is offered.

During the site visit, students expressed concerns about the availability of the GIS software but this does not demonstrate a compliance issue. Faculty expressed similar concerns for the students in addition to

their own issues with accessing IT services. Despite the concern, faculty and students acknowledged the program's prompt response in attempting to remedy these issues. Site visitors learned from students and faculty that the program endeavored to loan laptops to students with the GIS software pre-downloaded. The students noted that the laptops were a great idea, but the remote software presented new issues. In another attempt to rectify the situation, the program was able to extend computer lab hours for their students, providing more accessibility.

The Connelly Library is the main library for the university. The library has more than 400,000 items that circulate, are available in-house or are available as part of special collections. The library subscribes to many academic full-text periodicals and maintains online digital collections made available to students, faculty and staff. The program also has access to more than 70 peer-reviewed public health-related journals, which are accessible through the library.

1.8 Diversity.

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

This criterion is met. Diversity is an integral component of the university's vision, mission, goals and values. The program demonstrates a commitment to diversity and cultural competence in learning, research and service practices. This commitment is reflected in the program's Statement of Diversity and Inclusion, which underscores respect for cultural and religious values and promotes diversity, inclusion, equity and justice.

The university is a diverse community dedicated in the tradition of the Christian Brothers with concern for the values of its faculty, employees and students. Its mission celebrates diversity and promotes a climate free of harassment and discrimination. Accordingly, the university does not discriminate based upon race, color, religion, sex, age, disability, national origin, ancestry, citizenship, sexual preference or orientation, marital status, gender identity, military or veteran status, genetic information or any prohibited basis. The assistant vice president for human resources leads the university's equity, inclusion and diversity efforts, including compliance with state and federal laws and university policies. All employees are required to comply with the university's equal employment opportunity and anti-harassment policy. The following policies and procedures are in place to support diversity within the university:

1. La Salle University Equal Employment Opportunity and Anti-Harassment Policy
2. University Affirmation
3. Discrimination and Harassment Policies
4. La Salle University's Title IX Statement of Nondiscrimination

The program curriculum includes service learning that addresses and builds competencies in diversity and cultural considerations. BSPH students take the required PHLT 489 Race, Ethnicity and Public Health course, in which students examine the concepts of race, ethnicity, biological and social constructionist perspectives. The curriculum for MPH students focuses on health promotion and disease prevention with a specific focus on Health Disparities in Urban Communities (HDUC), and the required coursework reflects this focus. Students who met with the site visit team expressed satisfaction with the diversity among faculty, staff and students in the program, including race/ethnicity, age and professional interests. Students also noted that while the program's focus was on health disparities and urban health, there was room to add more emphasis on health disparities in the curriculum.

The program demonstrates an ongoing commitment to recruit diverse faculty, staff and students. The program has policies and procedures in place that are monitored and measured during the annual program review. In alignment with the richly diverse demographic profile of Philadelphia, the program identified the following populations as underrepresented: racial/ethnic minorities among the public health faculty, BSPH students, MPH students and Public Health Advisory Board members. Among the five primary public health faculty, 60% represent racial/ethnic minority populations. The program's percentage of minority BSPH students has increased over the past three years, representing more than 60% of the BSPH student body. Of note, in AY 2015-2016, 11% identified as Asian, 31% Black/African American and 18% Hispanic/Latino. Similarly, among MPH students, more than 65% were members of underrepresented racial/ethnic minority groups. Three percent were Asian, 41% Black/African American, 8% Hispanic/Latino and 13% international.

In addition to faculty and student diversity, the program also recognizes the importance of maintaining a Public Health Advisory Board (PHAB) that reflects the diversity of the communities it serves. At the time of the site visit, about 60% PHAB members identified as racial/ethnic minorities. Students who met with the site visit team said that they felt represented in the program and praised the program's commitment to being a leader in diversity for the university.

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 program offers instructional programs reflecting its stated mission and goals. Table 2 presents the program's degree offerings.

Table 2. Degrees Offered		
	Academic	Professional
Bachelor's Degrees		
Health Education	BSPH	
Master's Degrees		
Health Disparities in Urban Communities		MPH
Joint Degrees		
Nursing		MSN/MPH

The program offers the MPH with an emphasis in health disparities in urban communities and offers a BSPH in health education. The program also offers a joint degree that combines the MPH with nursing (MSN/MPH).

In addition to the five core courses, MPH students are required to take a public health leadership and management course, 18 semester credit hours in courses promoting cross-cutting competencies, one elective course, two courses for public health practice and two capstone courses. Site visitors reviewed the curricula for all degree programs and verified that the program offers an appropriate depth of coursework.

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. La Salle University and the program operate using the semester system. Fall and spring semesters are approximately 14 to 16 weeks and summer semesters are about 10 to 11 weeks long. The program abides by the Pennsylvania State Board of Education's definition of credit hours, with one semester credit equivalent to 14 hours of classroom instruction. A three-credit course meets for 42 hours of instruction.

