

Schulich Interfaculty Program in Public Health

Master of Public Health Self-Study

**PREPARED FOR THE
COUNCIL ON EDUCATION FOR PUBLIC HEALTH**

January 2022

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Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established and its type (eg, private, public, land-grant, etc.)

Founded in 1878, Western is one of the 20 publicly assisted universities in Ontario.

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

Western has 12 Faculties (Arts & Humanities, Business, Education, Engineering, Health Sciences, Information & Media Studies, Law, Medicine & Dentistry, Music, Science, Social Science, and the School of Graduate and Postdoctoral Studies). Western offers more than 400 combinations of undergraduate majors, minors, and specializations. In addition, Western offers professional programs in Medicine, Business, Law, and Engineering and 88 different graduate degrees. Finally, Continuing Studies at Western offers a number of certificate programs.

The Schulich School of Medicine & Dentistry is the largest faculty in Western. The medical school was founded in 1881, and the dental school in 1964. Schulich has more than 2,800 students enrolled in its various programs and has approximately 2,700 full- and part-time faculty and 745 full-time equivalent staff. It accounts for approximately 60 percent of research funding at Western. The medical school's footprint covers not only London and its surroundings, but also Windsor and more than 45 communities in Southwestern Ontario and internationally.

The programs offered at Schulich include the MD, MPH, DDS, BMSc, MSc, MCISc and PhD degrees and a host of postgraduate medical and dental residency programs, along with combined degrees such as the MD/PhD, BMSc/HBA (Business Administration), an internationally trained dentists program (for graduates of dental programs not accredited in Canada), and a variety of continuing medical and dental education programs for practicing physicians and dentists.

c. number of university faculty, staff and students

As of Fall 2021 Western currently has an enrolment of 25,006 undergraduate, 3,946 Masters and 2,219 PhD students. There are 1,325 full-time faculty members and 2,492 full-time staff members.

d. brief statement of distinguishing university facts and characteristics

Western is one of Canada's top Universities and ranks among the top 250 universities¹ world-wide. Western is a founding member of the U-15 (a group of leading Canadian research universities), serves as a hub for more than 500 international research collaborations, and is recognized as one of Canada's Top 100 Employers.

Its 12 Faculties are housed in 87 buildings in a historic campus occupying close to 1200 acres in London, Ontario. Its operating revenue for fiscal year 2020-21 was \$807.3 million, and research revenue in fiscal year 2019-20 was \$229.5 million; its library book holdings are 5.7 million. The University admits approximately 5,000 first-year undergraduate students each year.

Guided by its institutional motto, Veritas et Utilitas, and led by its current President (Dr. Alan Shepard), Western is poised to become one of the leading research-intensive universities in the world. It continues to build upon its rich legacy of path breakers, discoverers, and alumni, who

¹ <https://www.topuniversities.com/universities/western-university#:~:text=University%20highlights&text=Western%20University%20is%20one%20of,QS%20Global%20World%20Rankings%202021>.

include Frederick Banting (discovered insulin as a treatment for diabetes), Ivan Smith (first to use cobalt radiation for cancer treatment), Charles Drake (a pioneer in the treatment of brain aneurysms), Alan Davenport (developed the science of wind engineering), James Reaney (Canada's celebrated poet), Roberta Jamieson (the first Aboriginal woman to graduate from law school), Margaret Chan (the former WHO Director General) and Alice Munro (the first Canadian Nobel Laureate in Literature).

- e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds**

At the university level, Western is accredited by the Ontario Universities Council on Quality Assurance (the Quality Council), which is an arm's length body responsible for ensuring quality assurance of both university undergraduate and graduate programs. The Quality Council approves new undergraduate and graduate programs, and it audits each university's institutional quality assurance processes on an eight-year cycle. Both processes are based on a rigorous external review. As a publicly assisted university in Ontario, Western is governed by the Ontario Ministry of Training, Colleges and Universities (MTCU), which mandates that all new degree programs seek approval from the Quality Council. The MPH Program was approved by the Quality Council in March 2013 and successfully completed a periodic review in Fall 2019.

The following Faculties/programs at Western University respond to their respective accrediting bodies:

- Richard Ivey School of Business – European Quality Improvement System
- Faculty of Engineering – Engineers Canada
- School of Nursing – Canadian Association of Schools of Nursing
- Occupational Therapy – Canadian Association of Occupational Therapists
- Speech-Language Pathology – Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology
- Physiotherapy – Physiotherapy Education Accreditation Canada
- Faculty of Education – Ontario College of Teachers
- Faculty of Law – Federation of Law Societies of Canada
- Library and Information Science – American Library Association
- Medicine – Committee on Accreditation of Canadian Medical Schools
- Dentistry – Commission on Dental Accreditation of Canada

- f. brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)**

The idea of a Public Health Program at Western was first mooted by then-President Chakma in 2009. Planning began when Dr. Michael Strong of the Schulich School of Medicine & Dentistry took office as the incoming Dean in 2010.

A Steering Committee was formed, composed of representatives from all faculties at Western with interest and expertise in public health. This committee met on a regular basis for several months to plan the program and its launch.

In early 2012 a core group consisting of an Interim Director, Associate Director and staff manager were hired to establish the Program and work on getting the necessary University approvals. In Fall 2012 a self-study was submitted to the University Senate's Subcommittee on Program Review – Graduate (SUPR-G), followed by a site visit by external reviewers in November 2012; Quality Council approval was granted in March 2013.

Introduction

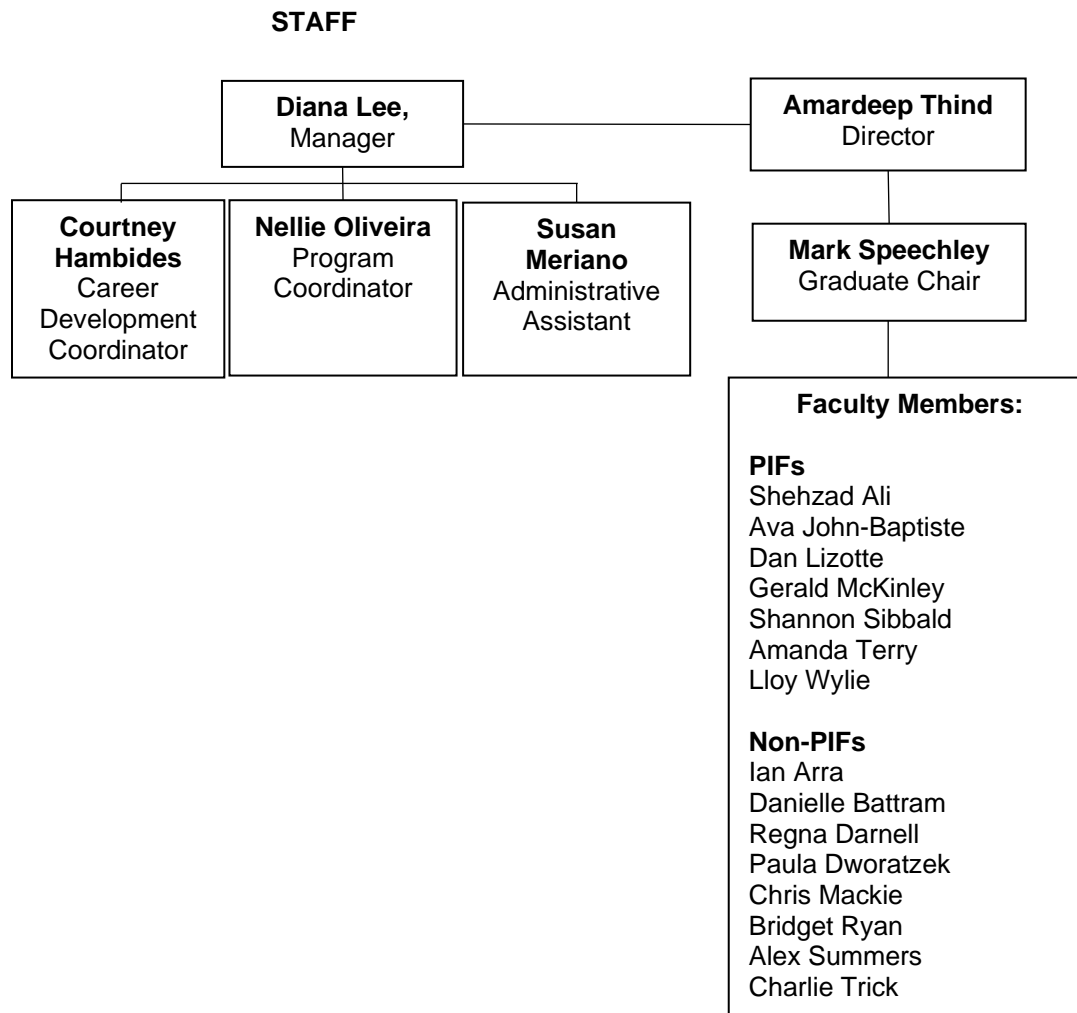
Program development and recruitment of students began after Quality Council approval. Course curricula and promotional materials were developed, and faculty hiring commenced. The first cohort started in September 2013; to date the Program has successfully graduated eight cohorts with the ninth cohort due to complete in August 2022. In Fall 2015 the MPH Program submitted a self-study to CEPH, a site visit took place in March 2016 and initial accreditation for five years was granted in Fall 2016.

The MPH is an intensive 12-month case- and team-based program in which students are given skills they need to take their public health careers to the next level and see their goals realized. Students learn from a diverse group of experts and peers through case-based and experiential learning and are given the opportunity to network with public leaders and complete a 12-week practicum in the Summer term giving them valuable, real world experience.

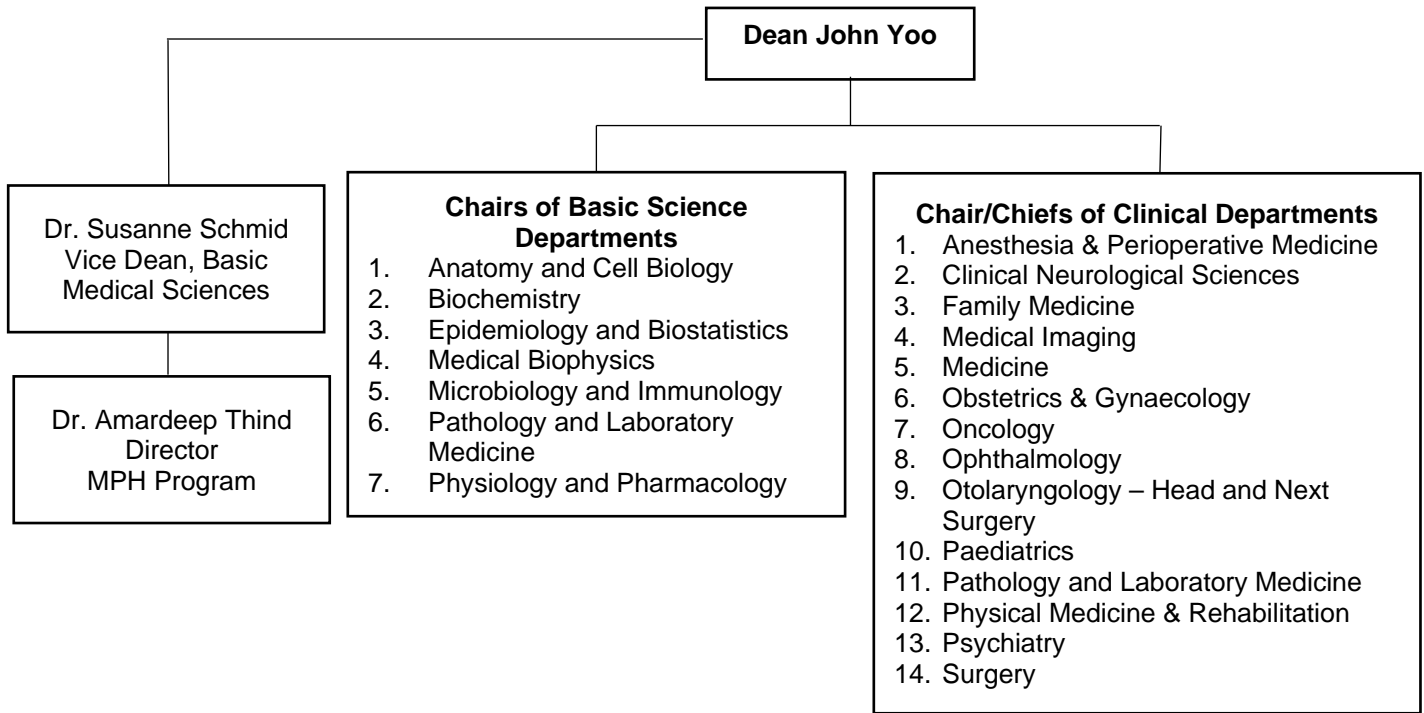
2) Organizational charts that clearly depict the following related to the program:

a. the program's internal organization, including the reporting lines to the dean/director

Schulich Interfaculty Program in Public Health – MPH Program Organizational Chart

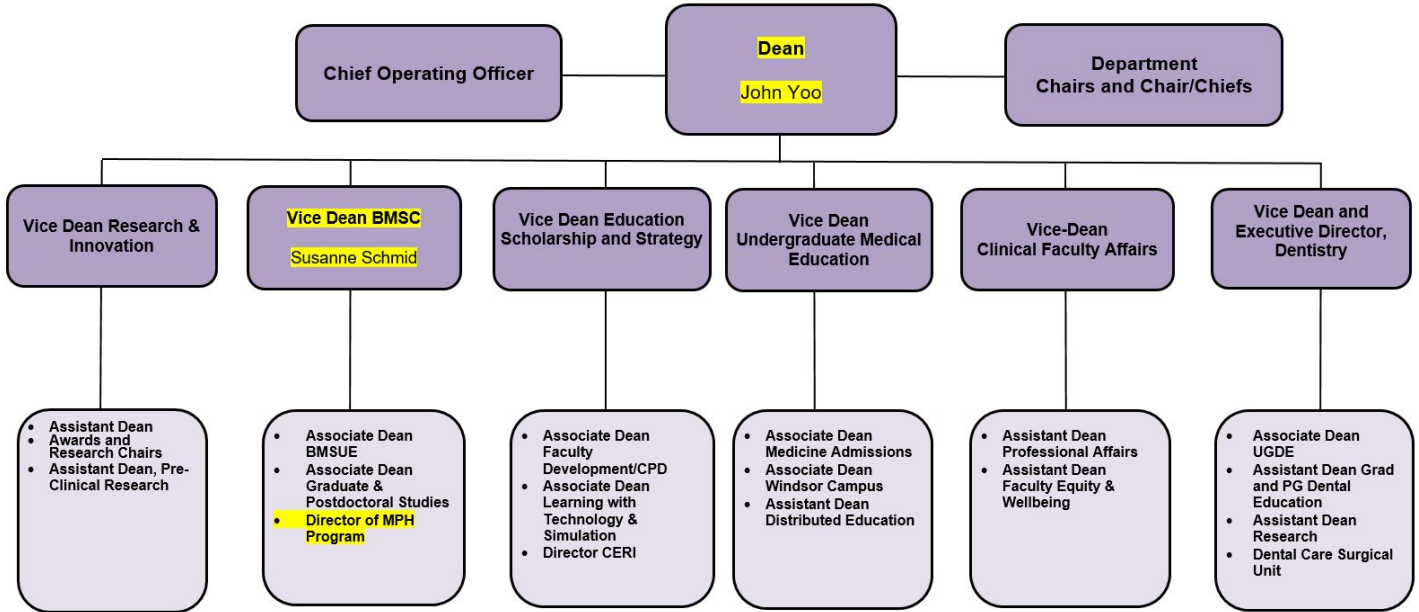


Introduction



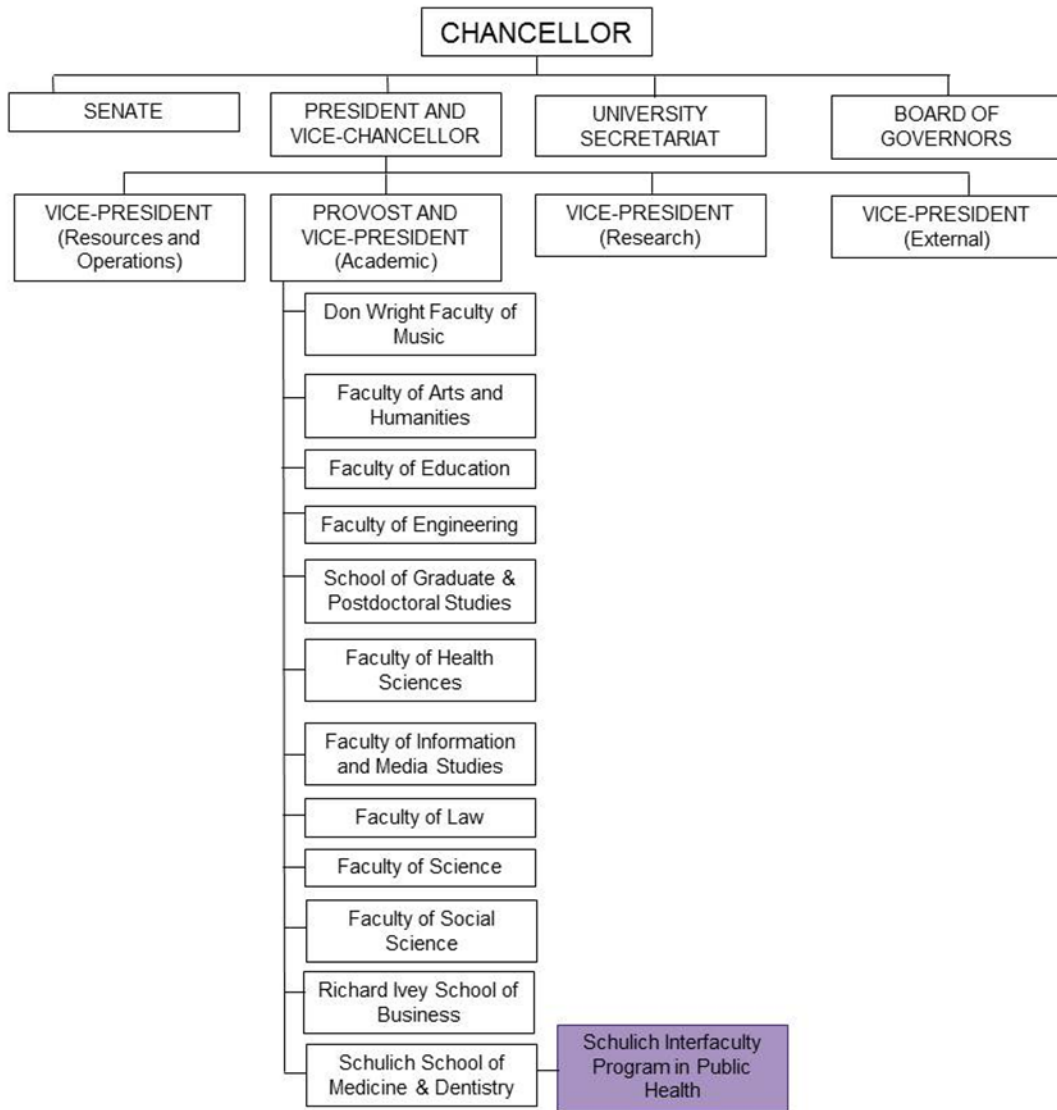
- b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

Schulich School of Medicine & Dentistry
Leadership Organizational Chart



Introduction

- c. the lines of authority from the program’s leader to the institution’s chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)



- d. for multi-partner programs (as defined in Criterion A2), organizational charts must depict all participating institutions

NOT APPLICABLE

Introduction

- 3) An instructional matrix presenting all of the program’s degree programs and concentrations including bachelor’s, master’s and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

Master's Degrees	Academic	Professional	Categorized as public health	Campus based	Distance based
Generalist		MPH	x	MPH	

- 4) Enrollment data for all of the program’s degree programs, including bachelor’s, master’s and doctoral degrees, in the format of Template Intro-2.

