MPH Report, May 2019

There are several departmental issues affecting the MPH that, in my judgement, need to be discussed openly. To that end, I sent the following email to William on April 23rd:

Is it possible to get the graduate program faculty (not just the coordinators) together before the end of the semester, please?  Based on my experiences and conversations with others, here are the issues I think we need to discuss:

* Students switching programs:  While I know that students are free to switch, mechanisms should be in place to minimize between our programs.
* Shared core courses: Even though it’s the same course, EMHA students seem to rate the MPH courses lower than do MPH students.  There’s been grumbling for quite a while over the courses, especially (I’ve been told) PH 587 Health Behavior.
* Course scheduling/sequencing:  It would be very helpful know when each of the courses in the graduate certificates will be offered and in what format.
* Transparency: The debacle with the EHAC self-study is a clear example of a lack of transparency and team work.

Thank you.

Students are switching from the MPH to get an extra year of OPT; this affects our program’s graduation rate, which is one of the indicators looked at by CEPH. Thus, this summer, I will be exploring the option of getting STEM status for the MPH.

The second and last points, though, are ones that I want to focus on in this report, as they relate to staffing and workload equity. Because of the way we have to administratively handle the registration, we are able to track differences in SITEs between MPH and non-MPH students in the online courses. The non-MPH students tend to rate lower – possibly because they do not see the relevance or value in courses that are public health focused. There is no easy way to solve this given these constraints: 1) we cannot have differing sets of criteria because they are core courses and thus part of the CEPH assessment web; and, 2) we cannot create a separate course that covers essentially the same material (Colin can speak to this).

Complicating this is that these shared courses create staffing and workload equity issues, which are going to increase as online programs grow. Although I have not heard this officially, I’ve heard that the MS-EOHS plans to go online. The lack of transparency and MPH inclusion makes it hard to project how much this will affect us, but already we have having to staff two sections for some of these shared courses.

This, coupled with the results from the survey, prompted me to think about our curriculum. We very quickly – and successfully -- pulled together our revised curriculum to be compliant with the new CEPH primary faculty criteria and competency gaps in our existing courses. By in large, though, our courses remained intact. It may be time that we look critically at the courses, which were created to support the former five-core discipline model plus concentrations. Given CEPH no longer requires the five-core disciplines model and we no longer have concentrations, it may be time to look critically at our courses to see how we can maximize efficiencies in staffing and meeting required competencies.

Relatedly, informal feedback from stakeholders have identified skills needed in practice that we are not teaching to all students. Examples include Access, SAS, and motivational interviewing. This summer, I plan to contact PH practitioners at the local, state, and national levels to try to confirm what we’ve been told thus far and to identify other needs as well. I ask, please, that when working with stakeholders, that you, too, ask these questions and document the responses so we can discuss at our workday.

I also ask that you think critically about our courses relative to competencies. Are there courses we can cut? Restructure? Combine?