The MPH degree requires completion of 51 semester credit hours. The MSN/MPH degree requires 62 semester credit hours. No MPH students have completed the degree for fewer than 42 semester-credits. Credit sharing related to the joint MSN/MPH degree will be discussed in Criterion 2.11.

MPH alumni noted that while progressing through the program, the length was a concern. However, post-graduation, the alumni acknowledged the length was appropriate. Alumni observed that it may be difficult to reduce the program length without diminishing the quality of the program.

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

The MPH program contains an 18-credit required core curriculum that includes one course each in biostatistics, epidemiology, environmental health sciences and social and behavioral sciences and two courses in health services administration (one on policy and one on leadership and management). Courses are offered either entirely face-to-face in the evenings or are available in a hybrid format. No courses are offered entirely online.

Table 3 lists the courses in the five core knowledge areas that all students must complete.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas for the MPH Degree		
Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PHLT 704 Statistics and Biostatistics	3
Epidemiology	PHLT 637 Epidemiology	3
Environmental Health Sciences	PHLT 520 Environmental Health and Program Design	3
Social & Behavioral Sciences	PHLT 707 Social and Behavioral Sciences	3
Health Services Administration	PHLT 530 Public Health Leadership and Management	3
	PHLT 635 Public Policy, Program Planning and Evaluation*	
Health Services Administration	NUR 635 Health Policy, Program Planning and Evaluation *	3

*Students in the MSN/MPH may take either NUR 635 or PHLT 635. NUR 635 is cross-listed with PHLT 635.

No course waivers are permitted. However, students are able to transfer a total of nine credits of previously-completed equivalent coursework with permission from the program director, who determines equivalency by reviewing the syllabi in consultation with the instructor of the comparable La Salle course.

Site visitors were able to review core course syllabi. Syllabi adhered to a standard format and listed core competencies with appropriate associated learning objectives. The syllabi demonstrated adequate evidence of the sufficiency of depth and breadth of coverage of the five core areas of public health knowledge.

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. All graduate professional public health students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience. All

students are required to complete two, three-credit practice-related courses (PHLT 750 and 751) and 200 hours of a planned, supervised, competency-based and evaluated public health practicum.

All core coursework must be completed prior to beginning practicum hours. In rare circumstances with the permission of the program director, students may complete a core course concurrently with the MPH practicum. Students may not waive, substitute or reduce the number of practicum hours. Students usually identify their practice site beginning in year two and complete the practicum over two semesters from mid-August through April.

The practicum provides students with direct hands-on public health experience and an opportunity to integrate knowledge gained during academic coursework in a professional public health environment. The MPH Student Practicum Policy and Procedure Manual outlines policies and procedures for the practicum. The MPH program director supports and manages student practica. Students are ultimately responsible for identifying a practice site and qualified preceptor. Placement sites are selected in accordance with the student's career interests and self-assessed needs. Students may complete their experience at sites that previously hosted La Salle students or identify a new site. Additionally, students may also complete their practicum with their current employers, provided that the practicum is substantially different from their existing responsibilities and the fieldwork is conducted under the supervision of someone other than the student's current supervisor.

Preceptors provide on-site supervision and real-time evaluation of students. All practica must be approved by the program director and supervised by a qualified preceptor who is a public health professional. Preceptors must have a graduate-level degree in a health-related discipline, be at the current site for at least one year and have three years of experience post-graduate degree. Faculty discuss practicum requirements with each preceptor and conduct site visits to assess student progress and the appropriateness of the learning environment.

During the practicum, students are required to demonstrate at least four public health competencies. At least one of the four competencies should be from the Health Disparities in Urban Communities (HDUC) competencies. Additionally, students submit a log of contact hours, identification of program competencies and evaluation of practice site. Preceptors participate in periodic informal meetings with the program director, complete mid-point evaluations and also receive a final evaluation from the program.

Site visitors learned from students that they felt the practicum was an integral component of the program and is very highly valued. Preceptors indicated that they felt well-supported by faculty and were pleased with students' skill levels and abilities to contribute to their organizations.

2.5 Culminating Experience.

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

This criterion is met. The program assures that each MPH student demonstrates skills and integration of knowledge through a culminating experience. The MPH program has designed a two-semester multi-component culminating experience (capstone) which affords students the opportunity to synthesize, integrate and apply the knowledge and skills they have gained across the curriculum and to develop or hone the professional skills they need to succeed in the public health workforce. The site visit team was able to review the capstone manual, which clearly describes the experience and provides detailed guidance for completion of capstone components and specifies grading requirements.