Degree		Current Enrollment
Master's		
	MPH – Generalist	56

A1. Organization and Administrative Processes

The program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (eg, participating in instructional workshops, engaging in program specific curriculum development and oversight).

1) List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members.

- **Curriculum Committee:** The Curriculum Committee oversees all aspects of the MPH curriculum. Its role and membership have evolved to meet the needs of the Program. This can be seen in the following phases:
 - Phase 1 (2012-2014: Program establishment and launch) – the focus at the outset was to establish the program, its structure, and the essentials of the curriculum.
 - Phase 2 (2014-2019: consolidation) – here the Curriculum Committee worked to stabilize operations and ensure CEPH compliance regarding competencies. Membership included all PIFs and non-PIFs directly involved in the case- and team-based pedagogy to strengthen the curriculum.
 - Phase 3 (2020-present: future growth) – in order to gear up for the next decade, the Curriculum Committee was adjusted in Winter 2020 with the purpose of getting input on further expansion and QA and QI input. Membership now includes community members, alumni, and an elected representative from the current student cohort. Membership for 2021 is as follows:
 - Shehzad Ali, Associate Professor, Canada Research Chair in Public Health Economics, Department of Epidemiology and Biostatistics
 - Hao Ming Chen, Class of 2021 Student Representative
 - Regna Darnell, Professor Emeritus, Schulich Interfaculty Program in Public Health
 - Lesley James, Senior Manager Policy, Canada, Heath and Stroke Foundation
 - Ibrahim Marwa, Team Lead - Contact Tracer, COVID Case and Contacts Management, London-Middlesex Health Unit (alumnus)
 - Mark Speechley, Professor and Graduate Chair (MPH), Department of Epidemiology & Biostatistics
 - Alexander Summers, Associate Medical Officer of Health, London-Middlesex Health Unit
 - Amardeep Thind, Professor and Director of the Schulich Interfaculty Program in Public Health, Department of Epidemiology & Biostatistics and Department of Family Medicine
- **Admissions Committee:** This committee oversees all aspects of the admissions process. While senior faculty and an alumnus serve on the committee each year, junior faculty rotate their membership. Membership for 2021 is as follows:
 - Regna Darnell, Professor Emeritus, Schulich Interfaculty Program in Public Health
 - Amardeep Thind, Professor and Director of the Schulich Interfaculty Program in Public Health, Department of Epidemiology & Biostatistics and Department of Family Medicine
 - Mark Speechley, Professor and Graduate Chair (MPH), Department of Epidemiology & Biostatistics
 - Charlie Trick, Professor Emeritus, Schulich Interfaculty Program in Public Health
 - Rachel Eskin, MPH 2014

Criterion A1 – Organization and Administrative Processes

- Dan Lizotte, Associate Professor, Department of Epidemiology and Biostatistics
 - Shannon Sibbald, Associate Professor, Department of Family Medicine and School of Health Studies, Faculty of Health Sciences
- **Advisory Board:** An Advisory Board was formed in Winter 2020 to help guide the long-term future of the Schulich Interfaculty Program in Public Health. Membership includes individuals from academia (internal and external to Western), alumni, representatives at the local, provincial and national level. Membership for 2021 is as follows:
 - Ian Arra, Medical Officer of Health and Chief Executive Officer, Grey Bruce Health Unit
 - Melissa de Jesus, Quality Improvement Specialist, Toronto Public Health
 - Crystal James, Associate Professor and Head, Department of Graduate Public Health, Tuskegee University
 - David Jones, President, Health Gnosis Inc. (and former Chief Public Health Officer of Canada).
 - Francisco Olea Popelka, Associate Professor, Department of Pathology and Laboratory Medicine, Schulich School of Medicine and Dentistry
 - Bimadoshka (Annya) Pucan, Assistant Professor, Department of History, School of Community and Public Affairs, Concordia University
 - Susanne Schmid (Ex-Officio), Vice-Dean, Basic Medical Sciences, Schulich School of Medicine and Dentistry
 - Fatih Sekercioglu, Assistant Professor, School of Occupational and Public Health, Ryerson University
 - Mark Speechley, Professor and Graduate Chair, Department of Epidemiology & Biostatistics
 - Amardeep Thind, Professor and Director, Department of Epidemiology & Biostatistics and Department of Family Medicine
 - Bryna Warshawsky, Medical Advisor, Centre for Immunization and Respiratory Infectious Diseases, Public Health Agency of Canada
 - **Accreditation Committee:** The Director, Graduate Chair, Manager, and Career Development Coordinator comprise a working group that spearheads the work on CEPH accreditation and Western's compliance requirements. During accreditation cycles the Accreditation Committee meets regularly (bi-weekly) to prepare the required accreditation self-studies.

While not strictly committees, the following are meetings where a significant amount of operational work for the Program is done, and are thus included:

- **Faculty Meetings:** This bi-weekly meeting is the forum where PIFs and non-PIFs involved in the pedagogy discuss all substantive issues pertaining to the MPH Program. In addition to the standing items (Integrative Workshop, Learning Team issues, Class issues, Brown Bag Seminar series, CEPH discussion and updates, and Casebook discussion and updates) agenda items are canvassed from faculty, and are also added based on the deliberations of the Administration meetings (see below). In addition, program policies and procedures are also discussed at this venue. A standing agenda item is for the Class Representative to bring any student issues to the meeting to alert faculty of any issues and allow for further discussion and if needed, potential policy changes.
- **Senior leadership meeting:** Once a month, the Director meets with the representative of the Dean to update the Dean's Office on the MPH Program and discuss upcoming issues and strategy. The Dean's representative is the Vice-Dean of Education (Dr. Susanne Schmid).
- **Administration meetings:** The Director and Manager comprise the Administration team and are charged with overseeing the day-to-day administrative and management activities of the

program. They meet every Wednesday morning and deal with operational issues of the program.

- **Annual Retreat:** The Annual Retreat (held in May) is our venue for high-level strategic discussions. The over-arching theme of the retreat is ‘What worked, what didn’t and what can we do better?’. We examine the entire academic year, starting with Academic Prep Week (student orientation), and cover both semester courses, student issues, student mentoring, practicums and admissions. PIFs, Non-PIFs, and staff debate operational, policy and strategic issues and agree upon a number of recommendations for improvement.

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements

The School of Graduate and Postdoctoral Studies at Western University, through the Institutional Quality Assurance Process (IQAP), ensures a minimum standard for all graduate programs at Western University. The Curriculum Committee is responsible for ensuring the MPH curriculum meets accreditation standards.

b. curriculum design

Input for curricular changes can come down from the Advisory Board, the Annual Retreat, the Curriculum Committee, or up from the bi-weekly Faculty Meetings. All curricular change/modification suggestions are discussed at length in the Curriculum Committee and decisions are made by consensus. A recent example was the discussion of replacing the Health Law course with a dedicated Health Policy course. However, the actual implementation of the Curriculum Committee’s decisions is undertaken at the bi-weekly Faculty Meeting and/or individual course level. Occasionally, major changes to the curriculum (for example, a scheduling change that affects the entire program) are discussed at the Annual Retreat.

c. student assessment policies and processes

At the individual course level, faculty instructors determine how best to assess students in their respective courses. At the program level, issues that cut across courses (e.g. the student appeals process) are discussed and decided at the bi-weekly Faculty Meetings, usually by consensus, with voting when required. All policies at the individual course and at the program level must be in consonance with the School of Graduate and Postdoctoral Studies guidelines.

d. admissions policies and/or decisions

Admissions is under the complete purview of the Admissions Committee as per the structure and processes described in Section A1.1 above. The Admissions Committee reviews and discusses all eligible applicants and recommends admission to the MPH Program.

e. faculty recruitment and promotion

Faculty recruitment is a joint discussion between the MPH Program, prospective home department(s) at the Schulich School of Medicine and Dentistry, and the Dean’s Office (which is the sole authority sanctioning a faculty position).

A number of the Program’s PIFs sit on the committees making such decisions (appointments, APE, and P&T), have voting rights and are able to represent the Program’s best interests. For promotion, the home department is responsible for the process, including the Annual Performance Evaluation (APE) and the promotion and tenure processes. The MPH Director is

a member of the various committees that administer these processes and provides significant input.

The University of Western Ontario Faculty Collective Agreement (UWOFA), negotiated between the University and the Faculty Association, governs the work of Western faculty and their responsibilities and relationships with the University. The Schulich Interfaculty Program in Public Health is not a department and thus, as per the UWOFA Collective Agreement, cannot appoint tenure-track faculty. All tenure-track faculty involved in the MPH Program therefore have a home department elsewhere at Western, which is their administrative home for the purposes of appointment, retention, promotion and tenure.

f. research and service activities

The MPH Director is consulted by the Chair of each faculty member's home department (as per the UWOFA Collective Agreement) when s/he sets the annual expectations for faculty workload. Western normally appoints faculty with a 40/40/20 workload – i.e. 40% of time is devoted to teaching, 40% to research, and 20% to service. For the MPH Program faculty, it is mandatory that they devote at least half of their teaching time (i.e. at least 20%) to the MPH Program. While it is expected that the research and service will be public health oriented, the precise field is a function of individual interests, home department expectations and available funding opportunities. Nevertheless, the MPH Program faculty collectively have research and service expertise in epidemiology, biostatistics, qualitative methods, health promotion, health economics, environmental health, medical anthropology, and health services research.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the program.

Western University has a standard set of policies and procedures for everyone at Western. This Manual of Administrative Policies and Procedures (MAPP) is approved by the Board of Governors, and any subsequent policies and procedures must align with the MAPP. Western's MAPP can be viewed at: http://www.uwo.ca/univsec/policies_procedures/index.html. The MPH Program follows Western's MAPP and does not have any additional bylaws.

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

As noted above, all tenured or tenure-track faculty have a home in a different department, and this affords an easy opportunity for MPH Program faculty to contribute to the broader institutional setting. For example, part of their service commitment would be allocated to committees within their home unit, and faculty members have an opportunity to serve on committees within Schulich as well as Western at large. Examples include:

- Amanda Terry, who is the Director of the prestigious Centre for Studies in Family Medicine at the Department of Family Medicine;
- Shehzad Ali, who serves on the Appointments Committee for the Department of Epidemiology & Biostatistics;
- Mark Speechley is the Chair of the Building Committee for the Department of Epidemiology and Biostatistics;
- Shannon Sibbald, who is the Co-Director, Lab for Knowledge Translation in Health and also an Associate Scientist at the Lawson Health Research Institute;
- Mark Speechley serves as Chair of Schulich's Undergraduate/Postgraduate Appeals Committee
- Lloy Wylie, who is leading the work of the Undergraduate Medical Education office in incorporating health equity into the MD curriculum; and
- Dan Lizotte, who served as the Associate Director of the Master of Data Analytics Program from 2016-2020.

- 5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

Full-time (PIF) and part-time (non-PIF) faculty interact regularly with each other through regular teaching (Brown Bag Seminars, Integrated Workshops, guest lectures, etc.) and administrative (committee memberships, meetings, etc.) activities. Regular interactions include the bi-weekly Faculty Meetings which include standing agenda items and additional agenda items that arise. Meeting notes are circulated after each meeting for the rare occasion when faculty members can't attend the meeting. A recent example is Arlinda Ruco (non-PIF) who was hired (due to a sabbatical leave) to teach the Community Health Assessment and Program Evaluation (MPH 9011) course for Winter 2021. Professor Ruco attends the bi-weekly faculty meetings and also worked with full-time faculty (Mark Speechley, Dan Lizotte, and Amardeep Thind) to develop the Winter 2021 Integrative Workshop. Another example is our Admissions Committee where both Regna Darnell (non-PIF) and Charlie Trick (non-PIF) serve as committee members and interact with PIF faculty members. Finally, the Curriculum Committee has a mixture of PIF (Shehzad Ali, Mark Speechley, and Amardeep Thind) and non-PIF faculty members (Regna Darnell, Lesley James, and Alex Summers). (See *ERF Criterion A1.5* for documentation).

- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- At the University level, the Program benefits from the strong institutional structure provided by Western University and the directions provided by the UWOFA Collective Agreement.
- At the Program level, there are well developed, clearly defined and effective decision-making structures and processes that are optimally staffed.
- The compact number of faculty allows almost universal participation and full integration into this decision-making process.
- There is a very high degree of interaction, cohesion and cooperation among the faculty. This cohesion and collaboration was the reason why the MPH Program was able to rapidly pivot, with minimal disruption, to the online format in response to the COVID pandemic.

- A2. **Multi-Partner Programs (applicable ONLY if functioning as a “collaborative unit” as defined in CEPH procedures)**
NOT APPLICABLE

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the program, and the program engages students as members on decision-making bodies whenever appropriate.

1) Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.

Students have a significant role in governance at Western University; they can execute this role at three levels – the MPH Program level, the Schulich School of Medicine and Dentistry level, and Western University at large. These are described in more detail below.

a) **MPH Program level:** the student voice is heard at the MPH Program level through formal and informal mechanisms as delineated below:

- i. **Bi-Weekly Faculty meetings:** The first agenda item at every Faculty meeting is a report by the Class (Student) Representative. The Class Representative is elected each year during Academic Prep Week by the cohort. S/he is invited to bring issues identified by the students forward for discussion, if there are any. It is an opportunity to promote dialogue between the student body and the Program.

Class Representative 2021-22: Azra Lakhani (MPH 2022)
Class Representative 2020-21: Hao Ming Chen (MPH 2021)
Class Representative 2019-20: Sydney McGillis (MPH 2020)

- ii. **Curriculum committee:** The elected Class Representative for the cohort is a member of the Curriculum Committee with full voting rights.

Class Representative 2021-22: Azra Lakhani (MPH 2022)
Class Representative 2020-21: Hao Ming Chen (MPH 2021)
Class Representative 2019-20: Sydney McGillis (MPH 2020)

- iii. **Admissions committee:** Student representation on this committee is in the form of an alumnus. This is because of two unique limitations: (a) logistically, it is difficult for us to have a current student serve on this committee, as the Admissions Committee meetings overlap with the final weeks of class (when the students are occupied with class assignments and final exams) after which they leave immediately for their practicum placements. (b) Secondly, there are privacy concerns with current students viewing applicant files which have reference letters and transcripts. Canada's Freedom of Information and Protection of Privacy Act (FIPPA) strictly regulates access to records and how public bodies manage personal information. In light of these constraints, we decided that a student perspective would be best provided by an alumnus of the MPH Program. Rachel Eskin (MPH 2014) has served on this role since 2015. In addition, she is a nurse working at the local health unit and so has a very good understanding of employer requirements.

Strictly speaking, the items listed below are not decision-making bodies per se, but they do provide valuable sources of input from the students and feed directly into the decision-making process; thus we are taking liberty of listing them.

- iv. **Mumbles and Grumbles:** Throughout the semester, the Director holds these sessions once a month to hear directly from the students about any concerns, issues, or problems they may be having with regard to the Program. Topics raised include substantive matters such as class assignments, nature of class discussions, practicums, invited speakers, etc.,

Criterion A3 – Student Engagement

to more mundane issues as the temperature in the classroom and the food served at the Brown Bag Seminar series. These sessions serve to bring to the Program's attention issues which can then be quickly resolved, to prevent them from becoming major headaches in the future. These sessions also provide valuable feedback in terms of student suggestions for improving the didactic element of the Program.

- v. **Anonymous feedback:** For students who wish to remain anonymous while providing feedback, we have a number of mechanisms. First, a suggestion box has been installed in the classroom and this box is opened weekly and its contents forwarded to the Director. Second, the MPH Program surveys the students at the end of their orientation week, and at the end of the fall and winter terms. These anonymous surveys provide real-time feedback enabling the Program to respond appropriately.
 - vi. **Course evaluations:** Western has a robust system of qualitative and quantitative course evaluations that are administered at the end of each course in which the instructor and the course are evaluated along multiple dimensions.
 - vii. **Year-end debrief:** On the last day of their Program – in late August, when presenting their practicum work during the Practicum Showcase – students are also invited for a feedback session facilitated by a neutral outside reviewer. This reviewer conducts a two hour in-camera session in which students are asked for feedback on all aspects of the Program – starting from the application process to the very end of their practicum. The reviewer provides a written report to the Director synthesizing his findings and highlighting actionable items (see *ERF Criterion A3.1 – MPH Year-end debrief 2018, 2019, 2020*).
 - viii. **Graduation and alumni surveys:** Student and alumni feedback is also gathered by formal surveys administered at the time of graduation and to all alumni 12 months after graduation. While the main focus of these surveys is to assess self-reported competencies, students/alumni are also asked for feedback and suggestions in improving the Program in these surveys.
- b) **Schulich level:** The Schulich Graduate Student Council is a student-led council composed of graduate student representatives from the 7 basic science departments within the Schulich School of Medicine & Dentistry, as well as a student representative for international graduate students within Schulich. The purpose of this Student Council is for representatives to discuss current issues, funding/research needs, activities and events of graduate students in Schulich. Meetings are held approximately each month and are often attended by Dr. Tom Drysdale, Associate Dean Graduate and Postdoctoral Studies, who actively listens to the needs and ideas of the graduate student representatives. This Student Council also serves as an opportunity for graduate students, who are in different departments and geographic locations within the same faculty, to communicate, collaborate and socialize together. The intent of this interaction is to build a stronger student community in the Schulich School of Medicine & Dentistry. More details are available at https://www.schulich.uwo.ca/gradstudies/current_students/graduate_students_council/index.html
- Schulich Grad Representative 2021-22: Amani Hamadi (MPH 2022)
Schulich Grad Representative 2020-21: Alexandra Romanski (MPH 2021)
Schulich Grad Representative 2019-20: Anmoal Gill and Justin Okeke (MPH 2020)
- c) **University level:** The formal graduate student organization at Western is the Society of Graduate Students (SOGS). Like most student organizations, SOGS provides many services, benefits, and programs to its members, and plays a key role in campus and community affairs. In addition, SOGS advocates on behalf of all Western graduate students to improve conditions for its diverse membership. The MPH Program is entitled to two representatives at the SOGS meetings. There are several opportunities for MPH students to get involved (Policy Committee,

Criterion A3 – Student Engagement

Ad-Hoc Accessibility Committee, Academic Committee). Here is a link to the complete list of committees: <https://sogs.ca/committees/>. Each year, two MPH student representative are invited to attend the SOGS meetings to represent the class and its interests. More information can be found at <http://sogs.ca/>. In addition, students can also put forward their name to have a seat at the highest decision-making body at Western – the Board of Governors.

SOGS Representative 2021-22: Suruthi Vasan and Alexandra Hamill (MPH 2022)

SOGS Representative 2020-21: Jenny Lye and Haaris Tiwana (MPH 2021)

SOGS Representative 2019-20: Anmoal Gill and Justin Okeke (MPH 2020)

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- Taken together, these multiple avenues attest to the fact that our students have a significant voice in the conduct of the Program and are key players in helping us improve the overall quality of the MPH Program.