The culminating experience is completed within a two-course sequence (PHLT 752/753) over a student's final year in the program. Within the course, students are guided through three major activities that demonstrate achievement of program core and advanced competencies. One activity is the completion of a research project using either primary or secondary data, followed by the presentation of findings in a written report. Onsite, visitors learned that the capstone was initially a literature review project; later, students were offered the option to also select a data-based research study. Beginning in the current academic year, the literature review option was dropped based on feedback received from students and course evaluations to offer an activity better suited to the program. Selected alumni commented to site visitors about the value of the research-based capstone in preparing them for public health careers and further education.

A second activity is the poster presentation of the scholarly project. Students present their posters to peers and are encouraged to also submit abstracts to professional conferences. Students must submit the capstone abstract or an abstract based on their practicum experience to the student poster session of the annual conference of the College of Physicians of Philadelphia.

The third part of the culminating experience is a written comprehensive examination, which includes multiple-choice questions and one essay question. Students complete the examination in December of their final year and are able to repeat it once (in the following February). Thus far, all students have passed on either the first or second attempt. However, should a student fail both attempts, program policy dictates that s/he will meet with the program director to determine a remedial plan.

Site visitors reviewed samples of students' written reports and presentations and conclude that deliverables represent professional products consistent with graduate-level expectations. Site visitors also

reviewed the comprehensive exam and found that it also represents an integration of skills and allows students the opportunity to demonstrate attainment of core and concentration competencies.

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. For each degree, the program has clearly stated competencies that guide the development of the degree programs. The program has defined a set of core competencies for each degree (BSPH, MPH) and an additional set for each concentration. Though each competency set has some variation in the level of knowledge and skills expected, competencies are generally written at levels appropriate to each degree: many MPH competencies require students to *apply* theories and skills, while many BSPH competencies require students to *describe* processes or methods.

The self-study presents curricular maps that document the curricular elements, predominantly coursework, through which competencies are covered.

MPH competencies were initially developed by the previous MPH director, the dean of SONHS, and an ad-hoc committee of public health related faculty from the Department of Nursing. They were developed using the Association of Schools and Programs of Public Health Core Competency Model. The competencies were then further evaluated and revised to comply with the university's mission and values and CEPH expectations. In AY 2011-2012, the MPH competencies were re-evaluated after the current interim MPH director assumed her role. No substantive changes were made. Consistent with the program's mission and values, the MPH competencies were revised to incorporate vulnerable populations, and faculty changed terminology to "health disparities in urban communities" (HDUC), which more accurately describes the program's mission.

MPH competencies are made readily available via the program's website, the MPH student and practice handbooks, on course syllabi and are also presented during new student orientation.

For the bachelor's degree, ASPPH's Critical Component Elements of an Undergraduate Major in Public Health guide the BSPH competencies. The program defines nine learning outcomes derived from CEPH's curricular expectations for standalone baccalaureate criteria (which the program has chosen to use for this review cycle). Given that the program's BSPH degree is designed for students who wish to sit for the CHES examination, the BSPH concentration competencies are guided by the Seven Areas of

Responsibility for Health Education Specialists. These competencies are also reviewed annually by faculty and revised as appropriate.

BSPH competencies are also made available via the program's website in addition to each BSPH syllabus, as appropriate.

The program uses the annual program review as an opportunity to review competencies and courses and revise as necessary. The Public Health Advisory Board also reviews the program's competencies and learning outcomes and provides feedback including the current state of public health practice, future curricular needs and opportunities for workforce development.

BSPH and MPH students in addition to alumni from both programs expressed their appreciation for the efforts of primary faculty to ensure that all students understand what competencies are and why they are important, in addition to assessing competency attainment. Alumni expressed they felt well-prepared, having attained the appropriate competencies for successful post-graduation outcomes.

2.7 Assessment Procedures.

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

This criterion is partially met. The program has implemented several procedures for monitoring and evaluating student progress in achieving expected competencies. The program has designed every course to address at least one competency, and syllabi identify the specific opportunities for students to demonstrate competency attainment such as through assignments, projects, oral presentations and class discussions.

Both the practice and culminating experiences have tools that require faculty and preceptors to assess students' competency attainment. Students identify four competencies to be assessed during the practical experience. Graduating students participate in an exit focus group that includes a discussion of competency attainment. Data gathered from these groups are used for curricular and competency revisions. Students also complete a satisfaction survey that uses a Likert scale to assess the overall program. Finally, a MPH alumni survey is also conducted to assess competency attainment in a workplace setting, in addition to alumni's perspective on their competency attainment.

The program identifies additional measures by which it tracks MPH students' success such as performance in core courses, preceptor-evaluated performance in the practical experience, passing the comprehensive exam on the first attempt, graduating within five years and securing employment or continuing education within 12 months of graduation from the program. On all measures, except the

measure relating to 80% of MPH students achieving a B or better in one of the five core knowledge areas (environmental health), the program has met or exceeded its targets for the past three years.