Weakness

- Ideally, we would like to have a current student serve on the Admissions Committee, but our hands are tied by legal and logistical issues, so we make do with a recent alumnus in this role.

A4. Autonomy for Schools of Public Health

NOT APPLICABLE

A5. Degree Offerings in Schools of Public Health

NOT APPLICABLE

B1. Guiding Statements

The program defines a *vision* that describes how the community/world will be different if the program achieves its aims.

The program defines a *mission statement* that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the program's setting or community and priority population(s).

The program defines *goals* that describe strategies to accomplish the defined mission.

The program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

Vision

We envision a world where health and well-being is within reach for each individual, supported by healthy and sustainable communities, and equitably achieved across human populations through the transformation of policies and health services delivery.

Mission

To create healthy and sustainable communities both locally and globally by educating leaders and professionals who apply transformative knowledge to promote health equity, address issues that marginalized members of society face, prevent diseases, and improve health care access and quality.

Goals

- **Teaching:** To offer a rigorous case- and team-based graduate public health program which will prepare learners to be future leaders in public health from local to global levels.
- **Research:** To produce research that advances public health locally and globally.
- **Service:** To be a resource for the public health of the community locally and globally.

Statement of Values

The MPH Program is committed to providing a student-centered experience. We teach the skills required for self-directed lifelong learning and place the professional requirements, needs, and interests of our graduates at the forefront of our pedagogy. Our values were formulated with this understanding and are in consonance with the values of Western University:

- **Academic Freedom:** We uphold the right of all in our community to speak and write freely, and we expect all who study, teach and do research at Western to uphold the highest ideals of scholarly responsibility.
- **Diversity:** We are committed to welcoming the world to Western and ensure that our enrolment, employment and advancement processes are open, unhindered and free of barriers.
- **Excellence:** We aspire in our teaching, learning, research and scholarship to a level of academic excellence that is recognized nationally and internationally.
- **Innovation:** We promote an environment that fosters innovative approaches to solving public health challenges.
- **Interdisciplinarity:** Recognizing that solutions to many of the world's most significant and complex challenges are often found where disciplines intersect, we actively foster collaboration while building capacity for interdisciplinary research and teaching.
- **Integrity:** We embrace the values of honesty, fairness and respect in conducting all of our academic and professional activities, as an essential means to serving the public good.

Criterion B1 – Guiding Statements

- **Leadership:** We are committed to building a culture of achievement that inspires all faculty, students, staff and alumni—to lead and succeed as global citizens committed to making a difference in society.
- **Social Justice & Equity:** We aspire, through our teaching, research and service to play a significant role in improving equity and quality of life for communities locally and globally.
- **Sustainability:** We leverage our intellectual capacity to solve pressing public health problems in a long-term and sustainable manner.

We also seek to embed these values in our students. To that effect, we task each cohort to create a class motto to reflect their vision for the cohort. Below are the mottos for each cohort:

Class of 2014: Leading Change, Influencing Policy, Promoting Sustainable Health

Class of 2015: Transforming public health through innovation, collaboration and leadership

Class of 2016: Fostering Effective Leadership, Innovating Through Collaboration, Developing Healthy Communities

Class of 2017: Creating sustainable health through innovation, advocacy and mobilization

Class of 2018: Leading change for healthy communities through collaboration, innovation, and empowerment.

Class of 2019: Building community capacity and generating innovative strategies to reduce health inequities through evidence informed practice.

Class of 2020: Resiliency, Adaptability, Leadership... In hardship we thrive!

Class of 2021: Facilitating change, making connections, and leading with compassion to tackle public health challenges.

1) If applicable, a program-specific strategic plan or other comparable document.

NOT APPLICABLE

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The Program has been well served by its Vision, Mission, Goals and Values statements till date, and they have allowed us to be established firmly in the public health training, scholarship and service spaces.
- Over our first eight years of existence, the Program has continually refined our processes to address these criteria using a blend of formal and ad hoc means. For example, the Vision and Mission statements are formally discussed, and if needed, revised and approved at the annual Faculty Retreat(s). Discussions at the bi-weekly Faculty Meetings lead to concrete actions that help us in better operationalizing our vision, mission, goals and values. For example, a discussion about suspected plagiarism in student assignments led to added instructional content to address the value of Integrity.

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves graduation rates of 70% or greater for bachelor’s and master’s degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each degree in unit of accreditation. See Template B2-1.

**Template B2-1: Students in MPH Degree, by Cohorts Entering Between 2013-14 and 2020-21
Maximum Time to Graduate: 2 years**

	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2013-14	# Students entered	34							
	# Students withdrew, dropped, etc.	2							
	# Students graduated	32							
	Cumulative graduation rate	94%							
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)		40						
	# Students withdrew, dropped, etc.		0						
	# Students graduated		40						
	Cumulative graduation rate		100%						
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)			43					
	# Students withdrew, dropped, etc.			1					
	# Students graduated			42					

Criterion B2 – Graduation Rates

	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
	Cumulative graduation rate			98%					
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)				56				
	# Students withdrew, dropped, etc.				1				
	# Students graduated				54				
	Cumulative graduation rate				96%				
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)				1	60			
	# Students withdrew, dropped, etc.				0	1			
	# Students graduated				1	59			
	Cumulative graduation rate				98%	96%			
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)						57		
	# Students withdrew, dropped, etc.						0		
	# Students graduated						57		
	Cumulative graduation rate						100%		

Criterion B2 – Graduation Rates

	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)							63	
	# Students withdrew, dropped, etc.							0	
	# Students graduated							63	
	Cumulative graduation rate							100%	
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)								62
	# Students withdrew, dropped, etc.								3
	# Students graduated								57
	Cumulative graduation rate								92%

2) Data on doctoral student progression in the format of Template B2-2.

NOT APPLICABLE

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion’s expectations and plans to address these factors.

The data above reflects our careful selection during the admissions process, our commitment to our students during the program, and the students’ desire to succeed. Our MPH Program is a high-touch program where we are in constant contact with our students and are fully committed to their success.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- We have a very high graduation rate. This is attributable to the significant amount of time spent selecting the cohort from the application pool, and devoting a lot of time and resources to ensuring that our students are successful while they are in the program.

Future Plan

- Our aim is to continue this successful graduation rate into the foreseeable future.

B3 Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1.

Post-Graduation Outcomes	2018 Number and percentage	2019 Number and percentage	2020 Number and percentage
Employed	45 (76%)	41 (72%)	48 (76%)
Continuing education/training (not employed)	7 (12%)	9 (16%)	5 (8%)
Not seeking employment or not seeking additional education by choice	1	3 (5%)	3 (5%)
Actively seeking employment or enrollment in further education	5 (9%)	3 (5%)	7 (11%)
Unknown	1 (2%)	1 (2%)	
Total graduates (known + unknown)	59	57	63

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Our overall rate of 87% of students in employment or enrolled in further education within one year of graduation attests to the success of our students, and of our Program in preparing them for a competitive job market.

Students continue to obtain employment in the subsequent time window. For example, in 2018, of the five who were still seeking employment or enrollment in further education, two obtained employment in another five months.

In 2019 of the three students who were not seeking employment, one was battling a life-threatening illness and another was expecting her first child, thus keeping them from the job market. Of these three, one obtained employment in September 2020 (a month after this metric was recorded).

For 2020, the rate of students employed or enrolled in further education was 84%. While there are a few more students actively seeking in 2020 than the past two years, five of the seven do not have permanent residency in Canada. Of the three students not seeking employment, one was on a maternity leave and the other two were trying to obtain residency positions in Canada.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- Our average of 87% success rate is proof positive that our MPH Program produces students who are job ready and can be successful public health practitioners.

Future Plan

- As our alumni base and Program renown grow, our aim is to strive for a 100% success rate.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

The MPH Program uses a mixed methods approach in this regard. We utilize a quantitative methodology to obtain data (to study trends and levels) and a qualitative method to delve deeper to gain a better understanding of the findings.

Quantitative: The Program administers a competency survey three times for each cohort - Pre-arrival (prior to the start the program), Post-program (immediately upon program completion) and 12 months post-graduation. Data has been collected over the years and upon review it was noted that while the response rate for the Pre-arrival was very high, it was quite low for the Post-program and 12-month follow-ups. To perk up this low rate, we started offering an incentive (chance to win one of two \$50 Amazon gift cards) from 2020. This has resulted in an increase in the number of responses for both surveys as shown below.

Cohort	Response rates		
	Pre-Arrival	Post-Program	12 months Post-graduation
2018 (n=59)	65*	22	11
2019 (n=57)	65*	15	33+
2020 (n=63)	64*	35+	21+

*Responses are higher than cohort size as all accepted students complete the survey but some do not start the program.

+Responses highlighted in yellow reflect post-incentive response rate.

Results are shown in the ERF B4.2 Competency Survey Results. These show that the overall trend is that the competency self-assessment is quite low Pre-Arrival and is the highest immediately upon graduation, and then decreases a bit at the 12-month Post-graduation mark.

Evidence that suggests our measurement was reliable are the similarities across the entering cohorts in the self-assessed competencies. For example, competencies #1, 10, 25 and 26 are rated low in all three cohorts, whereas #6 and 21 are rated much higher. Second, as expected, students reported increased self-assessed competencies during their program across all competencies, with several reaching 100%. Additionally, for the 2018 and 2019 cohorts, we noted consistent drop-offs in self-assessed competencies at the 12-month post-program follow-up. We can think of two potential explanations for lower self-assessed competencies over time. One is that students did not have the opportunity to practice those specific competencies in their post-graduation position. The other is that graduates downgrade their self-assessments when they encounter public health issues and realize their real-world complexity. In either case we are reassured that the size of the decreases in most competencies is small.

Qualitative: The MPH Program had planned to hold a focus group in March 2020 at The Ontario Public Health Convention (TOPHC) to gather qualitative feedback from alumni. Unfortunately, this had to be cancelled due to COVID and rescheduling took a while as the Program responded to the pandemic and offering virtual classes. The focus group took place on May 6, 2021, and seven students provided qualitative input.

Criterion B4 – Alumni Perceptions of Curricular Effectiveness

Alumni agreed that the quantitative survey findings captured their experience. They felt that the lowered 12-month post-graduation rates could be explained by the fact that some graduates might not be applying all the competencies in their current jobs, and that applying some competencies in a real world situation could be more difficult than they had expected. In addition, insight was also provided into the lower response rates (e.g., some students do not use their Western email after graduation thus missing the survey email; students unhappy with their current employment choosing not to respond, etc.)

2) Provide full documentation of the methodology and findings from alumni data collection.

ERF Criterion B4.2 – Competency Survey Results

ERF Criterion B4.2 – Alumni Focus Group

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Our mixed methods approach, where we can pick up trends and use a qualitative approach to better understand the reasons for these, and canvass potential solutions.
- Our periodic review of the data collected, which enabled us to identify the problem of the low response rates, and institute corrective actions.

Future Plan

- At this stage, we feel that our data is not yet robust enough to be actionable. Our response rates have indeed improved subsequent to the incentives. We would like to collect another year (or two) of data to be confident of the trends and levels. Then we will explore them in greater detail in our focus groups, with the aim of identifying reasons for these, and solicit potential solutions from the stakeholders. We will continue to do qualitative focus groups every 2-3 years with our alumni.

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

- 1) Present an evaluation plan that, at a minimum, lists the program's evaluation measures, methods and parties responsible for review. See Template B5-1.

Evaluation measures	Identify data source(s) and describe how raw data are analyzed and presented for decision making*	Responsibility for review
Teaching: To offer a rigorous case- and team-based graduate public health program which will prepare them to be future leaders in public health from local to global levels.		
Measure 1: Attract a diverse student cohort	PeopleSoft HE is the portal used by Western. Information captured by the biographical portion of the application is: <ul style="list-style-type: none"> • Residency (domestic or international) • Country of origin • Self identifies as First Nations, Métis, and Inuit status • Gender • Admission Average Data is exported to an Excel spreadsheet. Each file is reviewed and coded to capture whether the applicant is an undergraduate with specific disciplines (science, art, social science, health science, public health), international medical graduate (IMG), or an individual with public health experience.	<ul style="list-style-type: none"> • Manager • Admissions Committee • Director
Measure 2: Average GPA for incoming cohort	Admission data (as above)	<ul style="list-style-type: none"> • Admissions Committee
Measure 3: Practicum placement opportunities with international agencies	Practicum sites and projects are tracked continuously in Excel and percentages calculated annually.	<ul style="list-style-type: none"> • Career Development Coordinator • Director
Measure 4: Local and national public health leaders invited to speak at the Brown Bag Series (BBS)	Each summer the Director plans the Brown Bag Series for the upcoming academic year. This is tracked in an Excel spreadsheet. The Program Coordinator uses the Excel spreadsheet to populate the OWL site for the entire year. Sessions that are open to the larger population are advertised by invitation to appropriate groups, added to	<ul style="list-style-type: none"> • Director • Manager • Program Coordinator

Criterion B5 – Defining Evaluation Practices

Evaluation measures	Identify data source(s) and describe how raw data are analyzed and presented for decision making*	Responsibility for review
	Western events calendar, and on Facebook page.	
Measure 5: Plan and deliver Integrative Workshops that integrate and synthesize knowledge to date	Fall and Winter Timetables (Excel). Integrative workshops are planned in the summer taking into consideration course requirements and holidays.	<ul style="list-style-type: none"> • Director • Faculty/Retreat • Manager
Research: To produce research that advances public health locally and globally.		
Measure 1: Proportion of PIFs with at least one funded grant per year	Data are abstracted annually from faculty CVs and the Faculty Data Sheet is populated. Numbers calculated on an annual basis.	<ul style="list-style-type: none"> • Director • Faculty APE Committee
Measure 2: Proportion of PIFs with at least 2 peer-reviewed publications per year	As above.	<ul style="list-style-type: none"> • Director • Faculty APE Committee
Measure 3: Proportion of PIFs who present at a minimum of two conferences each year	As above.	<ul style="list-style-type: none"> • Director • Faculty APE Committee
Service: To be a resource for the public health of the community locally and globally.		
Measure 1: Foster partnerships and collaboration with public health practitioners (such as consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; and serving as members of community-based organizations, community advisory boards or other groups)	As above.	<ul style="list-style-type: none"> • Director • Faculty APE Committee
Measure 2: Foster partnerships and collaboration with academic public health (such as grant reviewer, conference reviewer, journal editor/reviewer, member of national committee, etc.)	As above.	<ul style="list-style-type: none"> • Director • Faculty APE Committee
Measure 3: Develop and disseminate public health teaching cases in collaboration with local, national and/or international agencies	Cases are nominated by faculty advisors, an editorial team is created each year to review, edit and publish the casebook. Dissemination metrics include casebooks published and distributed and web page statistics.	<ul style="list-style-type: none"> • Manager • Career Development Coordinator • Co-editors • Director

- 2) Briefly describe how the chosen evaluation methods and measures track the program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

Teaching: As specified above, the goal of our program under the area of Teaching is "To offer a rigorous case- and team-based graduate public health program...prepare them to be future leaders in public health....". We strongly believe that the measures facilitate our Teaching objective of preparing future public health leaders.

The measures listed above all support this initiative in the following ways:

- **Measure 1 & 2: Diverse Cohort and Admission GPA** – The MPH Program prides itself on admitting a very diverse cohort each year as we strongly believe that by exposing students to different cultures, backgrounds and disciplines will enable students to grow intellectually. Thus, admission is not solely based on a student's GPA but their ability to think critically coupled with their diversity (e.g. international student, diverse backgrounds, different disciplines).
- **Measure 3: International Practicum** – Similarly, international exposure is important in making students aware of the complex challenges internationally, and the stakeholders involved in solving them. Students are thus provided an opportunity to undertake an international practicum if they so desire.
- **Measure 4: Leaders in Public Health** – While the curriculum can expose our students to the theory of public health, we strongly believe students benefit from presentations and interaction with leaders in the field of public health who have lived examples to share.
- **Measure 5: Integrative Workshops** – Building on course work and presentations from professionals in the field, the Integrative Workshop is a mock simulation of real-life scenarios further enhancing the students' immersive experience in public health, thus better preparing them to enter the workforce. The ability to work in a team is the number one requirement employers inquire about during employment reference checks.

Research: The ethos of public health is to improve population health for everyone, and our Research goal specifies how we will achieve this. Faculty who conduct research in the different fields of public health are able to advance the field in new directions.

- **Measure 1: Grants** – The sine qua non for research is obtaining funding, and this measure assesses this starting point.
- **Measure 2 & 3: Publications/Presentations at Conferences** – Research generation is of little use without its dissemination to the wider field. These measures track how our faculty are performing in making the world at large aware of our advances

Service: Measures listed under service evaluate how well we are doing in terms of our stated goal of being a "resource for public health..." Building on the importance of research, service is important as faculty develop the expertise in the public health fields and are able to give back to organizations and academic areas ensuring the continuity of the knowledge translation.

- **Measure 1: Partnerships with Professionals** – Faculty who form partnerships and consult for organizations can provide necessary expertise that might not otherwise be available.
- **Measure 2: Partnerships with Academics** – Faculty who serve as manuscript reviewers, grant reviewers, and serve on committees provide the cadre of academic support needed to advance public health in the research sphere.
- **Measure 3: Knowledge Translation** – The MPH Program's free publication of the Western Public Health casebook is our "crown jewel". Faculty support this mission by helping to publish the Teaching Case created by our students.

- 3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.

Example 1 (Impact on public health – Measure 1): Admissions data is regularly reviewed, and at an Administrative meeting the team noted that applicants from Indigenous students had declined significantly for the Fall 2021 incoming cohort, compared to the previous admission cycles. Possible causes (and solutions) were discussed, but it was felt that this issue merited a deeper analysis with all faculty. Hence it was added to the agenda for the May 2021 retreat. Where the following suggestions were:

- Partner with the First Nations Secretariat
- Start an Elder in residence program to support Indigenous students while in the program
- Partner with Indigenous alumni to promote the program
- Connect with Indigenous professional groups
- Have a focus group with Indigenous alumni

Example 2 (Student Success - Measure 1): The MPH Program has set a very high goal for this measure. To enhance the success of this measure, faculty members and program staff have created a feedback loop with the students to offer assistance if a student is struggling with the program. “Learning Team and Classroom Issues” is a standing agenda item for the bi-weekly teaching faculty meetings. If faculty or staff identify a student who is struggling then appropriate assistance is provided in a timely manner. Examples of assistance that could be offered range from sending mental health resources, offering the student a safe space to talk, or setting a student up with Western’s Accessible Education so the student can be accommodated appropriately. A recent example of this is Student X from Class of 2021. S/he was struggling academically with the stress of the academic rigor of the program and the pandemic. S/he was identified to the Manager and the Manager has been supporting him/her since October 2020. The Manager has connected him/her to the following resources at Western: Health Services, Mental Health Services, and Accessible Education. S/he was provided with accommodations facilitating the completion of his/her course work. While s/he will be delayed in convocating with the rest of the cohort, the intervention of the Program prevented him/her from withdrawing from the Program altogether.²

Example 3 (Student Success - Measure 2): The Career Development Coordinator tracks all alumni and especially students who recently graduated (within 12 months) and are seeking employment. An excel spreadsheet is created by cohort year and updated regularly as alumni secure positions. Recent alumni are added to the distribution list of job openings that are sent out twice per week. Additionally, those who have not secured a position receive an email check-in from the Career Development Coordinator asking students if they’ve secured a position and reminding them that she is there to help them by reviewing their cover letter, resume, or help with mock interviews. The Career Development Coordinator updates the Director as individuals secure a position or if she receives questions beyond her scope. A recent example of this was Cameron Sharpe (MPH Class of 2020) who contacted the Career Development Coordinator for career advice. He had obtained a number of interviews (5-6) since graduation but had not been successful in securing a job. He talked about how he felt he wasn’t able to accurately portray his personality and fit with teams during virtual interviews. There was a discussion about how to handle virtual interviews and how to answer some common interview questions. In April of 2021, he was successful in obtaining the position of Health Promoter and Researcher with the Region of Waterloo.

ERF Criterion B5.3 – Admission Data

ERF Criterion B5.3 – Casebooks

ERF Criterion B5.3 – Faculty Research and Service

ERF Criterion B5.3 – Guest Speakers

² Name withheld due to privacy reasons.

ERF Criterion B5.3 – Integrative Workshops

ERF Criterion B5.3 – Practicum Opportunities

- 4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- Well-defined measures that capture all our goals in the domains of advancing public health (through teaching, research, and service) and promoting student success.
- Data sources are well-established, and we have a smoothly running system for data collection, collation and analysis.
- Continuous review of the data by diverse constituents is another strength, which has yielded insights that have strengthened the program's pursuit of its goals.

B6. Use of Evaluation Data

The program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

- 1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.

Example 1

Measure – Percentage of international students; Change implemented – modification of admissions timeline

The MPH Program values the diversity that international students bring to the Program and have a target of 10 international students (i.e. on a study visa) per cohort. In Fall 2018 (Class of 2019) we only matriculated 4 international students but extended 13 offers of admission. One contributing factor to this problem was the political tension between Canada and Saudi Arabia. However, another problem identified was the time it took for some international students to obtain their study visa. Hence, the MPH Program altered the admissions process and processed international applications first and instituted a strict deadline for international students to enter the country (August 15th). The Program significantly improved communication with the international applicants by continually asking for study visa updates and the importance of meeting the August 15th deadline. The positive result was that Class of 2020 had 21 international students matriculate in Fall 2019.

Example 2

Measure – Graduation rates; Change implemented – creation of Part-time Special Status

While the MPH Program is a calendar year in length, students have two years to complete all degree requirements. Regular review of our graduation rates revealed that there were occasionally students who could not complete their degree requirements in the allotted time, due to unforeseen circumstances (medical issues, or other instances beyond the student's control). The concern was that since the MPH Program is a high-tuition, cohort-based program, students who could not finish in time would be faced with significant financial burden if made to pay the regular tuition fees. This was especially so for students with only the final deliverable (Capstone Project) left to submit. Over the last few years there have been two students who could have benefitted from part-time special status. Hence, in Fall 2019 when the Program was undergoing the IQAP review we requested Part-time Special Status for instances where a student met the following conditions:

- Successfully completed 8 months of course work (two terms);
- Successfully completed the practicum placement (MPH 9016, summer term); and
- Submitted their draft capstone deliverable by the June deadline for feedback (summer term).

If the above conditions are met then the student could apply for approval to change their registration to the modified part-time status. Students would be required to only pay the part-time ancillary fees (no tuition) and would have one term to submit their Capstone Project for final evaluation. This was approved on March 4, 2020.

Example 3

Measure – Competency survey; Change implemented – incentives to improve response rates

We administer surveys to assess student achievement of competencies at three time points – prior to start of class (Pre-arrival), upon graduation from program (Post-program) and 12-months after

graduation (12-month post-graduation). Periodic reviews of this measure revealed that our response rates dwindled at each successive time point, hampering a robust analysis and interpretation of the data. In order to improve this low response rate in Summer 2020, a proposal to offer an incentive (\$50 Amazon gift card) was adopted. The incentive worked because the response rate for Class of 2020 (Post-program) was over 56% and Class of 2019's 12-month post-graduation response rates increased from 26% to 58%. The MPH Program will continue to offer an incentive to ensure robust response rates.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- We have a very strong feedback loop, which is the net result of a well-established system that collates, collects, analyzes and forwards data to respective individuals/committees, who review it on a periodic basis.
- Discussions often lead to actionable steps, which are implemented and evaluated in turn, as the examples above indicate.

C1. Fiscal Resources

The program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:

a) Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.

Faculty salaries are paid from University (Western/Schulich School of Medicine and Dentistry) funds (i.e. "hard" money and not from "soft" money - faculty do not have to generate their own salaries). It does not vary by individual or faculty type. Adjunct faculty do not receive any salary.

b) Briefly describe how the program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

The Schulich School of Medicine & Dentistry operates on a zero-based budgeting model. This simply means that all revenues generated by various Departments and Units in the Schulich School (whether they arise from legislative appropriations, tuition, research, indirect costs, etc.) are centralized and controlled by the Dean's office.

The Director has prime responsibility for developing the program budget; he is assisted by the Manager in this regard. Departments/Units (including the MPH Program) develop their budget narratives in Fall and in a series of meetings between individual Department Chairs/Unit heads and the Dean, the budget for each Department/Unit is negotiated, finalized and monies allocated. Unspent monies revert to the Dean's office at the end of the fiscal year as no carryforward is allowed.

It is during this process that requests for additional faculty are put forward and negotiated. For example, a need was expressed to strengthen the health economics complement in the Schulich School of Medicine and Dentistry. Discussions among the basic science Chairs and the MPH Program ensued and it was agreed that an upcoming Canada Research Chair vacancy would be used for recruitment. This individual would contribute not only to the MPH Program, but also to the Department of Epidemiology and Biostatistics. This was agreed by the Dean's office, and ultimately led to the successful recruitment of Dr. Shehzad Ali in 2019 as the Canada Research Chair in Public Health Economics.

c) Describe how the program funds the following:

a. operational costs (programs define "operational" in their own contexts; definition must be included in response)

Operating costs are defined as funds required to successfully run the MPH Program. For example, travel costs to cover our Brown Bag Speakers, supplies, and promotional materials are considered operational costs. These are part of the budget discussions and negotiations described above and are thus funded by University funds.

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

The various components to student support are supported through resources within the Program and outside the Program.

Criterion C1 – Fiscal Resources

From the Program resources: Examples include the mandatory class trip to the Ontario Public Health Convention in Toronto (usually held in March/April). We cover the entire cost (registration, hotel rooms, and transportation) through our operating budget. Smaller items, such as the Annual Student Holiday Meal in December is also funded by the Program. A small number of scholarships (a yearly \$1,000 practicum scholarship, a \$1,000 scholarship for a student who has previously worked with stroke or dementia students, and the Sunlight Scholarship) are also awarded by the Program.

From outside the Program: Our students also compete for funds available at the University level at large. For example, students who become the representatives to the Society of Graduate Students (SOGS) receive a small stipend for their use. Additionally, our students compete for, and usually win, international travel awards (e.g. the Global Opportunities Award) for their practicums if they plan to travel abroad.

- c. Faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

Direct support for this comes from the University paid “Professional Expense Reimbursement”. This is part of Western’s faculty benefits package that pays all faculty \$1500 per year, to be used for conference travel, books, subscriptions, etc. From the MPH Program funds, we support activities related to faculty development. In the past we have paid for faculty to attend case teaching Workshops at Harvard, and also sending faculty to the CEPH workshops prior to APHA.

Indirect support comes from the stipends paid to the two Co-editors of the Annual Casebook, who can use their stipend monies to pay for conference travel, books, subscriptions, etc.

- d) In general terms, describe how the program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.**

Request for additional funds would typically be done during the fall budget cycle. The Program is asked to submit a draft operating budget and outline if there are any major changes and explain why. However, in the event that funds are needed that weren’t budgeted for (such as emergencies) the Program would discuss this with the Director of Finance. For example, in Fall 2019 one of the projectors failed in the classroom. We worked with Schulich’s AV specialist who recommended we replace both projectors. After three quotes were obtained this was sent to the Director of Finance who approved the additional funds.

- e) Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the program’s funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.**

At Western, tuition and fees paid by students are collected by the University, and flow to each School and Department/program based on a percentage of tuition. The Schulich School of Medicine and Dentistry receives 60% of the tuition and fees paid by the MPH students. The flow of monies from the Schulich School of Medicine and Dentistry back to the Program is via the annual fall budget cycle and negotiations; there is no formula in this disbursement.

In addition to tuition and fees, MPH students are also charged a supplemental fee (\$2,000) which is returned directly to the program. This fee supports purchase of all learning materials, practicum placement, and costs for the annual field trip.

Criterion C1 – Fiscal Resources

- f) Explain how indirect costs associated with grants and contracts are returned to the program and/or individual faculty members. If the program and its faculty do not receive funding through this mechanism, explain.

Structurally, the MPH is a program and not a Department; and as per Western University rules, it does not have the power and processes that come with being a Department. For example, at Western, faculty members can only be appointed in Departments, and only Departments can house faculty research grants. All faculty are to have a Department as their designated “home unit” as per the UWOPA Collective Agreement. Indirect costs associated with grants and contracts are therefore administered through the designated home department. For example, Dr. Lloy Wylie’s CIHR grant is housed with the Department of Pathology and Laboratory Medicine, which is her “home unit”.

- 2) A clearly formulated program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Sources of Funds and Expenditures by Major Category, FY2018 to 2022					
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Source of Funds					
Schulich Funds	\$1,450,277	\$1,719,933	\$1,689,039	\$1,266,821	\$1,378,343
Student Fees	\$32,297	\$31,725	\$28,474	\$107,400+	\$150,000
Total	\$1,482,574	\$1,751,658	\$1,717,513	\$1,374,221	\$1,528,343
Expenditures					
Faculty & Staff Salaries & Benefits	\$1,045,782	\$1,194,767	\$1,186,485	\$1,181,104	\$1,183,798
Operations	\$406,784	\$526,028	\$526,028	\$173,117++	\$311,045
Student Travel	\$30,008	\$30,863	\$5,000*	\$20,000	\$33,500
Total	\$1,482,574	\$1,751,658	\$1,717,513	\$1,374,221	\$1,528,343

*Travel reduced due to COVID.

+FY2020-21 increase in student fees is due to charging a supplemental fee to cover expenses (learning materials, field trip, and practicum fees). These costs were imbedded in tuition fees which we separated out resulting in lower tuition but no change to total costs.

++FY2020-21 onwards no longer paying rent for space (~\$200,000)

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

NOT APPLICABLE

- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The MPH Program has the full support of the Dean’s office and is adequately resourced to deliver on its objectives.
- Budget negotiations have been marked by a sense of collegiality and mutual respect, and no reasonable request has been turned down till date.

Future Plans

- At present, while our MPH students compete for the University-wide scholarships/fellowships open to all Western students, there are no dedicated monies to support public health students.
- We are hopeful that the attention brought on public health with the COVID pandemic will lead to increased student support opportunities from the community.

C2. Faculty Resources

The program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

- 1) A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1.

	MASTER'S			ADDITIONAL FACULTY
CONCENTRATION	PIF 1	PIF 2	PIF 3	
MPH Generalist	Amardeep Thind .8	Mark Speechley .8	Gerald McKinley .8	PIF: 6 Non-PIF: 9

TOTALS:	Named PIF	3
	Total PIF	9
	Non-PIF	9

- 2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.

The UWofA Collective Agreement outlines the mechanism for units to standardize workload. The standard workload at Western is 40% teaching (for Schulich this is 2 three-credit hour courses per academic year), 40% research, and 20% service.

The Accreditation Committee assessed each faculty member's contribution to the MPH Program based on their teaching and research. Individuals who contributed 50% or higher of their teaching and research to the MPH Program were deemed to be a PIF. Below is the chart of all faculty PIFs:

Based on Workload			
PIF	Teaching	Research	Total
ALI, Shehzad	20	40	60
JOHN-BAPTISTE, Ava	20	40	60
LIZOTTE, Dan	20	40	60
MCKINLEY, Gerald	40	40	80
SIBBALD, Shannon	30	40	70
SPEECHLEY, Mark	40	40	80
TERRY, Amanda	20	40	60

Criterion C2 – Faculty Resources

Based on Workload			
PIF	Teaching	Research	Total
THIND, Amardeep	40	40	80
WYLIE, Lloy	40	40	80

Based on Hours	
Non-PIF	Program Contact Hours
ARRA, Ian	1.5
BATTRAM, Danielle	4
DARNELL, Regna	16
DWORATZEK, Paula	4
MACKIE, Christopher	4
RANADE, Sudit	3
RYAN, Bridget	33
SUMMERS, Alexander	4
TRICK, Charles	1.5

We do not calculate the FTE for non-PIF faculty as that would be a misleading metric. The non-PIF faculty have full-time jobs elsewhere yet they contribute their time to the MPH Program. This is invaluable contribution and exposure to our students and is measured in terms of contact hours.

- 3) **If applicable, provide a narrative explanation that supplements reviewers’ understanding of data in the templates.**

NOT APPLICABLE

- 4) **Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.**

General advising & career counseling			
Degree level	Average	Min	Max
Master’s	7	6	14

Advising in MPH integrative experience		
Average	Min	Max
7	6	14

- 6) **Quantitative data on student perceptions of the following for the most recent year:**

- a. **Class size and its relation to quality of learning (eg, The class size was conducive to my learning).**

Students are surveyed at the end of the Winter term. Below are the results for the last two years.

Criterion C2 – Faculty Resources

Cohort	Percentage Satisfied/Very Satisfied
MPH 2021 (n=5)	60% (n=3)
MPH 2020 (n=13)	54% (n=7)

It is challenging to interpret these numbers. First, the response rates are quite low (MPH 2020 rate is less than 25%; MPH 2021 is less than 10%). Additionally, both cohorts were affected by COVID, especially MPH 2020 which was forced into virtual learning midway through their academic year. These two factors could be a reason for the low satisfaction rates. We plan to track this data closely in the coming years.

b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

Students are surveyed at the end of Fall term and Winter term as different faculty teach in each term. Below are the results for the last two years.

Cohort	Percentage Satisfied/Very Satisfied
MPH 2021	
Fall (n=10)	60% (n=6)
Winter (n=5)	80% (n=4)
MPH 2020	
Fall (n=7)	100% (n=7)
Winter (n=13)	31% (n=4)

Again, these are very low response rates.

- MPH 2021 had expressed their dissatisfaction of faculty availability during a listening session in the fall. The MPH Program recognized that online learning created barriers for students to connect with faculty. Hence, for Winter 2021 faculty posted online office hours to help students connect.
- MPH 2020 was forced into online learning and we question if the data is representative of faculty availability or disgruntlement of online learning.

See *ERF Criterion C2.6*.

7) Qualitative data on student perceptions of class size and availability of faculty.

As previously described (Section A3. Student Engagement) the Program holds a year-end debrief with graduating students in late August. A neutral facilitator conducts this session and students are asked about their entire MPH journey, including specific questions about class size and faculty availability. The latest year-end debrief was held on August 26, 2020 (see *ERF Criterion A3.1 – MPH Year-end debrief 2020*), and the comments on class size and faculty availability were uniformly positive. The neutral observer states in his report that:

- *“Class size was considered good for a masters level program; small enough to have rich exchange but large enough to get a range of opinions and past experiences. The size also allows good interaction with faculty.”*
- *“Faculty availability was seen as good on the whole. Many often are available at the end of a class or group session, and on occasion for informal discussion in the student lounge. That said a minority of professors are more difficult to access either in their office or by email.”*

- 8) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The Program is richly endowed with a number of high caliber faculty.
- We easily exceed the minimum number of required PIFs by a large margin, and these high faculty numbers (along with the high faculty: student ratio) has been constant since the start of the program.
- Although response rates are on the low side, qualitative and quantitative evidence from students suggests that they are satisfied/very satisfied with the class size and availability of faculty.

Future Plan

- Our task in this area is to encourage more students to respond to this survey so that we have more robust evidence.

C3. Staff and Other Personnel Resources

The program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

- 1) A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.

Role/function	FTE
Manager	.5
Career Development Coordinator	1
Program Coordinator	1
Administrative Assistant	.68

- 2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.

The MPH Program is able to access ancillary units that are housed within Schulich and Western. For example, Schulich's Communications Department provides support to promote the program. This support includes advertising, web design, as well as profiling our students and alumni. Schulich's Finance Department supports the Manager when completing budget files. Additionally, Schulich's Information Services Department provides IT support as well as learning technology support. Western's School of Graduate and Postdoctoral Studies (SGPS) provides guidance and direction when dealing with complicated student issues. SGPS also provides the application portal for applicants to apply to the Program and calculates the admission average for all applicants.

- 3) Provide narrative and/or data that support the assertion that the program's staff and other personnel support is sufficient or not sufficient.

The administration of the MPH Program is supported by the following four staff positions:

- Manager (FTE: 50%) - functioning as the lead (administrative, operational and financial) in the development and implementation of the program; this position is shared with the Department of Epidemiology and Biostatistics.
- Career Development Coordinator (FTE: 100%) - working on all aspects of the practicum from scouting opportunities to assisting students with logistical matters; providing career development assistance; and responsible for alumni relations and development;
- Program Coordinator (FTE: 100%) - responsible for the graduate processes and all matters related to the completion of the students' program; handling administrative details of coordinating course and exam timetables, room reservations, submission of grades, etc.; and
- Administrative Assistant (FTE: 68%) – program and administrative support, graduate admissions, and back up to other roles.

The Manager supports the Department of Epidemiology & Biostatistics, which is co-located in the PHFM building. This Department is the "home unit" of a majority of the MPH faculty, so there is considerable overlap in the administrative duties. Additionally, both units (the MPH Program and the Department of Epidemiology & Biostatistics) are staffed with long serving and experienced staff, thus alleviating any concern about the sharing of the Manager. This arrangement has been in existence for nearly three years at the time of writing, and is working out satisfactorily for both units.

- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The MPH Program has committed staff of whom two (out of four) have been with the program since its inception, thus providing a deep sense of stability and continuity.
- The staff are groomed for successive advancement (for example, the Program Coordinator advanced to the Career Development Coordinator position when the incumbent left) and there is a succession plan in place to take care of future retirements.
- New incoming staff members benefit from an organized onboarding process and detailed operating procedures.

C4. Physical Resources

The program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

1) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)

- **Faculty office space**
There are eight faculty offices for the PIFs, three swing offices (non-PIFs) and one boardroom.
- **Staff office space**
There is one administrative meeting room along with six administrative offices.
- **Classrooms**
The MPH Program is housed in a purpose-built building. The Program occupies the top floor (15,038 sq. ft.) of this four-story building, which houses a state of the art, tiered case classroom seating 60 students.
- **Shared student space**
Students have access to most of the 4th floor of the Western Centre for Public Health and Family Medicine which includes individual student workstations, a student lounge, and ten break-out rooms (each with a TeamBoard) to facilitate learning team discussions consistent with case-method learning. Students also have access to a printer, kitchen space (with refrigerator) and lockers for safekeeping.
- Laboratories, if applicable to public health degree program offerings
NOT APPLICABLE

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

The physical space is more than sufficient. Students have access to both individual study space as well as a dedicated learning team for team discussions. The MPH classroom is dedicated exclusively to the program's teaching requirements. Hence, we do not have to juggle classroom schedules with others on campus.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- The MPH Program space is more than adequate to meet the needs of the students, staff and faculty; it is the envy of the other units on campus, many of whom are located in old and cramped quarters.