The BSPH degree has similar assessment procedures, using focus groups, student satisfaction surveys and alumni surveys to gather data on the program's effectiveness and students' competency attainment.

The BSPH program had the first graduating class in May 2016. Given there has only been one class, limited data are available. Despite this, the program has been able to meet the self-identified targets with the exception of 60% of students achieving a B or higher in the statistics for health professionals course. In AY 2014-2015 and AY 2015-2016 the rates were 54.5% and 37.5% respectively.

Post-graduation placement rates for MPH students surpass this criterion's expectations. For the class of 2015, ten of 11 students were employed within 12 months after graduation.

The self-study also reports graduation rates and post-graduation outcomes for its BSPH students. The program is currently in the process of gathering data on post-graduation outcomes, since it has not yet been 12 months post-graduation, however approximately 71% of the first graduated class has already secured employment. The program is finalizing graduation rates for the first graduating class, however preliminary data suggests the BSPH program has surpassed the CEPH graduation minimum of 70%.

Only one BSPH student has taken the CHES exam in June 2016, and she received a passing score.

Post-graduation data are collected at the BSPH level through social media where the program uses Facebook, LinkedIn and Twitter in addition to the BSPH listserv and alumni office. These data are collected at the MPH level through similar means, using social media, the MPH listserv and the alumni office.

The first concern relates to the current lack of employer feedback regarding graduates' demonstration of competencies in a work setting. In AY 2016-2017, the program developed the Employer Satisfaction Survey with an expected timeframe of implementation in November 2017. This information is needed to properly and accurately assess the program's overall effectiveness, particularly with competency revisions. Preliminary data should be presented in this area to verify this is the case. The self-study also identified this as an area of improvement for the program.

While site visitors identified high attrition among some of the early MPH cohorts, the program identified several possible reasons for the high attrition including financial hardship faced by some of their students, the length of the program and personal reasons undisclosed to the program from the student. In their

response to the team report, the program explained that they have implemented policies and procedures to improve retention and graduation rates for MPH students have met the 70% threshold for MPH students graduating within the maximum allowable time.

2.8 Bachelor's Degrees in Public Health.

The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease
- the foundations of social and behavioral sciences
- basic statistics
- the humanities/fine arts

The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
- the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice
- the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations
- the underlying science of human health and disease including opportunities for promoting and protecting health across the life course
- the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
- the fundamental concepts and features of project implementation, including planning, assessment and evaluation
- the fundamental characteristics and organizational structures of the US health system as well as the differences in systems in other countries
- basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government
- basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

If the program intends to prepare students for a specific credential, then the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

Students must demonstrate the following skills:

- the ability to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences

- **the ability to locate, use, evaluate and synthesize public health information**

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

- **advocacy for protection and promotion of the public's health at all levels of society**
- **community dynamics**
- **critical thinking and creativity**
- **cultural contexts in which public health professionals work**
- **ethical decision making as related to self and society**
- **independent work and a personal work ethic**
- **networking**
- **organizational dynamics**
- **professionalism**
- **research methods**
- **systems thinking**
- **teamwork and leadership**

This criterion is met. The program offers a BSPH degree comprised of 16 learning goals that guide the curriculum: nine ASPPH Critical Component Elements (CCE) of an Undergraduate Major in Public Health and the NCHEC Seven Areas of Responsibility for Health Education Specialists. The first cohort started in fall 2013 and graduated in May 2016. BSPH students complete 124 credits to graduate. This includes 16 courses in the public health major for a total of 48 credits, 64 university-required core credits and 12 open electives that are not required to be public health-related courses.

The program ensures that all students complete courses in the four broad domains of science, social and behavioral sciences, math/statistics and humanities through a combination of courses in the major and university-required core courses.

The self-study presents templates that clearly demonstrate the mapping of all public health domains to the major courses. The 16 major required courses include coursework in social and behavioral change, needs assessment and planning, urban health, research methods, health education principles, reproductive health, and race and ethnicity in public health. Most of the required public health domains are addressed in five or more of the required classes, ensuring robust coverage and reinforcement.

The self-study also presents clear documentation of the assessment opportunities that require students to demonstrate public health skills relating to communication and information literacy. In one required class, students create a health education guide using various delivery options (videos, workshops, brochures, etc.). The curriculum requires individual and group oral and written reports in multiple required classes. The curriculum also includes components that require students to find secondary data, analyze journal articles, complete needs assessments and collect and analyze primary data.

BSPH students must complete a capstone experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. The capstone is completed over a two-part course: Capstone I (PHLT 410) and Capstone II (PHLT 411) worth three credit hours each. Capstone I allows students to link public health concepts and ideas presented in the classroom to experiences in the public health practice setting. Special emphasis is placed on needs assessment, data collection and program planning. Capstone II expands on public health concepts and ideas and focuses on program implementation, evaluation and health communication. As one of the final courses of the BSPH program, it focuses on public health workforce development, leadership, professional development and entry into the public health workforce. These courses provide a cumulative experience, requiring students to synthesize skills across the curriculum, and achieve public health experience necessary for success in the workplace.

The self-study also documents students' exposure to all of the cross-cutting elements. Most of the elements are formally incorporated in required coursework. In particular, the required Public Health Leadership and Health Education Course addresses many of the cross-cutting domains, including organizational dynamics, networking and professionalism.

The BSPH program had an influx of new students in AY 2014-2015, which resulted in larger class sizes and more courses taught by secondary faculty. Despite these changes, students with whom visitors spoke during the site visit did not see this as a major concern. They felt that faculty were available and responsive in providing academic advice and career counseling. One area of improvement noted by BSPH alumni was the availability of public health elective courses. Students expressed interest in opportunities to take additional courses in public health beyond what was currently offered in the program. Overall, students were pleased with the program and opportunities available outside of coursework. One student commented that the internship was an invaluable experience and reiterated the need for required internships to strengthen public health knowledge and skills. Several graduates of the bachelor's program who met with site visitors spoke of the ways in which they used skills from their degrees in their current employment. They mentioned the ability to work in teams and concepts of cultural competence as particularly applicable to their jobs in public health and social service settings.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met. The program offers one joint degree program in nursing. The MSN/MPH degree program promotes an interprofessional study of advanced nursing and public health. This degree program was originally initiated by students at SONHS.

Joint degree students are required to complete 62 semester credit hours to graduate. The nursing practice component also requires 512 practice (clinical) hours in a field study specific to public health nursing in addition to enrolling in two courses, NUR 655, Field Study in Public Health Nursing I, and NUR 656, Field Study in Public Health Nursing II. Joint degree students are also required to complete the same two capstone courses, PHLT 752 and PHLT 753, comparable to standalone MPH students.

The MPH director is responsible for advising and career counseling for joint degree students in addition to ensuring public health competency attainment. The MSN chair ensures joint degree students attain nursing competencies set by the Commission on Collegiate Nursing Education (CCNE) requirements. Because of the close relationships between nursing and public health faculty, some credit efficiency is shared through courses that are cross-listed, in which public health and nursing students sit side-by-side. For example, students in the MSN/MPH may receive credit for NUR 635: Health Policy, Program Planning and Evaluation instead of PHLT 635: Public Policy, Program Planning and Evaluation since the courses are cross-listed.

To date, the program has only had one student successfully complete the joint degree. Enrollment has been consistently low, and the program has made it a priority to recruit and retain more joint degree students. Given that the nursing program is accredited, the public health program hopes to use CEPH accreditation as an additional marketing strategy to increase enrollment in the joint degree program.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met with commentary. La Salle has historically been a teaching-intensive institution. However, onsite, visitors became aware of how recent major changes in leadership, from a new president down through the new provost, associate provost and school dean have begun a major shift toward incorporating a greater focus on research throughout the institution.

The public health program faculty all recognize and value the importance of research in the academic public health enterprise and would like to increase their and their students' involvement in scholarly activities, particularly as it relates to health disparities in vulnerable populations, such as those of urban communities. In meeting with faculty and administrators, it was clear to the site visitors that the program faculty were highly valued for their research accomplishments, particularly the recent success of two of the public health faculty members who were the first La Salle faculty ever to obtain NIH funding.

All MPH students are exposed to research through their required coursework and their capstone projects. As a result of a program requirement, each student will have submitted at least one abstract (from the practicum or capstone) for professional presentation by the time of graduation. Over the past three years, three MPH students and one alumnus have worked with faculty on research projects.

Site visitors heard from students and alumni who noted that they were satisfied with the availability of student research opportunities for those who wanted those experiences. As noted by the program, its population of mostly full-time working students are time-constrained. However, having funded research positions available could potentially afford students the option to engage more fully in the research enterprise if they so desired.

The program maintains that there are nine objectives by which they monitor the success of their research program. Two of those objectives relate to faculty scholarly productivity; the program strives for their primary faculty to have at least one peer-reviewed publication or presentation and to serve as a journal or abstract reviewer each year. All primary faculty achieved that benchmark, thus allowing the program to exceed its target of 75% every year over the three-year review period.

The commentary relates to the discordance between the public health program faculty's desire and existing potential to establish and maintain a robust scholarly agenda and the current university system to support their efforts. The program is housed within a teaching-intensive university environment, with a limited infrastructure for research. The university has recently developed a small office for research grant support, and faculty spoke highly of the assistance they are able to receive from the staff. However, that development is new and other needed supports are yet to be developed. Examples of such supports are programs to mentor junior faculty for their roles as public health researchers and mechanisms to allocate time for research in faculty workload assignments.

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. Service is an integral part of the university, school and program mission. Service to the community and public health profession are one of the program's values. The faculty handbook describes service requirements to the profession, university, students and community.