C5. Information and Technology Resources

The program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

1) Briefly describe, with data if applicable, the following:

- library resources and support available for students and faculty

The MPH Program is ably supported by Western Libraries service, which is widely recognized for the quality of its staff, its outstanding collections, and the access and services it provides. Western Libraries, one of the top research libraries in Canada, comprises eight service locations distributed across the University Campus and is a member of the Ontario Council of University Libraries, the Canadian Association of Research Libraries, and the Association of Research Libraries. Graduate students enrolled in the MPH program have access to collections of over eleven million items in print, microform and various other formats. Currently Western Libraries maintains over 65,000 links to contemporary and retrospective content in electronic journals and government publications and hundreds of thousands of links to e-books that support the University's research and teaching interests. At this time, Western Libraries' consortium memberships include the Canadian Research Knowledge Network (CRKN), the Ontario Council of University Libraries' (OCUL) Scholars Portal initiative, and the Consortium of Ontario Academic Health Libraries (COAHL).

Support for the MPH Program is specifically provided by the Allyn & Betty Taylor Library that serves the Schulich School of Medicine & Dentistry.

- student access to hardware and software (including access to specific software or other technology required for instructional programs)

All students are provided with an account on the University system. This account gives them access to electronic mail facilities and the internet. University site licenses give students access to software packages (e.g., SAS, SPSS, Microsoft Office, Qualtrics, etc.). The University library provides students with on- and off-campus access to online library resources and databases.

Students are encouraged to have their own personal computer. In addition, the shared student space has desktop computers and a network printer available for student use.

- faculty access to hardware and software (including access to specific software or other technology required for instructional programs)

Hardware: All faculty and staff are provided a personal computer.

Software: All faculty and staff are provided with an account on the University system. This account gives them access to electronic mail facilities and the internet. University site licenses give faculty access to software packages (e.g., SAS, SPSS, Microsoft Office, Qualtrics, etc.). The University library provides staff and faculty with on- and off-campus access to online library resources and databases.

In addition, the classroom is fully equipped with state-of-the-art audio-visual and networked computer equipment that facilitates online teaching and learning.

Criterion C5 – Information and Technology Resources

- technical assistance available for students and faculty

Faculty and staff can contact Schulich's Information Services (https://www.schulich.uwo.ca/information/services/about_us/missiongoals.html) with any questions they might have. Western has a robust Information Technology Support Group (<https://wts.uwo.ca/about-wts/index.html>) that is available to staff, faculty and students. Both units offer support for hardware, software, teaching resources, and other miscellaneous support (i.e. WiFi, password reset, phones, etc.).

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

The information and technology resources and support available to the program are more than adequate. Faculty, staff and students are appreciative of the support provided by Western in this regard. A detailed Western Library Report can be found in ERF Criterion C5.2.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- In addition to the provision of equipment, a strength is the highly responsive nature of the support and technical assistance units. For example, there was a problem with one of the classroom projectors in December 2019 and a technician was available to help the same day. While the technician couldn't fix the problem they brought over a back-up projector and then facilitated the replacement of both projectors in the classroom.

D1. MPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

- 1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the program.

Learning objectives	Describe how the SPH/PHP ensures grounding
Profession & Science of Public Health	
1. Explain public health history, philosophy and values	MPH 9006 (Sessions 5, 6)
2. Identify the core functions of public health and the 10 Essential Services ¹	MPH 9006 (Sessions 6)
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	MPH 9002 (Sessions 1-25) MPH 9012 (Sessions 1-4, 7, 9-11, 14-15, 23-24)
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	MPH 9001 (Sessions 1-25)
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	MPH 9001 (Session 10)
6. Explain the critical importance of evidence in advancing public health knowledge	MPH 9001 (Sessions 1, 3, 6, 8, 11-13) MPH 9002 (Sessions 2-11) MPH 9012 (Sessions 6, 8, 19, 21-22)
Factors Related to Human Health	
7. Explain effects of environmental factors on a population's health	MPH 9003 (Sessions 1-25)
8. Explain biological and genetic factors that affect a population's health	MPH 9003 (Sessions 1-25)
9. Explain behavioral and psychological factors that affect a population's health	MPH 9005 (Sessions 1-20)
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	MPH 9005 (Sessions 1-20) MPH 9009 (Sessions 1-25) MPH 9014 (Sessions 1-3, 19-22)
11. Explain how globalization affects global burdens of disease	MPH 9003 (Sessions (Sessions 2,3,7,11 and 14)
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	MPH 9003 (Sessions 1-25)

- 2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

ERF Criterion D1

- 3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Our program provides a robust grounding in the foundational public health knowledge.
- An added advantage of our approach is that students are exposed to these foundations at multiple times across different courses, with each exposure being additive and reinforcing, thus increasing the strength of the foundation.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (eg, practicum supervisors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

- 1) List the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

Course #	Course Title	Credit	Instructor
Fall 2021			
MPH 9001A	Principles of Epidemiology	3	Mark Speechley
MPH 9002A	Statistical Methods in Health	3	Mark Speechley
MPH 9003A	Sustaining Environmental Health	3	Gerald McKinley
MPH 9005A	Social Cultural Determinants of Health	3	Gerald McKinley
MPH 9006A	Developing Healthy Communities	3	Amardeep Thind/Shannon Sibbald
MPH 9007A	Leading People and Organizations in Public Health	3	Amanda Terry
MPH 9012A	Research for Health	3	Bridget Ryan
MPH 9015Y	Public Health Practice	3	Amardeep Thind
Winter 2022			
MPH 9004B	Health Promotion	3	Shannon Sibbald
MPH 9008B	Indigenous Health	3	Joshua Smith
MPH 9009B	Public Health Policy	3	Shehzad Ali
MPH 9010B	Managing Health Services	3	Lloy Wylie
MPH 9011B	Community Health Assessment & Program Evaluation	3	Lloy Wylie
MPH 9014B	Health Economics	3	Ava John-Baptiste
MPH 9015Y	Public Health Practice	3	Amardeep Thind
MPH 9017B	Public Health Informatics	3	Steven Lee
Summer 2022			
MPH 9016	Practicum	6	Amardeep Thind
MPH 9018	Capstone Course	9	Amardeep Thind

- 2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational competencies listed above, the program must present a separate matrix for each concentration.

Criterion D2 – MPH Foundational Competencies

As previously described, our program is team-based and aims to produce public health professionals who can work in a diverse array of teams with consummate ease. One element of facilitating team-based learning is that a large number of our course deliverables are team-based (as they will be in real life). The column "Specific assessment opportunity" thus may contain two paragraphs - the first describing the setting (and/or the team-based deliverable) and the second paragraph, which describes the specific individual assessment component. Our team-based learning approach has been validated by employers, who note that our graduates are among the 'most job ready' of their hires.

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	9001: Principles of Epidemiology	1. <u>Assignment E7</u> <ul style="list-style-type: none"> Identify case-control study, case series, list sources of controls for CC design 2. <u>Assignment E11</u> <ul style="list-style-type: none"> Perform PubMed search for systematic review with meta-analysis 3. <u>Final Presentations</u> <ul style="list-style-type: none"> Select Exposure-Outcome pair Locate recent Systematic Review/Meta-Analysis Report heterogeneity statistic (I^2) Explain possible reasons for heterogeneity – did authors use stratification to reduce I^2 <ul style="list-style-type: none"> How? By case-control/cohort design? Did stratification reduce I^2 4. <u>Final Critical Appraisal</u> <ul style="list-style-type: none"> Select one case-control or cohort study from SR/MA For this design, use the correct Ottawa-Newcastle Scale document to identify possible biases (selection, measurement, analysis)
	9002: Statistical Methods in Health	5. <u>Assignment B5</u> <ul style="list-style-type: none"> Calculate sample size and statistical power for different designs
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	9002: Statistical Methods in Health	1. <u>Assignment B6</u> <ul style="list-style-type: none"> Evaluate validity and reliability of exposure and outcome measures
	9012: Research for Health	2. <u>Assignment 2: Qualitative Data Collection Exercise</u> <u>Each student will justify data collection tool(s) chosen to answer the qualitative research question you developed in Class #11. Write no more than one page answering the following questions:</u> <ul style="list-style-type: none"> What is your research question? Who are your research participants? Provide brief description of who they are (e.g. healthy

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		<p>patients, people with disabilities, schoolchildren, health care providers).</p> <ul style="list-style-type: none"> • What data collection tools did you consider? List at least two options such as interviews, focus groups, or observation. • What data collection tool did you choose? Justify the choice you made. Why is this the most appropriate data collection tool for this research question and this group of research participants compared to other options?
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	9001: Principles of Epidemiology	<ol style="list-style-type: none"> 1. Assignment E2 <ul style="list-style-type: none"> • Perform age-adjustment using Direct Age Standardization 2. Assignment E5 (using OpenEpi) <ul style="list-style-type: none"> • Calculate stratum-specific RRs • Calculate and interpret Mantel-Haenszel RR (95% CI) 3. Assignment E9 <ul style="list-style-type: none"> • Calculate Attributable Risks and Risk Ratios and indicate whether there is evidence of interaction on additive and multiplicative scales
	9002: Statistical Methods in Health	<ol style="list-style-type: none"> 4. Assignment B4 <ul style="list-style-type: none"> • Calculate t-test by hand, confirm with OpenEpi 5. Assignment B5 (using OpenEpi) <ul style="list-style-type: none"> • Calculate least extreme detectable OR for 3 unmatched Case-Control studies using Fleiss Continuity Correction • Calculate least extreme detectable OR for 4:1 controls:case • Calculate statistical power and Risk Ratio • Calculate required sample size for cohort study • Calculate Number Needed to Treat 6. Assignment B6 <ul style="list-style-type: none"> • Select and explain 3 types of validity • Select and explain 3 types of reliability 7. Assignment B7 (using OpenEpi) <ul style="list-style-type: none"> • Calculate McNemar chi-squared and interpret p value • Calculate OR, standard error and 95% CI from 2x2 table data
	9012: Research for Health	<ol style="list-style-type: none"> 8. Assignment 4: Qualitative Data Collection and Analysis Each student will reflect on the process of analyzing the qualitative data from Assignment #3 and write no more than one page answering the following questions:

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		<ul style="list-style-type: none"> • How did you approach the individual analysis of the data? Outline the steps you took. Discuss how codes and themes arose as you coded. What software did you use to organize your data? • What was your specific contribution to the team-based coding? What software did your LT use to organize all the data? • Compare and contrast your individual analysis and your team-based analysis. What was the value of using both? How did the themes that arose differ at the end of the team analysis compared to your own individual coding?
	9017: Public Health Informatics	9. Assignments 1-3 (Foundation Assignments) Using the statistical analysis software "R" <u>each student</u> will analyze summary statistics of public health data, perform database queries to extract public health data, and perform regression analyses using "R".
4. Interpret results of data analysis for public health research, policy or practice	9001: Principles of Epidemiology	1. Assignment E5 <ul style="list-style-type: none"> • Compare and interpret results of crude and adjusted RR • Apply operational definition of confounding • Explain how confounding biased a crude RR 2. Assignment E7 <ul style="list-style-type: none"> • Interpret 95% CI from OR and comment on precision of the estimate 3. Assignment E11 <ul style="list-style-type: none"> • Interpret I² statistic from SR/MA and comment on authors' interpretation of heterogeneity and whether they examined it using stratification 4. Final Presentation and Critical Appraisal <ul style="list-style-type: none"> • Each student will select a causal exposure-outcome question, locate recent Systematic Review/Meta Analysis and present (as if at a professional conference) up-to-date summary of knowledge. Students will make an evidence-based recommendation whether this is sufficient for decision-making or more research needed.
	9002: Statistical Methods in Health	5. Assignment B3 <ul style="list-style-type: none"> • Interpret results of studies done in samples from populations 6. Assignment B4 <ul style="list-style-type: none"> • Interpret p values from t-test

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		<p>7. <u>Assignment B6</u></p> <ul style="list-style-type: none"> Interpret Intraclass correlation coefficients as measures of test-retest reliability <p>8. <u>Assignment B8</u></p> <ul style="list-style-type: none"> Interpret p value from ANOVA
	9017: Public Health Informatics	<p>9. <u>Assignments 4-10: Application Reflections</u></p> <p>Each student will critically appraise and interpret published informatics analysis of public health problem in terms of appropriateness of how authors used the four categories of methods covered in the course:</p> <ul style="list-style-type: none"> Data analysis methods Data management/organization methods Data security and privacy methods Software design methods
Public Health and Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	9010: Managing Health Services	<p>1. <u>Assignment 1: Health Systems Overview</u></p> <p>Each student selects a country within a region and describes the health care and public health system, focusing on governance, financing, organization, human resources and infrastructure. The LT will then collectively discuss and prepare a comparative analysis based on these six countries within their assigned region (strengths and challenges of the different types of health systems).</p>
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	9005: Social Cultural Determinants of Health	<p>1. <u>Paper and Presentation: Sustainable Development Goal</u></p> <p>Setting: Learning Teams will select a sustainable development goal, and will monitor how social cultural determinants of health impact their topic. Teams will make a policy presentation to the class that directly addresses three social determinants of health as they relate to the selected topic. In addition, each team will complete a research paper into the effects of the Social and Cultural Determinants of Health on their topic in public health. The goal will be to provide a critical analysis of the literature and recommend policy actions to be taken around the Social and Cultural Determinants of Health.</p> <p><u>Individual Assignment:</u> Each student will submit a 500-word discussion paper where they will briefly discuss factors (including racism and/or structural violence) that impacts health in the context of their team's focus. Each team member will include a discussion on health disparities and</p>

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		makes reference to how their team's solution addresses them.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	9011: Community Health Assessment & Program Evaluation	<p>1. <u>Assignment 2: Needs Assessment Plan</u> Setting: Each learning team will prepare a needs assessment plan for a particular scenario/case that aligns with the community engaged learning projects. This will include developing the key questions that need to be answered by the assessment. Teams will identify needs, gaps, and a detailed work plan with needs assessment and a data collection matrix.</p> <p><u>Individual Assignment:</u> Each student will provide a review of the findings from one of the types of data sources relevant to the population needs of their community project. Assessment of the individual assignments will be based on the thoroughness of their data collection process and their ability to identify how this is specifically relevant for the community's program.</p>
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	9008: Indigenous Health	<p><u>Cultural Competence & Cultural Values Project Proposal: Part A - Project Design:</u> For this assignment, each student will identify an Indigenous community initiative, challenge, issue, or problem from a news/media source related to health. Utilizing course and at least two other peer reviewed resources, each student will formulate/design a project proposal that seeks to address the problem. The proposal must clearly articulate how it strives to align with cultural values.</p>
9. Design a population-based policy, program, project or intervention	9010: Managing Health Services	<p>1. <u>Final Exam</u> The final exam includes a multi-part question where students are provided a choice of thematic areas (chronic disease, mental health, maternity care, environmental health, etc.). This multi-parted question requires <u>each student</u> to:</p> <ul style="list-style-type: none"> Describe the program development through the stages of decision analysis, including the decision criteria used to assess the value of your program. How would you implement and evaluate the program you developed above? Briefly describe the process, drawing upon the core management functions.

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		<ul style="list-style-type: none"> Describe how you would ensure that your program provides a patient centred approach that is culturally competent and addresses health equity. Describe any ethical issues at play in the program. See page 16 of 9010 Managing Health Services Winter 2022 in ERF Criteria D2.
	9009: Public Health Policy	<p>1. <u>Final Assignment</u> Setting: Learning teams are asked to consider a scenario in which the Ministry of Health in their province has asked them to develop a policy brief on a priority public health issue. The team must consider and choose a public health policy and consider multiple domains of policy-making, including the following: (a) Target population group(s); (b) Measurable outcomes of policy success; (c) Policy timelines; (d) Inequality impact of policy; and (e) Expected impact on the health system budget.</p> <p><u>Individual Assignment:</u> Each student will write up to 500 words describing the key components of policy cycle in relation to the chosen policy in the group assignment. S/he will discuss the steps and challenges involved in: (i) policy formulation, including identifying key stakeholders, scientific evidence and ethical considerations, and the iterative steps of the legislative process; (ii) policy adoption; (iii) policy implementation; and (iv) policy evaluation.</p>
10. Explain basic principles and tools of budget and resource management	9010: Managing Health Services	<p>1. <u>Assignment 2: Proposal Review and Budget Development</u> Setting: Each learning team will be responsible for reviewing the program proposal from another learning team, and will raise questions about the financial plan for the program. (Hint: Please refer to the skills taught in MPH 9010 class 11 for this assignment)</p> <p><u>Individual Assignment:</u> Each student will be responsible for developing an alternative budget based on a 25% cut to the original budget proposal, providing justification of the changes, and how the program has to adapt.</p>
11. Select methods to evaluate public health programs	9011: Community Health Assessment & Program Evaluation	<p>1. <u>Assignment 6: Project Proposal</u> Setting: The Project Proposal is team-based and has a number of components. One component is the development of an evaluation framework for the program. Teams will need to decide on an</p>

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		<p>appropriate evaluation for the stage of the community project (formative, process, outcome), and identify the types of evaluation questions that will need to be assessed, and the ways that this information will be collected.</p> <p>Individual Assignment: Each student will need to provide a detailed description on how the evaluation plan ensures that the specific measures of success are in line with the values and needs of diverse program participants (community, service providers, clients). This should be based on the logic models taught in class.</p>
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	9009: Public Health Policy	<p>1. Final Assignment Setting: Learning teams are asked to consider a scenario in which the Ministry of Health in their province has asked them to develop a policy brief on a priority public health issue. The team must consider and choose a public health policy and consider multiple domains of policy-making, including the following: (a) Target population group(s); (b) Measurable outcomes of policy success; (c) Policy timelines; (d) Inequality impact of policy; and (e) Expected impact on the health system budget.</p> <p>Individual Assignment: Each student will write up to 500 words describing the key components of policy cycle in relation to the chosen policy in the group assignment. S/he will discuss the steps and challenges involved in: (i) policy formulation, including identifying key stakeholders, scientific evidence and ethical considerations, and the iterative steps of the legislative process; (ii) policy adoption; (iii) policy implementation; and (iv) policy evaluation.</p>
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	9004: Health Promotion	<p>1. Health Promotion Plan Part 3a – Plan for Advocacy and/or Sustainability Students must <u>individually</u> choose a stakeholder group using the stakeholder wheel. S/he should justify why they chose that stakeholder group and describe the stakeholder group: who are they, what sectors are they a part of etc. (Hint: Please refer to the skills taught in MPH 9004 class 21 for this exercise).</p>

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
	9010: Managing Health Services	<p>2. <u>Assignment 4: Disaster Response Exercise</u> Setting: In the class on emergency preparedness and disaster response, each team is required to identify the stakeholders and partners that need to be engaged in the disaster response.</p> <p><u>Individual Assignment:</u> Using the Incident Management System framework that is taught in class, <u>each student</u> will select one of the key roles, and identify who they need to work with and engage to ensure an appropriate response to the current crisis (simulation). Assessment will be based on the thoroughness as well as the identification of strategies for successfully engaging the particular groups.</p>
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	9004: Health Promotion	<p>1. <u>Health Promotion Plan Part 3b – Plan for Advocacy and/or Sustainability</u> Each student must create an advocacy plan and deliverable for the chosen stakeholder group. The key to this part is ensuring that the advocacy plan and deliverable are appropriate to the target audience. (Hint: refer to MPH class 21)</p>
15. Evaluate policies for their impact on public health and health equity	9010: Managing Health Services	<p>1. <u>Assignment 3: Health Equity Impact Assessment</u> Using the health equity impact assessment tool (template from Public Health Ontario) <u>each student</u> will assess a policy of his/her choice that has an impact on public / population health.</p> <p>Students will need to:</p> <ul style="list-style-type: none"> • evaluate the policy impact across a range of population groups with an emphasis on vulnerable populations • identify populations of interest, and provide a brief statement on why the populations you choose are impacted by the policy • Complete the assessment tool table, which identifies how the policy is either perpetuating or addressing health inequities among vulnerable populations.