The program has measurable service objectives and consistently exceeds many of its targets. Data from 2013 through 2016 demonstrate that the program has met or exceeded the following service targets: 50% of current students participating in at least one service related activity during the academic year; 80% of graduating students participating in at least one service activity; 75% of full-time tenure track faculty providing service to a community organization; and 75% of full-time tenure track faculty working with public health students in a service or outreach activity. Faculty are actively engaged at local, state and national levels. They serve on community boards, hold leadership positions with service organizations and serve as reviewers for peer-reviewed journals. In the promotion and tenure process, faculty are evaluated by six criteria, two of which are related to community and professional service.

Students are actively engaged in service learning in the classroom and community. Students have opportunities to serve communities and organizations through community service learning courses, practica and faculty- or student-initiated volunteer activities. Special emphasis is placed on addressing the needs of urban communities. Students have actively participated in activities such as university health fairs, blood drives, the Philadelphia Prison System Women's Resource Fair and service at domestic violence shelters. Community representatives who met with site visitors commended program faculty for their dedication to service. Students expressed that faculty regularly engage them to participate in service opportunities. Alumni, community representatives and preceptors noted that teaching and service are strengths of the program.

3.3 Workforce Development.

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

This criterion is met. The program supports professional development of the public health workforce through presentations, lectures, health fairs and seminars hosted by the university and external institutions and agencies. The program has collaborated with organizations such as the National Association of Health Services Executives (NAHSE), sororities and public health service organizations. Presentations by primary and secondary faculty, which have been attended by members of the public health workforce, have addressed topics such as violence prevention, HIV prevention and public health nursing. The program does not currently offer graduate certificate programs.

The program documents attendance at workforce develop events. Between 2013 and 2016, the program participated in more than 20 workforce development activities. The program consistently met or exceeded its goal of reaching a minimum of 200 people.

The program's response to the site visit team's report described a clear and formal process to assess the needs of the public health workforce. Based on a survey of three stakeholder groups (Public Health Advisory Board Members, MPH practicum preceptors and employers of alumni), the program identified areas of needs and opportunities. In response to this, the program intends to develop sessions or workshops each academic year which will take place on the university campus and delivered in person or on-line.

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 has a clearly defined faculty that is able to fully support the program's mission, goals and objectives. However, the primary faculty complement has been relatively unstable in its first few years of operation (two individuals in 2011-12; three in 2012-13; five in 2013-14; four in 2014-15; five from 2015-present). Additionally, one of the current five faculty members is resigning at the end of the fall 2016 term. While the faculty line is being retained and a replacement being sought, interviews have not yet begun; thus, it is possible that the new hire may not be on board by spring 2017.

All primary faculty hold a doctoral degree, and four have earned at least one graduate public health degree from a CEPH-accredited school. One of the five primary faculty members was tenured last year, one is under review for tenure this year and the other three are on the tenure-track. Three primary faculty are assistant professors and two are at the associate professor rank. Three of the primary faculty hold major administrative leadership titles: BSPH program director, interim MPH program director and associate provost/former program director. The interim MPH program director (assistant professor, tenure-track) is leaving the university at the end of December 2016 and the position has been advertised at the rank of assistant/associate, although site visitors have been informed that the university is open to filling the position at the full professor rank.

The program currently has a complement of 13 secondary faculty who provide course instruction across the curriculum. All of the secondary faculty hold graduate degrees, and five have doctoral degrees. The program uses both master's and doctorally-prepared secondary faculty to teach graduate public health courses. Two of the secondary faculty are assistant professors in the La Salle Nursing Program and the other eleven represent local area public health, academic and clinical practice environments. Onsite, the team met with secondary faculty and learned that the secondary faculty are heavily invested in the program and are committed to advancing its teaching mission.

In addition to the primary and secondary faculty, students also benefit heavily from guest lectures provided by public health professionals. Onsite, the team heard from students and alumni about the value of those practitioner perspectives.

The program uses nine objectives to assess the qualifications of its faculty. One of those objectives is that 75% of the full-time faculty will hold doctorates; that objective has been met at 100% over each of the past three years. The other eight objectives are related to student assessments of faculty and courses. The target for each of those objectives is a mean score of 4.0 on a scale of 1-5. The targets have been met for most of the objectives in 2013-2014 and have been met for all objectives since 2014-15.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The program has well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate performance and to support the professional development of faculty. Program faculty are governed by university-level policies and procedures, which are specified in the general university handbook. Site visitors were provided with an electronic copy dated spring 2015. Expectations and benchmarks for promotion are also specified at the department-level through written guidelines which was provided to the team during the site visit.