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	9007: Leading People and Organizations in Public Health	<p>1. Assignment 3: Scenario Planning Setting: The objectives are to develop skills in scenario planning and making presentations, and to understand how and why to apply scenario plans in organizational planning; To apply principles of management around guiding decision making by developing a scenario plan for a specific organization. Students conduct a scenario planning exercise, develop strategies for the chosen scenario, and identify recommendations based on the chosen strategy</p> <p>Individual Assignment: Each student will submit a short essay describing the key learnings, and what they learned from the assignment. The essay should also critically examine the student's contribution to the team report and presentation.</p>
17. Apply negotiation and mediation skills to address organizational or community challenges	9009: Public Health Policy	<p>1. Assignment 1 Setting: Students will participate in a case study to develop a policy paper focusing on 'Access to Cancer Therapies in Canada'. Cancer therapies can be expensive and may not be cost-effective under the current drug reimbursement model. Learning teams are assigned to represent one of the following perspectives to inform policy: (a) Provincial Drug Plan perspective; (b) Patient perspective; or (c) Pharmaceutical industry perspective. These perspectives will likely be in conflict with each other, i.e. Drug Plans prefer value for money, patients value access to all drugs (irrespective of price) and the industry aims to maximum return on investment. Considering multiple domains of policy-making, including ethics, economics and evidence, students are asked to develop and defend their position on how cancer therapies should be funded in Canada.</p> <p>This assignment has team based and individual components: The team based deliverables are:</p> <ul style="list-style-type: none"> • a two-page Position Statement (at LT level) summarizing key evidence-informed arguments and recommendations (based on the assigned perspective) to improve access to cancer therapies; and • in-class debate and negotiation in which each LT will present and defend their Position Statement;

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		<p>Individual Assignment: each student will prepare a 500-word negotiation strategy describing how the student would use negotiation strategies in a real-world policy discussion to reach consensus among participants with competing perspectives – for this final piece, students may consider the following negotiation strategies: collaboration, competition, accommodation, avoidance and compromise. (Hint: refer to skills taught in MPH 9007, Class 8)</p>
Communication		
18. Select communication strategies for different audiences and sectors	9004: Health Promotion	<p>1. <u>Health Promotion Plan Part 3b – Plan for Advocacy and/or Sustainability</u> Each student must create an advocacy plan and deliverable for the chosen stakeholder group. The key to this part is ensuring that the advocacy plan and deliverable are appropriate to the target audience.</p>
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	9011: Community Health Assessment & Program Evaluation	<p>1. <u>Assignment 6: Project Proposal</u> Setting: The Project Proposal is team based and has a number of components. One component is for the team to develop communication strategies for the multiple stakeholders.</p> <p>Individual Assignment: Each student will prepare a knowledge translation / mobilization communique, using methods most appropriate for the stakeholder (i.e. briefing note to a decision maker or board; video clips for service users, infographics, etc.). Additionally, the community partners attend the final showcase, and students present their key findings in ways appropriate for our audience of program and service providers. See page 13 of 9011 Community Health Assessment and Program Evaluation in ERF D2.</p>
20. Describe the importance of cultural competence in communicating public health content	9008: Indigenous Health	<p>1. <u>Cultural Competence & Cultural Values Project Proposal – Part B</u> <u>Each student</u> is to complete a 750 word paper on the importance and challenges faced when communicating public health content using a culturally competent/safe approach.</p>

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
Interprofessional Practice		
21. Perform effectively on interprofessional teams	<p>Background Note: Explicitly designed around the principles of interprofessional education and teams, Western's MPH Program is quite distinct compared to other MPH Programs. Since Western does not have a dedicated School or Department of Public Health, our faculty are based in different schools around campus (Science, Health Sciences, Social Sciences, Law, Medicine, and Nutrition); thus exposing our students to the different disciplines that contribute to public health.</p> <p>Moreover, the MPH Program was explicitly designed to simulate the working world where different disciplines come together to solve complex public health problems. We start building this interprofessional and interdisciplinary breadth from the admissions process when the Admissions Committee selects students purposively to ensure the incoming cohort includes as many diverse disciplines and students as possible.</p> <p>Prior to starting the MPH Program, we place all students in 5-6 person interprofessional teams ("Learning Teams" or LTs). The Program consciously makes these teams as diverse as possible (along a range of dimensions such as age, gender, residency status, background, training, profession, etc.) so that team composition reflects the Canadian workforce as closely as possible. These teams are the home of the students for the <u>entire</u> academic year, and students do all their learning, deliverables and class preparation in these teams.</p> <p>Students are also continuously exposed to the concepts of interprofessional teams throughout the program. This is accomplished through didactic IPE teaching (mutual respect and shared values, public health roles and the importance of other professions, seek expert advice outside of public health, etc.) and learning team activities (by working in their interprofessional LTs)</p> <p>Skills taught in MPH 9007 Leading People and Organizations – Class 5 and Class 20.</p> <p>Please see MPH IPE Plan in <i>ERF D2</i> for further details and data attesting to the interprofessional nature of our teams.</p>	
	9015: Public Health Practice	<p>1. <u>Integrative Workshops (IW)</u> These are held three times during the academic year (1 in the Fall, 2 in the Winter). These are a full day simulation where students integrate and synthesize the learning to date, apply systems thinking, to solve a complex public health problem. Experts in the subject areas are invited to the IW to provide real-time knowledge to the students; they can range from medical officers of health, community experts, policy analysts, physicians, scientists, faculty members, etc. Students work as a team to solve public health problems and learn from experts and community</p>

Criterion D2 – MPH Foundational Competencies

Assessment of Competencies for MPH in Generalist Concentration (may present single template for all concentrations if all concentrations have identical assessment opportunities)		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
		<p>members on a given topic (past examples include wind turbines, safe injection sites, sugar sweetened beverages, opioid crisis, etc.).</p> <p>Individual Assignment: each student writes a short reflection paper on the working of their interprofessional team commenting on the contribution of different partners, what worked well and what didn't, and how to improve team functioning in the future.</p>
	Every course	2. Each course has 15% of the final grade allocated to learning team performance (see <i>ERF Criterion D2 Learning Team Technical Note</i>).
Systems Thinking		
22. Apply systems thinking tools to a public health issue	9003: Sustaining Environmental Health	<p>1. Zoonosis Final Paper Setting: Each team will select a zoonotic disease and explore how human actions contribute to the spread of the disease to, or in, human populations. Tams will move beyond the biology of the disease to focus on how factors such as social inequity, neo-liberalization of global markets, or human migration patterns contribute to the spread or increased burden of your disease. The paper will conclude with recommendations on how to prevent the spread of the disease</p> <p>Individual Assessment: Each student will prepare separately either a concept map or causal loop diagram on one page detailing their understanding of the link between their team's zoonotic disease and human actions/health.</p>

- 3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.

ERF Criterion D2

- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- The foundational competencies are assessed in multiple courses using a diverse array of methods.
- This multimodal assessment not only gives the students the opportunity to master these competencies, but also to showcase them effectively.

D3. DrPH Foundational Competencies
 NOT APPLICABLE

D4 MPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

If the program intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the program documents coverage and assessment of those competencies throughout the curriculum.

- 1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the program will present a separate matrix for each concentration.

Assessment of Competencies for MPH Concentration Competencies		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity
23. Develop a guide for Indigenous and other marginalized populations, facing specific challenges that includes community level, culturally- and context-relevant strategies to improve population health.	9008: Indigenous Health	1. Resource Guide Each student is to create an outline or tool for the production of a guide for Indigenous and other marginalized communities. This must include the elements of community context and cultural safety (i.e. a storyboard or infographic showing how to develop a guide).
24. Establish observable relationships between the present level of environmental stresses and human health.	9003: Sustaining Environmental Health	1. Zoonosis Podcast Setting: Each Learning Team will record a podcast detailing the findings of their research into the zoonotic disease of their choice. Taking a One Health approach, they will detail how the disease impacts human health and how public health agencies can respond to it; focus can be local, regional, national, or international. The podcast will ideally be 20min in length. Individual Assignment: Each student will prepare a flow chart on how to create an effective podcast which establishes the observable relationships between present levels of environmental stresses and human health.
25. Apply public health economics to advance evidence-based decision making in public health policy & practice.	9014: Health Economics	1. Problem Sets 1-4 Students complete mini-assignments comprised of multiple-choice questions. 2. Economic Evaluation of a Health Care Program Learning Teams will complete an economic evaluation of a public health intervention. Teams

Criterion D4 – MPH Concentration Competencies

Assessment of Competencies for MPH Concentration Competencies		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity
		<p>are to submit a written report of the economic evaluation.</p> <p>Individual Assessment: For the individual component, each team member will critically appraise the learning team economic evaluation. Each student should describe one aspect of the economic evaluation that you would like to improve on. With reference to best practices, explain why improvements are needed and provide one or more options for improvement.</p>
26. Design and appraise information systems that support the practice of public health using established software and database design principles.	9017: Public Health Informatics	<ol style="list-style-type: none"> Foundations test This test assesses knowledge of data analysis, data management, security and privacy, and software design principles Assignments 4-10 (Application Reflections) Reflections should appraisal of public health informatics systems
27. Make evidence-based decisions to improve population health under time pressure with incomplete and imperfect information.	MPH 9006: Comprehensive Exam	<ol style="list-style-type: none"> Final Exam Students create 3-page briefing note in which they identify top three most pressing public health policy challenges that will impact the ministry in the months post-COVID. Given the limited time and information, they must provide evidence-based recommendations where the Government can make meaningful change.

- 2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

NOT APPLICABLE

- 3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.

ERF Criterion D4

- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- The MPH Program comprehensively assesses these competencies using a variety of methods. Our approach thus facilitates student learning, which is a strength of our approach.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

- 1) Briefly describe how the program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.

Competency identification: Our Applied Practice Experience is in the form of a mandatory 12-week practicum undertaken onsite at a selected public health organization. The Program curates a comprehensive list of practicum sites and projects (more than 100) which are appropriate for our students' skill sets. The process below describes how the student identifies the competencies they wish to acquire during the Applied Practice Experience.

Each August, the incoming students are asked to complete a practicum survey detailing their interests in public health, the fields of work in which they are interested, and the competencies they wish to attain during the practicum. They also identify public health organizations that interest them. In September, the Career Development Coordinator starts meeting with each student individually to further discuss their ideal practicum experiences.

The Career Development Coordinator also holds two Brown Bag Series sessions on the practicum process and answers questions from the larger class at that time, as well as advising students how to select the best practicum for their goals. Students are welcome to book individual meetings with the Career Development Coordinator at any time. Students are matched to a suitable practicum early in the Winter term.

The Applied Practice Experience is jointly overseen by the student's faculty advisor and their supervisor at the practice site. A meeting is held prior to the start of the practicum where all parties (student, faculty advisor, practicum site supervisors) discuss the project (and any updates) and finalize and agree on the competencies that will be obtained during the practicum (minimum of five competencies with at least three being foundational competencies). Following this discussion, students complete a Learning Contract, which explicitly specifies the competencies that will be attained in the practicum. Additionally, the Learning Contract also specifies deliverables and due dates. The Learning Contract is reviewed by the student, faculty advisor, and practicum supervisor and then sent to Career Development Coordinator.

Competency attainment: Evaluation of the agreed upon competencies is done in the following manner:

1. **Practicum supervisor evaluation:** Practicum supervisors complete interim and final evaluations where they note (and comment on) student progress towards competency attainment.

Criterion D5 – MPH Applied Practice Experiences

2. **Deliverables:** Each student is expected to complete the following four deliverables:
 - a. **Two project specific deliverables:** which are decided in consultation between the student, practicum supervisor, and faculty advisor. These depend on the nature of the project the student will be working on, and can include reports, presentations, publications, audio-visual materials, etc.
 - b. **Poster:** Students are expected to present a poster at the annual Practicum Showcase about their practicum. The Practicum Showcase is an event open to the public health community where students get a chance to share and discuss their practicum experiences.
 - c. **Self-reflection:** All students must submit a two-page self-reflection identifying how they obtained the competencies during their practicum.

The deliverables above are graded by the student's faculty advisor.

The students must follow the recommended course sequence and take their practicum in the final (summer) semester.

- 2) **Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.**

ERF Criterion D5.2 – 9016 Practicum

- 3) **Provide samples of practice-related materials for individual students from each concentration or generalist degree.**

ERF Criterion D5.3 – Student 1, Student 2, Student 3, Student 4, Student 5, and Student 6

- 4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

- A systematic and consultative process of identifying the competencies to be acquired during the Applied Practice Experience. This results in a comprehensive listing of the competencies which have been jointly developed by the student, faculty advisor, and practicum supervisor. Participation of all the all parties (student, practicum supervisor, and faculty advisor) allows the consultative process to proceed smoothly, and protects the student's best interests.
- Another strength is the multifaceted assessment of competency attainment.

- D6. DrPH Applied Practice Experience**
NOT APPLICABLE

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student’s educational and professional goals.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The program identifies assessment methods that ensure that at least one faculty member reviews each student’s performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, practicum supervisors).

- 1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

MPH Integrative Learning Experience for MPH Generalist	
Integrative learning experience (list all options)	How competencies are synthesized
Capstone (Course (MPH 9018, Summer term)	Students self-identify competencies (three core and two concentration) when they complete their Teaching Case Proposal. Faculty advisors review the Teaching Case Proposal to ensure students have a robust plan. Students must submit a draft of their Teaching Case in June for faculty advisors to review and provide feedback. Final copy is due in mid-August and faculty advisors assess whether students mastered the identified competencies.

- 2) Briefly summarize the process, expectations and assessment for each integrative learning experience.

Our integrative learning experience is in the form of a Capstone Course (MPH 9018). The deliverable for the course is for each student to develop a complete Teaching Case based on the public health issue worked on during their practicum. This Teaching Case must demonstrate that the student has acquired the foundational and concentration competencies identified in their teaching case proposal (submitted in May) and is able to synthesize and integrate this knowledge to address the particular problem that is the focus of their case. Faculty advisors review the Teaching Case Proposal submitted by their students ensuring the competencies identified are attainable. Students submit drafts of their Teaching Case at the end of June and faculty advisors provide feedback, ensuring adherence to the Teaching Case Proposal. The final Teaching Case is submitted in mid-August and is graded against a rubric to ensure that students have indicated how the Teaching Case develops five MPH Competencies (three core and two concentration) and that the Teaching Case synthesizes and integrates the knowledge to address the particular problem of the Case Note.

Summary of Timeline:

May 27th – Teaching Case Proposal

June 24th – Draft Teaching Case, feedback provided to students

August 12th – Final Teaching Case submitted for grading

Criterion D7 – MPH Integrative Learning Experience

A complete Teaching Case has three components

- (a) The Case Note describes the key facts of the public health issue that the case focuses on.
- (b) The Teaching Note demonstrates the student's mastery over the theoretical content and is where the synthesis and integration of knowledge acquired from the courses and the practicum experience is demonstrated. A well written Teaching Note is where the student showcases their synthesis of the foundational and concentration competencies.
- (c) The Instructor Guidance is a one-page summary of the entire Teaching Case.

Ideally, the Teaching Case should be of publishable quality, and at least 25 pages in length (with a minimum of 15 pages for the Teaching Note). Since our curriculum is case-based, students are exposed throughout the Fall and Winter semesters to numerous cases.

The MPH Program holds a mandatory Case Teaching Workshop at the end of April. The workshop is four hours in length. The workshop is designed to help students understand what is expected of their Teaching Case. Students get hands on experience to practice writing a Teaching Case. Students are provided with the following to ensure the final deliverable meets a minimum standard:

- MPH 9018 – Capstone Course outline
- Teaching Case Proposal template
- MPH Case Note template
- MPH Teaching Note template
- MPH Instructor Guidance template
- Teaching Case Checklist
- PowerPoint Slides for the Case Teaching Workshop

Students work on this capstone during the summer, in close consultation with their faculty advisor. To ensure they are on the right track, periodic milestones have been established (submission of case proposal, first draft, etc.) Students receive constant feedback from their faculty advisors during this intense process, and upon final submission, the Teaching Cases are assessed by the student's faculty advisor and are marked Pass/Fail. The best Teaching Cases may be used in future years for teaching within the MPH Program and might also be selected to appear in the annual Western Public Health Casebook series.

3) Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.

ERF Criterion D7.3 – 9018 Capstone Course

ERF Criterion D7.3 – Teaching Case Proposal 2022

ERF Criterion D7.3 – Teaching Case Checklist 2022

ERF Criterion D7.3 – Template – MPH Case Note 2022

ERF Criterion D7.3 – Template – MPH Teaching Note 2022

ERF Criterion D7.3 – Template – MPH Instructor Guidance 2022

4) Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.

ERF Criterion D7.4 – Capstone Grading Rubric

Criterion D7 – MPH Integrative Learning Experience

- 5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

ERF Criterion D7.5 – Student Samples 1-18

- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- A unique strength is that the Teaching Case arising out of this process is publishable and usable for pedagogical purposes. These cases have been (and are) used in our curriculum, and we have invited back our alumni to co-teach their cases in concert with faculty members. We make these cases freely available (on our website at <https://www.schulich.uwo.ca/publichealth/cases/index.html> and through the annual print copy of the Western Public Health Casebook) for everyone; increasing interest is being expressed by other institutions in using these cases for pedagogical purposes.

D8. DrPH Integrative Learning Experience

NOT APPLICABLE

D9. Public Health Bachelor's Degree General Curriculum

NOT APPLICABLE

D10. Public Health Bachelor's Degree Foundational Domains

NOT APPLICABLE

D11. Public Health Bachelor's Degree Foundational Competencies

NOT APPLICABLE

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

NOT APPLICABLE

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

NOT APPLICABLE

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

- 1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.**

Every student who graduates from the MPH Program completes 60 credit hours or 10 full credits. The academic year is split into three terms Fall (September-December), Winter (January-April), and Summer (May-August). Students complete seven courses in the fall (3 credit hours or .5 credits), seven courses in the winter (3 credit hours or .5 credits) and MPH 9015 over both fall and winter (3 credit hours or .5 credits). The summer term is to complete their Applied Practice Experience (6 credit hours or 1 credit, May-July) and their capstone course (9 credit hours or 1.5 credits, May-August).

- 2) Define a credit with regard to classroom/contact hours.**

A successfully completed course at Western University earns the student the required credit needed to fulfill degree requirements. Hence courses and credits are synonymous on campus.

The credit system at Western is based on a full, half, or quarter course. A half course is equivalent to 3 credits (or 40 contact hours). Hence a full credit course would be 6 credit hours and a quarter course would be 1.5 credit hours. The majority of the courses in the MPH Program are weighted as a half course (3 credits). All half courses are 25 sessions in length and each session is 80 minutes long, for a total of 33.3 hours of in class time with the faculty member. An additional 5 classes are allocated for exams and/or reports adding 6.66 hours, for a total of 40 hours per class. Our MPH Program requires students to complete 16 courses (14 half courses, 1 full course and one 1.5 credit course) for a total of 60 credit hours (or a total of 660 contact hours). Not included in this calculation is the work students are expected to do in their learning teams on a daily basis.