In general, to initiate new hires, the program may request faculty lines up and through to the university president. At present, the university provost is working with the deans on a special three-year hiring plan to identify faculty needs across the institution. When a new faculty hire request has been approved, a faculty search committee is convened. In the public health program, the committee will include all members of the primary faculty and may also include faculty from the nutrition program (the other program in the department).

Primary faculty meet monthly with program directors to assess progress and receive support and mentoring throughout the year. In addition, performance is formally evaluated annually. Faculty prepare a self-assessment, which is reviewed with the program director. The assessment covers accomplishments and goals in the areas of teaching, scholarship and service. Faculty on the tenure-track are expected to teach 18 credits per year. Tenure-track faculty who also hold director positions are expected to teach 12 credits per year. Teaching is evaluated using course evaluations and program director classroom observations.

Public health program faculty serve in tenure-eligible and ranked positions. Faculty have seven years to obtain tenure and are subjected to a pre-tenure review in the third year. Decisions about promotion and tenure for public health program faculty are based on contributions in teaching, institutional and professional service, scholarship, collegiality, commitment to diversity and inclusion and leadership and administration (among those with administrative titles). Advancement at La Salle requires initial review by a departmental committee comprising full-time tenured faculty. Thus far, one of the five faculty has been granted tenure and promotion to the rank of associate professor and one is currently undergoing review for tenure and full professor rank. In both cases, faculty from outside of the department were needed for the "departmental" review committee in order to meet the La Salle guidelines. After successful departmental review, the dossier is moved up and through to the campus committee for review. Onsite,

faculty reported understanding the guidelines and feeling that they had the support they needed to advance.

Since AY14-15, new faculty have been able to take advantage of the La Salle new faculty mentoring program in which they are matched with a senior faculty mentor who is in another department but in an area related to the new faculty member's interests. Secondary faculty reported to site visitors that they had ample opportunities to be oriented to their teaching roles and responsibilities by the program leadership. They also praised the program for its efforts to keep them actively involved and engaged.

Public health primary faculty have access to other professional development opportunities, including university- and school-sponsored seminars. Onsite, the team learned that the university, as a result of the program prioritization process, is planning for the development of a new center for teaching and learning. University full-time faculty may also apply for provost funding to attend conferences and thus far, public health faculty have been quite successful in receiving those funds. Within the program, there is also financial support for faculty travel.

At the site visit, primary and secondary faculty reported satisfaction with the professional development opportunities that are available to them.

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 student recruitment and admissions policies and procedures designed to locate and select qualified individuals. The program has similar policies in place for student recruitment at both the BSPH and MPH level. Both degrees use the program's website in addition to targeted recruitment events both on and off campus, such as the university open houses where program faculty can interact with prospective students.

At the undergraduate level, the BSPH program has experienced tremendous growth, largely due to nursing students switching majors and turning to public health as an alternative. This influx of nursing students into the BSPH program began about two years ago when the university increased the GPA requirements for entering nursing students.

At the graduate level, in AY 2013-2014, the Office of Adult Enrollment hired a graduate student recruiter who supports recruitment of MPH students. The recruiter has designated .20 FTE to the MPH program. The MPH program director has already seen improvements with the added assistance of the recruiter.

Undergraduate admissions for the program abides by university level policies, including an online application, personal statement, official transcript, two academic letters of recommendation, SAT/ACT scores and TOEFL results (if applicable).

Admissions to the MPH program requires a resume, personal statement, transcripts and two letters of recommendation. GRE scores are not required. The MPH recruiter notifies the MPH director when an application is complete and ready for review. Applicants must also interview with the MPH program director. The student is then rejected or granted one of four acceptance statuses including full accept, conditional accept (a student is missing an item that must be completed prior to full acceptance such as the pre-requisite statistics course), provisional accept (student has GPA < 3.0), or conditional/provisional accept.

Admissions to the joint degree requires students to gain admission to each program individually. Upon acceptance to the nursing program, the prospective student's application is then forwarded to the MPH program director for review. In addition to the aforementioned MPH admissions criteria, applicants to the joint degree must also provide evidence of successful academic achievement in completing a baccalaureate degree in nursing, a current RN licensure in Pennsylvania and one year of work experience as a registered nurse.

Admissions policies and requirements can be found on the university's website as well as the program's student handbooks, which are available in hard copy and online formats. Every student receives both copies of the program's handbook upon entering the program.

Over the past three years, the program has had difficulty in enrolling students that were offered acceptance. The program identified the following as potential reasons students chose not to attend the MPH program: financial issues, family issues, changes in work schedule, better tuition support at another institution, the ability to complete the MPH degree in less than three years at another institution, the lack of accreditation and the inability to complete the prerequisite undergraduate statistics course (for cases of conditional admissions).

The program has met or exceeded most of the targets set for this criterion. In AY 2013-2014, the following two targets were not met: 1) 50% of new incoming MPH students will have an undergraduate (or graduate) GPA of at least 3.0 on their official transcript and 2) the average GPA for the incoming MPH cohort will be 3.0 or greater. The outcomes were 25% and 2.91, respectively. The outcome measure of 80% of MPH students earning a B or better in environmental health has also not been met for the past three years.