The MPH Program is intended to be completed in three semesters.

D15. DrPH Program Length

NOT APPLICABLE

D16. Bachelor's Degree Program Length

NOT APPLICABLE

D17. Academic Public Health Master's Degrees

NOT APPLICABLE

D18. Academic Public Health Doctoral Degrees

NOT APPLICABLE

D19. All Remaining Degrees

NOT APPLICABLE

D20. Distance Education

NOT APPLICABLE

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

- 1) Provide a table showing the program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

Primary Instructional Faculty Alignment with Degrees Offered						
Name*	Title/ Academic Rank	Tenure Status or Classification^	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
ALI, Shehzad	Associate Professor	Tenure-track	MBBS MPH MSc PhD	Dow University of Health Sciences University of Leeds University of Leicester University of York	Medicine Public Health Medical Statistics Social Policy (Health Economics)	MPH
JOHN- BAPTISTE, Ava	Associate Professor	Tenured	MHSc PhD	University of Toronto University of Toronto	Laboratory Medicine & Pathobiology Health Services Research, Outcomes & Evaluation	MPH
LIZOTTE, Daniel	Associate Professor	Tenured	MSc PhD	University of Alberta University of Alberta	Computing Science Computing Science	MPH
MCKINLEY, Gerald	Assistant Professor	Tenure-track	MA PhD	Western Western	Theory & Criticism Anthropology	MPH

Criterion E1 – Faculty Alignment with Degrees Offered

Primary Instructional Faculty Alignment with Degrees Offered						
Name*	Title/ Academic Rank	Tenure Status or Classification [^]	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
SIBBALD, Shannon	Associate Professor	Tenured	MSc	University of Toronto	Health Policy, Management & Evaluation	MPH
			PhD	University of Toronto	Health Policy, Management & Evaluation	
SPEECHLEY, Mark	Professor	Tenured	MA	Western	Sociology	MPH
			PhD	Western	Epidemiology & Biostatistics	
TERRY, Amanda	Associate Professor	Tenured	MA	York University	Geography	MPH
			PhD	Western University	Epidemiology & Biostatistics	
THIND, Amardeep	Professor	Tenured	MD	All India Institute of Medical Sciences, New Delhi, India	Medicine	MPH
			PhD	University of California Los Angeles	Health Services Research	
WYLIE, Lloy	Associate Professor	Tenured	MA	University of Victoria	Political Science	MPH
			PhD	University of British Columbia	Interdisciplinary	

[^] Classification of faculty may differ by institution, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school or program.

- 2) Provide summary data on the qualifications of any other faculty with significant involvement in the program’s public health instruction in the format of Template E1-2. Programs define “significant” in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students’ practice experience (practicum supervisor, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

The MPH Program defines “significant” as individuals who either teach a module in a course, sit on committees, or are our link to the public health community (i.e. Medical Officers of Health). For example, Drs. Battram and Dworatzek have co-taught the nutritional module in MPH 9006 (Developing Healthy Communities) since the start of the MPH Program. Additionally, Drs. Chris Mackie and Alex Summers co-teach the Public Health module in MPH 9006. Dr. Regna Darnell and Dr. Charlie Trick were founding partners of the MPH Program who continue to provide the interdisciplinary perspective required in an MPH Program. Both Drs. Darnell and Trick continue to serve on committees.

Criterion E1 – Faculty Alignment with Degrees Offered

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
ARRA, Ian	Adjunct Professor	Medical Officer of Health and Chief Executive Officer, Grey Bruce Health Unit	One BBS lecture	MD MSc	Northern Ontario School of Medicine Western	Medicine Clinical Epidemiology	MPH
BATTRAM, Danielle	Associate Professor	Brescia University College	Co-teaches nutrition module in MPH 9006 (Six-80 minute classes)	PhD MSc	University of Guelph University of Guelph	Human Health and Nutritional Sciences Human Biology and Nutritional Sciences	MPH
DARNELL, Regna	Adjunct Professor	Western University	LT Advisor	PhD MA	University of Pennsylvania University of Pennsylvania	Anthropology Anthropology	MPH
DWORATZEK, Paula	Professor	Brescia University College	Co-teaches nutrition module in MPH 9006 (Six-80 minute classes)	PhD MSc	University of Toronto University of Toronto	Nutritional Sciences Nutritional Sciences	MPH
MACKIE, Christopher	Adjunct Professor	Medical Officer of Health, Middlesex-London Health Unit	Co-teaches Public Health System module in MPH 9006 (Six-80 minute classes)	MD MHSc	University of Manitoba University of British Columbia	Medicine Health Sciences	MPH
RANADE, Sudit	Adjunct Professor	Medical Office of Health, Lambton Public Health	Guest lectures in 9007	MD MPH MBA	University of Ottawa Johns Hopkins University	Medicine	MPH

Criterion E1 – Faculty Alignment with Degrees Offered

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
					Johns Hopkins University		
RYAN, Bridget	Assistant Professor	Schulich School of Medicine & Dentistry, Western	Teaches MPH 9012	MSc PhD	Western	Epidemiology & Biostatistics Epidemiology & Biostatistics	MPH
SUMMERS, Alexander	Adjunct Professor	Associate Medical Officer of Health, Middlesex-London Health Unit	Co-teaches Public Health System module in MPH 9006 (Six-80 minute classes)	MD MPH	Queen's University Harvard University	Medicine Public Health	MPH
TRICK, Charles	Adjunct Professor	Western University	Admission s Committee , one BBS lecture yearly, guest lecture in MPH 9003	MSc PhD	Acadia University University of British Columbia	Marine Sciences Oceanography	MPH

3) Include CVs for all individuals listed in the templates above.

ERF Criterion E1.3 – PIFS
ERF Criterion E1.3 – Non-PIFS

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

NOT APPLICABLE

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- The MPH Program greatly benefits from having a strong and diverse faculty complement that has significant depth and expertise in epidemiology, biostatistics, qualitative methods, health promotion, health economics, environmental health, medical anthropology, and health services research – domains that are necessary for a high quality public health program.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

- 1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

While the Program's primary faculty are linked closely to the field of practice, we realize that due to the academic nature of our appointments, we do not fully capture the breadth of community public health practice. To bring in that perspective, the MPH Program uses a mix of appointments (adjunct, Emeritus and practicum supervisor) and activities (guest speakers, conference attendance, Brown Bag seminars, etc.).

Appointments:

Adjunct faculty are appointed for fixed terms and have clearly defined academic responsibilities. Adjuncts usually do not receive any remuneration from Western but are eligible to hold an appropriate academic rank (Lecturer, Adjunct Assistant Professor, Adjunct Associate Professor, Adjunct Professor or Honorary Professor) for their appointment period. Such appointments are governed by policies approved by the University Senate and the Board of Governors. (Details are available at www.uwo.ca/univsec/mapp/section4/Adjunct.pdf.) Emeritus faculty are those who have retired but are still active in making contributions and enriching the academic environment at Western.

Public health in Ontario is operationalized and delivered through the local public health units, which are led by Medical Officers of Health (MOH). Currently appointed adjunct faculty in the MPH Program include MOH's from three local public health units in our geographic area (Dr. Chris Mackie and Dr. Alex Summers from Middlesex-London Health Unit; Dr. Sudit Ranade from Sarnia-Lambton Health Unit; and Dr. Ian Arra from Grey Bruce Health Unit). This allows us to tap not only into the direct expertise of the MOH but also wholehearted participation from the health unit personnel (in terms of guest lectureships, student mentorships and practicum opportunities, etc.)

Other adjunct faculty include Dr. Michael Clarke, formerly the Acting Chief Executive Officer for the Middlesex-London Health Unit. He was also Director of the International Development Research Center in Ottawa. There are also three adjunct faculty who are First Nations leaders (Dan Smoke, Mary Lou Smoke, and Dean Jacobs). The First Nations face unique health challenges, and these adjunct faculty allow us to share this lived experience with our students.

Finally, Krista Banasiak, Lesley James, Fatih Sekercioglu, Matthew Meyer, and Bryna Warshawsky, complete our adjunct appointments.

- Krista Banasiak has been a valuable contributor to our Career Day and supervises practicum students in her roles at the Diabetes Foundation and Canadian Medical Association.
- Lesley James is a Senior Policy Manager at the Canadian Heart and Stroke Foundation and sits on our Curriculum Committee. Lesley also supervises practicum students.

Criterion E2 – Integration of Faculty with Practice Experience

- Fatih Sekercioglu used to work at the Middlesex-London Health Unit and has supervised practicum students since the start of the program. Fatih now holds an academic appointment at Ryerson University.
- Matthew Meyer is a hospital-based epidemiologist who is working to facilitate the role of hospitals in improving population health, and thus brings a unique perspective to public health.
- Bryna Warshawsky works with both Public Health Ontario and the Public Health Agency of Canada and sits on our Advisory Board.

In addition, we have a number of practicum supervisors who are front line public health practitioners and have agreed to supervise a practicum student during the summer. Our practicum supervisors highlight the tremendous diversity in supervisory and public health practice experience available to our students.

Activities:

Guest speakers are invited to speak to the students about their field of practice. All of our courses supplement didactic material by bringing in public health practitioners as guest speakers.

In addition, we have created a lunchtime Brown Bag Seminar series with the aim to allow students to meet, interact and network with practitioners from the field. For example, speakers in this series have included Dr. Howard Njoo (Deputy Chief Public Health Officer of Canada), Dr. David Butler-Jones (former Chief Public Health Officer of Canada), Dr. Paul Roumeliotis (Medical Officer of Health, Eastern Ontario Health Unit), and Dr. Salim Sohani, Senior Health Advisor at Canadian Red Cross among others.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- The adjunct faculty, in concert with the practicum supervisor and guest speakers, complement the existing faculty by bringing in their rich practical experience. Taken together, our faculty (core, secondary, adjunct, practicum supervisors, and guest speakers) are fully able to support our mission, goals, and objectives.

Future Plan

- Increase our adjunct faculty complement, thus further augmenting our students' exposure to the field of practice.

E3. Faculty Instructional Effectiveness

The program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The program supports professional development and advancement in instructional effectiveness.

- 1) Describe the means through which the program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.

The MPH Program's pride is our case-based pedagogy and we strive to ensure that our faculty (PIFs and non-PIFs) are at the cutting edge of this pedagogical approach. The Program takes a deep interest in facilitating faculty currency in their area of instructional responsibility; we do so with dedicated workshop and conference attendance, where we not only attend and learn, but also share our experience with others.

Workshops: The Program has provided all teaching faculty the opportunity to attend the prestigious Harvard School of Public Health Case Teaching Workshop in Boston. To date the following faculty PIFs have attended - Dr. Ava John-Baptiste, Dr. Gerald McKinley, Dr. Bridget Ryan, Dr. Shannon Sibbald, Dr. Mark Speechley, Dr. Amanda Terry, Dr. Amardeep Thind, and Dr. Lloy Wylie. Among the non-PIFs, Dr Regna Darnell and Dr. Charlie Trick also attended the Harvard Workshop. It is important to note that whilst attending this Workshop, our faculty was asked to present our experience of case-based pedagogy to the attendees, which provided a rich forum for shared learning. In addition, this has led to a close collaboration between Dr. Nancy Kane of Harvard and Dr. Shannon Sibbald, with the result that Dr. Kane is an informal mentor to Dr. Sibbald.

It is important to note that the MPH Program paid for all expenses related to the workshop for all attendees, including registration fees, travel and accommodation costs. Our plan is to send Dr. Shehzad Ali to Boston once this workshop is offered again in the future.

Conferences: The MPH Program sponsors two conferences on a yearly basis (the Canadian Public Health Association Conference [CPHA] and the Ontario Public Health Conference [TOPHC]). While these conferences provide an opportunity for faculty to become up to date on the content areas, they also have sessions on pedagogy and teaching effectiveness that faculty attend.

As a result of our sponsorships, the Program receives complimentary registrations, and these are made available to our faculty on a rotating basis. Faculty who have taken advantage of these complimentary registrations to attend include Dr. Lloy Wylie (attended both CPHA and TOPHC in 2017), Dr. Gerald McKinley (TOPHC in 2018), Dr. Amanda Terry (TOPHC in 2019), and Dr. Thind (TOPHC in 2017, 2018 and 2019).

Our faculty are also regularly invited to present at conferences, and as far as possible, the Program attempts to make funds available for them. For example, the MPH Program provided funds to support Dr. Sibbald's travel to be part of the panel for CEPH's 2019 Annual Forum "Performing Real-World Tasks for Academic Ends". Similarly, Dr. Gerald McKinley was supported financially to attend The Society for the Study of Psychiatry and Culture in 2018, 2019, and 2020. This conference features presentations on recent research in key topics in social and cultural determinants of health; it also organizes workshops on community engagement which are directly transferable to a public health classroom.

Last, but certainly not the least, our faculty have been active in publishing and sharing our experiences in using the case-based pedagogy; a recent example is a manuscript submitted by Dr. Shannon Sibbald to the journal *Medical Science Educator*³.

Information about forthcoming workshop/conference opportunities is shared informally by the faculty members among themselves, and more formally at the bi-weekly Faculty Meetings.

2) Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

Course evaluations are completed by students for all PIFs at the end of each term. Western University has an online feedback mechanism (feedback.uwo.ca) that is available to every student to complete for each PIF. These course evaluations are conducted for each class at the end of the semester, and the MPH Program schedules in-class time for students to complete them. The data generated is collated by the University and then made available to both the course faculty and the MPH Program for review.

In addition to this formal University mandated mechanism the MPH Program holds monthly sessions with the students called "Mumbles & Grumbles" where the Director discusses with the cohort any concerns the students have. Finally, the MPH Program offers a year-end debrief (see *ERF Criterion A3.1 – MPH Year-end debrief 2018, 2019, 2020*) with a neutral facilitator in August of each year for the cohort to provide input in what worked and what did not.

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

Support for continuous improvement in faculty instructional roles and abilities ranges from informal to formal structures, both within the Program and without (i.e. at the University level).

Informal support

Informally, our faculty support each other constantly in improving instructional effectiveness. This is exemplified by discussions that happen at the beginning of each semester as the faculty discuss student participation in class, and what techniques to employ to facilitate this. Given that each student cohort is different, and our case-based pedagogy is highly dependent on student participation, faculty often help each other at these meetings to improve their class management skills. Tips are often shared on how to ensure equity in participation, how to limit students "hogging air time", how to support and build confidence in shy students, how to present controversial material in class, how to address current issues in different classes so that students get different perspectives on the issue, etc. We have also invited Dr. Nicole Campbell, who is an expert in online learning, to attend our bi-weekly Faculty Meeting to share tips and strategies with the PIFs and Non-PIFs. (Example 1)

Formal support

The Program and Western offers a wealth of formal structures and support to help faculty improve instructional effectiveness. With certain exceptions, these resources are generally available to all faculty appointments (including adjunct and part-time faculty).

Start up support: As part of the conditions of appointment, all tenure-track faculty members are given a minimum of \$7,000 in start-up funds and/or conference travel grants. These can be used

³ Shannon L. Sibbald, PhD; Nicole Campbell, PhD; Cecilia Flores-Sandoval, MSc; Mark Speechley, PhD (2021), Six heads are better than one: Comparing Individual vs. Team-based Decision-making Using Simulated Survival Exercises in a Master of Public Health Program.

to kick start their research programs, and also for professional development including instructional improvement. For example, Dr. Gerald McKinley (PIF) used these funds to attend the Michigan Integrative Well-Being and Inequality Training Program. Department of Social Epidemiology, University of Michigan, 2020-2021. (Example 2)

Professional Expense Reimbursement: Western provides an amount (up to \$1500 per annum) to all faculty; this can be used for subscriptions, conference attendance, etc. As an example of using this University resource for improving instructional effectiveness Dr. Thind uses these monies to purchase subscriptions to materials that help him improve his classroom teaching effectiveness (Example 3).

The Centre for Teaching and Learning (CTL): The CTL is a University resource that supports instructors in creating high quality student-centered learning experiences through orientation, training, mentorship, research, and innovation opportunities. A number of faculty have participated in dedicated CTL workshops over the years:

- Dr. Gerald McKinley (PIF) attended the ABC Online Course Design Workshop, 2020.
- Dr. Danielle Battram (Non-PIF) completed an online module from Brescia's Advanced Learning and Teaching Centre on delivering on-line courses, 2020.
- Dr. Danielle Battram (Non-PIF) attended the Spring Perspectives of Teaching on active teaching methods, 2019.
- Dr. Shannon Sibbald (PIF) attended a 3-hour workshop hosted by CTL on How to Write MCQs for Higher Order Thinking, 2018.
- Dr. Paula Dworatzek (non-PIF) attended a Program Review workshop, 2018. (Example 3)

In addition, the CTL has been instrumental in helping faculty move their courses to online learning during COVID. They currently offer weekly eLearning Q&A sessions, course development mini retreats, ABC Online course design workshops to name a few. Additionally, sessions were held at Schulich to help faculty port their courses to the online world at the start of the pandemic. These sessions were also recorded and offered as a resource to faculty.

The Centre for Education Research & Innovation (CERI): CERI is a Senate-approved research centre at the Schulich School of Medicine & Dentistry. With a focus on health professions education, its mandate is to create:

- A thriving health professions education research community at the Schulich School of Medicine & Dentistry;
- A vibrant, interdisciplinary axis for health professions education research at Western University;
- A respected site for health professions education research training in Canada;
- An internationally recognized producer of new knowledge.

Drs. Sibbald and Speechley consulted with CERI about analyses they had conducted using data from the survival exercises that the MPH Program uses twice yearly as part of team-building. This consultation led to the submission of a manuscript to a peer reviewed journal.⁴ (Example 4)

Continuing Professional Development Department: The Schulich School of Medicine & Dentistry has an extensive CPD Program that focuses on augmenting skills of faculty, staff and students. Programs for faculty include workshops (both regularly scheduled and customized to specific needs), master classes in writing research for publication, a faculty Development Teaching Certificate, the Schulich Mentorship Program and focused needs assessments. Further details can be obtained at <https://www.schulich.uwo.ca/continuingprofessionaldevelopment/>. In addition to offering these educational opportunities, Schulich CPD also offers fellowships, grants and awards to facilitate such skills enhancement. These include faculty development Mini Fellowships, Instructional Innovation and Development Funds awards, and faculty Awards for

⁴ Ibid.

Excellence. Details are available at

<https://www.schulich.uwo.ca/continuingprofessionaldevelopment/research/index.html>

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

The MPH Director reviews the course evaluations each term. If there is a concerning theme, then he works with the faculty member to address the issue. Additionally, if there is an issue with course content or lack thereof, it would be brought to the Curriculum Committee's attention to help provide a solution.

All faculty members are formally evaluated as per the Annual Performance Evaluation (APE) procedures and criteria. These are specified in the UWOFA Collective Agreement. The purpose of this Annual Performance Evaluation is to:

- a) provide an annual assessment of performance that allows recognition of a Member's achievements and identifies areas for development in the Member's Teaching, Research and/or Service activities, as appropriate to the Member's Academic Responsibilities and Workload;
- b) provide for formative support and mentoring; and
- c) Provide a basis for salary increments linked to performance.

APE: The Annual Performance Evaluation is an annual assessment of each faculty member at Western and is conducted as per Clause 5 of the UWOFA Collective Agreement. The faculty member's record in teaching, research and service in the past three years is evaluated and a numeric score for each category is awarded. This becomes part of the faculty member's dossier at Western. Part of the score's importance for the individual lies in the fact that the UWOFA Collective Agreement links salary increases to the APE score; each faculty member thus strives to score the maximum possible points. Low course evaluations therefore result in energetic actions from the concerned faculty member as they seek to improve their score in subsequent semesters.