In meeting with students, site visitors learned of several reasons students decided to attend La Salle. They were attracted to the small class offerings and promotion of peer-to-peer interactions; the mission of the program, which is aligned with the university mission of caring for vulnerable populations within an urban environment; the presence of La Salle in the local community; and the public health program's location within the SONHS, allowing for added opportunities for multidisciplinary collaborations among other programs such as nursing and nutrition.

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. The program has a clearly explained and accessible academic advising system for students, as well as career counseling. For the BSPH degree, advising begins with the BSPH program director. New BSPH students are initially registered by the BSPH director. A faculty advisor is assigned during the first semester. The program also designated one faculty member to serve as the program's freshman advisor. New student orientations at the university and program level review the policies related to advising.

For the MPH degree, students are also referred to the MPH program director for advisement related to class sequencing, graduate requirements and practicum placements. All new students are initially advised by the MPH director and then assigned their permanent advisor during their first semester. The first night of PHLT 540 class serves as the MPH new student orientation. Previous attempts at conducting a separate day of new student orientation resulted in poor attendance rates. This new alternative student orientation has yielded higher student satisfaction and attendance rates. The MPH handbook is distributed and reviewed during this orientation.

Joint degree students receive an advisor in both programs. The MPH director also advises all MSN/MPH students.

Faculty member orientation to student advising has been included as part of the program's new faculty mentorship. At the BSPH level, in an attempt to strengthen public health faculty members' advising skills, the program created a training day focusing solely on BSPH student advising.

The self-study and faculty acknowledged the need to take extra measures to inform their students of the resources available to them at the program level, particularly faculty advisors' ability to provide career guidance. Faculty advisors serve as both academic advisors and as career counselors. The self-study stated that students were not aware they could receive career counseling from their faculty advisors. This

discrepancy was noticed from data collected from the Student Satisfaction Survey. Faculty acted accordingly and promptly to the survey results and other feedback, making a concerted effort to better inform their students of all the resources available to them. As a result, the survey results significantly improved, with 100% of students in AY 2015-2016 reporting having received career guidance and support from faculty. Both students and alumni expressed great satisfaction with the advising and career counseling received from the program. Students highlighted the support received from primary faculty in securing employment or providing networking opportunities.

Students can communicate concerns through formal and informal means. The program, faculty and students noted there have been no major issues that were not able to be resolved quickly and through informal means such as speaking directly with the program director or faculty. The official grievance policy is made available to all students via the Student Handbook. The handbook describes the “compliments, complaints, and comments” mechanism through which students can submit confidential feedback in a locked mailbox located in SONHS.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

La Salle University Public Health Program

October 24-25, 2016

Monday, October 24, 2016

- 8:30 am Request for Additional Documentation
Valerie Bradley, Jillian Baker, Zupenda Davis-Shine
- 8:45 am Executive Session
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration
Jillian Lucas Baker
Veronica Craig
Kathleen Czekanski
Mary Dorr
Holly Harner
Daniel Rodriguez
Zupenda Davis-Shine
Sara Shuman
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum & Degree Programs
Denise Bailey
Jillian Lucas Baker
Patricia Dillon
Holly Harner
Letty Piper
Daniel Rodriguez
Zupenda Davis-Shine
Sara Shuman
- 12:00 pm Break
- 12:15 pm Lunch with Students
Lane Hindman
Katherine Delorbe
Vivian Rivera
Kayla Berry
Shameka Bowser
Hannah Pope
Danielle Sands
John Toner
Beth Peterson
Kianna Little
Diana Jackson
Awam Hawi
Rakia Otoo
Charnisse Thompson
Sulanie Mertus
Malikah Taylor
- 1:15 pm Break
- 1:45 pm Meeting with Institutional Academic Leadership
Colleen Hanycz
Brian Goldstein

Holly Harner
Kathleen Czekanski

2:30 pm Break

2:45 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues

Denise Bailey
Patricia Dillon
Holly Harner
Letty Piper
Daniel Rodriguez
Sara Shuman

3:45 pm Break

4:00 pm Meeting with Alumni, Community Representative and Preceptors

Carmen Campos
Janel Fletcher
Chol Kuioli
Rasheeda Lawler
Lisa McHugh
Sydney Rolle-Stern
Barbara Bungy
Ricardo Tull

5:00 pm Adjourn

Tuesday, October 25, 2016

8:45 am Breakfast Meeting with Adjunct Faculty

Robin Brennan
Candace Robertson-James
Stanton Miller
Shana Stites
John Taylor

9:30 am Break

9:45 am Executive Session and Report Preparation

12:30 pm Exit Briefing

1:15 pm Adjourn