Mentoring process: The mentoring process at the Schulich School of Medicine and Dentistry is aimed at facilitating career development. Every new faculty member is afforded the opportunity to have a formal Mentorship Committee constituted to advise on, coach, and monitor the career path and networking of the mentee. The Mentorship Committee provides general advice, assist the mentee in establishing short- and intermediate-term academic goals, including teaching and service, identify external and/or collaborative opportunities, etc. The course evaluations are usually discussed at the Mentorship Committee considering the mentee's teaching goals. Further details about the Schulich Mentorship Program are available at:

https://www.schulich.uwo.ca/clinicalfacultyaffairs/faculty_wellbeing/mentorship/index.html.

Promotion and Tenure process: For all probationary faculty, annual meetings are held in which the Dean and the Department Chair discuss the faculty member's past year performance in teaching, research, and service and whether s/he is on track for achieving tenure. The course evaluations are discussed at this meeting, and if they are not satisfactory, options are discussed as to how the faculty member can improve them in the future. For tenured faculty, course evaluations are an important consideration and are evaluated when they are being considered for promotion from Associate to Professor.

The Director sits in on all APE meetings involving MPH Program faculty and provides input regarding the faculty member's performance and contribution.

Criterion E3 – Faculty Instructional Effectiveness

- 5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

Below are the four indicators from the listed categories above:

Measure	Target	2018-19	2019-20	2020-21
1. Proportion of all PIFs receiving a score of 3 or 4 (out of 4) for Teaching on their Annual Performance Evaluation (Faculty currency)	100%	100%	100%	NA+
2. Proportion of all PIFs and non-PIFs receiving median scores of 6 or 7 (out of 7) for “course as a learning experience” on the end of term Student Questionnaire on Courses and Teaching (Faculty Instructional technique)	100% (14 courses)	100%	100%*	100%
3. Proportion of courses that involve community-based practitioners (at least one guest lecture) (Program level outcomes)	100%	87%	80%	80%
4. Courses that employ active learning techniques (Program level outcomes)	60% of MPH curriculum	65%	73%	69%

+APE Process was cancelled due to COVID. APE process has resumed for 2021-22.

*Data is for Fall 2019 only (7 courses). Course evaluations were not done as per Western University in Winter 2020 due to COVID.

Progress

All our measures attempt to capture the different domains of faculty instructional effectiveness. We have challenged the faculty by setting a high bar, and it is a testament to our faculty that they have responded admirably. Our curriculum emphasizes interactive learning in each and every session. We define case based/experiential learning to include cases, experiential learning and field trips; our outcome measure #4 is that at least 60% of our overall curriculum be delivered using case based/experiential method of learning. Not all courses have utilized guest speakers and we are working with faculty to increase community-based practitioner involvement. COVID has made a difference in the availability of practitioners as their expertise has been needed elsewhere.

- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- We have a number of formal and informal avenues that support faculty in improving their instructional effectiveness, and the Program faculty make regular use of them.
- Evaluations of faculty effectiveness in this domain are also done in a standard manner, and the indicators we utilize to evaluate our performance attest to our success in this regard.

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

1) Describe the program's definition of and expectations regarding faculty research and scholarly activity.

The Program faculty engage in broad interdisciplinary public health focused research. Western normally appoints faculty with a 40/40/20 workload – i.e. 40% of time is devoted to teaching, 40% to research, and 20% to service. Research and service expectations are set by the Chair of the home department in consultation with the MPH Director. While it is expected that the research and service will be public health oriented, the precise field is a function of individual interests, home department expectations and available funding opportunities. Nevertheless, the MPH Program faculty collectively have expertise in epidemiology, biostatistics, qualitative methods, health promotion, health economics, environmental health, medical anthropology, and health services research.

2) Describe available university and program support for research and scholarly activities.

Support for research and scholarly activities is provided at the Program, Faculty and University level.

MPH Program: At the Program level, the faculty work collaboratively to pursue funding for research opportunities. Our strongest example of the collaborative endeavors amongst the faculty with support from both Schulich and Western is the proposed research hub TRIPLE Centre: "Transformative Research In Primary care and Population health across the Life Span". This will be the first and only Centre within the Canadian context that brings together Public Health, Family Medicine, and Primary Care in a unique manner to create a transformative research hub that will address the health issues of today, and better prepare for the health issues of tomorrow.

The TRIPLE Centre will offer a unique opportunity to enhance research collaborations and strengthen ongoing links among the Department of Epidemiology and Biostatistics, the Department of Family Medicine and the Schulich Interfaculty Program in Public Health, facilitated by their new co-location within an existing state-of-art facility on Western's campus. The proposed Centre will leverage the existing strengths and capabilities of these three highly regarded academic units in creating novel research, with the overarching goal of impacting the health of individuals, families, communities, and populations at the local, national, and global level. As exemplified by the current environment, this approach is needed to fully engage with behavioural, socio-economic and environmental determinants of health to effectively tackle complex health problems such as multimorbidity and the current worldwide COVID pandemic. These real-world issues call for multisectoral, systems science and trans-disciplinary approaches to shape practice and policy, for example in pandemic preparedness and response. There are existing strong foundations to render the proposed Centre a unique, innovative, and transformative research platform in family medicine, primary care, epidemiology and public health. This has the potential to attract funding opportunities

across a wide range of national and international granting agencies. In addition, it would facilitate engagement with local stakeholders and community partners, within the broader Southwestern Ontario region covering 2.5 million people.

Schulich School of Medicine & Dentistry: Schulich supports research through a faculty-level Medicine & Dentistry Research Office, whose mandate includes:

- identification of funding opportunities;
- assistance with the development of research collaborations and teams;
- assistance with administrative requirements for research proposals;
- research opportunities for students and clinical trainees; and
- proposal review and grantsmanship.

The School also offers the following internal funding opportunities:

- Faculty Support for Research in Education
- Collaborative Research Seed Grants

The Schulich School of Medicine & Dentistry website lists 24 core research facilities and platforms (http://www.schulich.uwo.ca/research/research_excellence/core_facilities.html). One of these is the Institute of Clinical Evaluative Sciences (ICES) at Western, a local node of a provincial research platform that has linked databases (Registered Persons Database, disease, condition and procedure registries [e.g. cancer, cystic fibrosis, organ transplantation], national census data, hospitalization discharges, physician billings, death records, and drug benefits) for the nearly 14 million Ontarians covered by the single-payer Ontario Health Insurance Plan (OHIP). Schulich is also home to 29 research Groups, Centres & Programs. The MPH Program faculty have full access to ICES Western; for example, Dr. Amardeep Thind has used ICES data for population-based research in collaboration with students and faculty at Western and other universities; Dr. Bridget Ryan also recently completed a two-year training program as an ICES Scholar.

Western University: Western Research is currently developing its next Strategic Research Plan in parallel with the university's strategic planning process. Under the guidance of the Vice-President (Research), Western Research allocates resources and aligns strategies to ensure Western is a great research-intensive university with a reputation for research excellence through:

- **Advocating for research** by promoting, celebrating and highlighting the importance of research, scholarship and creative practice from all disciplines to internal and external audiences;
- **Enabling research success** by providing comprehensive professional administrative and financial support to build research capacity and success, and to ensure research integrity; and
- **Building a culture of research excellence** at Western that is built on a shared, integrated research vision.

Western Research directly supports research with the following:

- **Research Facilitation** has two primary roles: i) to assist faculty and administrators in gaining a competitive edge with internal, external, and international funding proposals, and ii) to identify funding opportunities that are consistent with the University's research strengths and emerging priority areas.
- **Knowledge Exchange & Impact** offers a set of tools to guide researchers in planning their knowledge exchange activities as part of their research. Support, training, and consultations are encouraged and welcomed.
- **Research Contracts & Partnerships** advises researchers and partners during project planning, preparation, and partnership agreement review, including:
 - Non-disclosure agreements
 - Data transfer agreements
 - Material transfer agreements

Criterion E4 – Faculty Scholarship

- Community agreements
- Government, foundation, and non-profit research agreements
- Sub-grant agreements
- Inter-institutional research funding agreements
- Clinical research agreements
- Industry collaborative and partnership agreements
- Technical services agreements
- **Office of Research Ethics** administers the ethics approval process for all faculty, staff and student research involving human subjects at Western or its affiliated hospitals and research institutes. Research Ethics works to ensure that Western is compliant with external research ethics and integrity guidelines.

Western Research has comprehensive policies that govern research at Western. These are described in detail at <https://www.uwo.ca/research/policies.html>.

Examples of policies pertaining to Research at Western include:

- **Agreement on the Administration of Agency Grants and Awards:** pertains to Government of Canada's policies on administration of research funds.
- **Certification Compliance for Research Funds:** ensures that compliance for certification is maintained throughout the full term(s) of all research awards and contracts.
- **Coping with Death or Disability of a Principal Investigator (PI):** sets out procedures for notification of granting agency and transfer of scientific and ethics responsibility.
- **Eligibility to hold a Research Account:** ensures that granting agency eligibility and application guidelines are met before Western approves submission of grant.
- **Freedom of Information & Privacy at Western:** ensures compliance with provincial and federal privacy legislation.
- **Grants Policy Control in PeopleSoft Grants and ROLA:** outlines Code of Behavior and compliance with privacy legislation for those granted access to the online grants system.
- **Indirect Costs (Overhead) on Research Activity:** covers indirect costs for research activities.
- **Intellectual Property Policy:** governs ownership and commercialization of matters affecting copyright, trademark, and patent protection.
- **Manual Administrative Policies and Procedures (MAPP):** 17 detailed policies and guidelines governing all research by Western affiliated researchers.
- **Meaning of Signatures:** outlines the responsibilities undertaken when signatures are attached to documents.
- **Tri-Agency Framework:** This is the Government of Canada's policy on research funded by one of Canada's three federal granting agencies: Canadian Institute for Health Research (CIHR); Natural Sciences and Engineering Research Council (NSERC), and Social Sciences and Humanities Research Council (SSHRC).

Western offers a number of internal funding opportunities for faculty:

- Startup funds of up to \$7,000 for new tenure-track faculty members;
- International Curriculum Fund;
- Western Strategic Support for Research Accelerator Success;
- Western Strategic Support for CIHR, NSERC or SSHRC Success;
- Hellmuth Prize for Achievement in Research;
- IDI (Inter-Disciplinary Initiative) which offers significant multi-year funding on a competitive basis for innovative projects spanning different faculties;
- Competitive research grants through the Lawson Health Research Institute; and
- In response to the COVID crisis, Western also offered rapid start-up funds (max \$50,000) for faculty to kick start innovative research projects to help tackle the pandemic.

Western also provides opportunities for exposure to, and further training in, research through departmental seminar series, dedicated lectures, grand rounds, summer courses and other continuing education programs. For example, Western is a member of the Inter-University Consortium for Political and Social Research (ICPSR), which offers a Summer Program in Quantitative Methods of Social Research through a partnership with the University of Michigan.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

All of our faculty members who engage in research and scholarly activities integrate these experiences into student instruction.

Examples include:

- Dr. Amardeep Thind has published extensively using the Demographic and Health Surveys (DHS) from developing countries to study determinants of health services utilization. He regularly uses his published work to discuss issues pertaining to surveys and their analysis, issues of bias, data analytic models and policy relevance of findings in MPH 9015 - Public Health Practice class.
- Dr. Amanda Terry and Dr. Shannon Sibbald co-lead the project “Building an Integrated Community Care Model for Sarnia-Lambton” which was an evaluation of the integrated care model in Sarnia-Lambton funded by the Ontario Ministry of Health and Long-Term Care. They have used this project and its findings to stimulate discussion of evaluation frameworks and health promotion messaging (especially for vulnerable seniors) in their respective courses (MPH 9012 - Research for Health and MPH 9004 - Health Promotion).
- Dr. Gerald McKinley works on understanding and preventing suicide among First Nations youth in Northern Ontario. He brings this expertise to bear in his course MPH 9005 - Social-Cultural Determinants of Health.
- Dr. Ava Jean-Baptiste is a health economist who has published extensively on cost-benefit analyses of various interventions (home based rehabilitation for stroke, carotid artery bypass grafting, surgical trays, etc.) and uses these examples in MPH 9014 - Health Economics.
- Dr. Lloy Wylie is the PI on a CIHR funded grant (“Educating for Equity: Building Culturally Safe Care through Indigenous Narratives”) and uses lessons from this project when she teaches her class (MPH 9010 - Managing Health Services) especially when discussing how to make Canada’s health system more responsive to the needs of vulnerable communities.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

Although our MPH Program focuses on producing practitioners who are consumers of research, students have worked on an ad hoc basis with faculty members on their research projects and/or publications. Some examples are:

- Three MPH 2018 graduates (D. Dilliot, S. Fazel and N. Ehsan) worked with Dr. Shannon Sibbald on a project examining attitudes towards smoke-and tobacco free campuses in North America; a peer-reviewed manuscript has been published from this work.⁵
- Rachel Roussel (MPH 2019) was part of the team working with Dr. Amardeep Thind and Dr. Faiza Rab (Canadian Red Cross) that examined the role of local health system governance in humanitarian aid and disaster relief. This work was successfully presented at the 25th Annual Canadian Conference on Global Health in Ottawa (2019).⁶

⁵ Dilliot D, Fazel S, Ehsan N, Sibbald S. “The attitudes and behaviors of students, staff and faculty towards smoke-free and tobacco-free campus policies in North American universities: A narrative review.” [Tob Prev Cessat](#). 2020; 6: 47.

⁶ Roussel R, Olson L, Sohani S, Lanktree E, Rab F, Thind A. “Health systems governance during disaster relief: Integration of international humanitarian aid workers in local health facilities for more effective collaboration.” [Presentation] 25th Canadian Conference on Global Health, Ottawa, Canada, Oct 17 – 19, 2019.

Criterion E4 – Faculty Scholarship

- A number of students from Class of 2020 are research assistants for current PIFs:
 - Tess Wishart, Devyn DeMars and Atheer Alharbi worked with Dr. Gerald McKinley on a paper titled, “Impacts of Social Media on Adolescent Self Harm,” submitted to the Canadian Journal of Community Mental Health in November 2020. Tess and Devyn continue to work with Dr. McKinley on The Self-Appreciation Project, a team of mental health advocates and researchers conducting a study on the effectiveness of advocacy-related and informative content, regarding mental health and self-injury on social media.
 - Gabrielle Crichlow and Cameron Sharpe worked with Dr. Ava John-Baptiste and Dr. Shehzad Ali on the funded project titled, “COVID models and social determinants of health: evaluating evidence to inform policy decisions”.
 - Sutrishna Nandy worked for Dr. Thind for four months analyzing data for a Canadian Red Cross funded project looking at the impact of mobile maternal and child health care teams in rural Afghanistan.
- V. Thambinathan and L. Pino (MPH 2018) began their PhD studies with Dr. Lloy Wylie as a result of working on a research project during their time in the MPH program. This project was ultimately presented in a workshop at The Ontario Public Health Convention in March 2019, entitled “Innovations in Health Equity Education: Arts and multi-media methods to support engaged learning.”
- Stephanie Susman (MPH 2019) presented a poster at the Cannabis & Public Health Forum, April 30-May 1, 2019, entitled “Carrying High over the Decades: Reanalysis of In Utero Cannabis Exposure on Low Birth Weight”. Dr. Amardeep Thind and Dr. Mark Speechley advised on the methodology and reviewed the abstract before submission.
- Marie Fiedler (MPH 2019) worked with Dr. Gerald McKinley on a paper entitled, “A Qualitative Evaluation of the PACE program: Results from an Online Survey of a School-based Program to Support Students,” submitted to the International Journal of Inclusive Education in November 2020.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

All faculty members are formally evaluated as per the Annual Performance Evaluation (APE) procedures and criteria. These are specified in the UWOFA Collective Agreement. The purpose of this Annual Performance Evaluation is to provide:

- a) an annual assessment of performance that allows recognition of a Member’s achievements and identifies areas for development in the faculty member’s Teaching, Research and/or Service activities, as appropriate to the faculty member’s Academic Responsibilities and Workload;
- b) formative support and mentoring; and
- c) a basis for salary increments linked to performance.

APE: The Annual Performance Evaluation is an annual assessment of each faculty member at Western and is conducted as per Clause 5 of the UWOFA Collective Agreement. The faculty member’s record in teaching, research and service in the past three years is evaluated and a numeric score for each category is awarded. This becomes part of the faculty member’s dossier at Western. Part of the score’s importance for the individual lies in the fact that the UWOFA Collective Agreement links salary increases to the APE score; each faculty member thus strives to score the maximum possible points.

Promotion and the granting of Tenure by Western is based on a sufficiently strong record of performance established by the candidate in Teaching, Research, and Service. The range of duties encompassed by each of Teaching, Research and Service is defined in the Article “Academic Responsibilities of Members”. The performance in Research is evaluated with reference to the national and international standards within the candidate’s discipline. When a candidate is considered for Promotion and/or Tenure, evidence is provided to the Promotion and Tenure Committee so it can decide whether the candidate has established a record of performance consistent with the requirements above and in accord with the criteria for evaluating the record of performance.

Criterion E4 – Faculty Scholarship

The evaluation of the record of performance in Research takes into account quality, creativity and significance for the discipline and, where relevant, for the profession in question, as well as productivity. The written opinion of at least three arm's-length experts in the candidate's area of specialization who are not members of the University is also obtained.

- 6) **Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.**

Outcome Measures	Target	2018-19	2019-20	2020-21
1. Percent of PIFs participating in research	• 100% of PIFs will be involved in research during the period.	100%	100%	100%
2. Proportion of PIFs with at least one funded grant per year	• 80% of PIFs will have a funded grant per year	100%	100%	100%
3. Proportion of PIFs with at least two peer-reviewed publications per year	• 100% of PIFs will have 2 peer-reviewed publications per year	89%	100%	78%
4. Proportion of PIFs who present at a minimum of two conferences each year	• 100% of PIFs will have 2 conference presentations per year	78%	33%	44%

- 7) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strength

- The Program benefits greatly from having top notch faculty who are nationally and internationally recognized experts in their fields. Faculty are ably supported by structures at the Program and University level and are extraordinarily productive. There is a high degree of collaboration and inter-disciplinary work, and students are part of the research enterprise. Faculty incorporate lessons and results of their research projects into their classroom teaching seamlessly.

Weakness

- Our Outcome Measures (listed above) attest to the faculty's extraordinary productivity, although some metrics were impacted by the ongoing pandemic. As can be expected, the rapid pivot to online teaching, jumpstarting new COVID related research and travel restrictions negatively impacted the output of faculty peer reviewed publications and conference presentations.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

The program's definition and expectation of service has to follow that specified in the UWOFA Collective Agreement, which states that service "may include some or all of the following: i) the Member's participation in the work of the University through membership on Departmental, Faculty, Senate, University or Association committees; ii) activities in any administrative appointments held within the University by the Member; iii) activities external to the University relevant to the Member's Academic Responsibilities in the area of Service; iv) other significant activities relevant to the Member's Academic Responsibilities in the area of Service; v) other documents that allow for, or provide, an assessment of the Member's performance in Service."

While all faculty members provide extramural service to the public health community as part of their University appointment (see examples below and attached CVs), a unique service provided at the programmatic level collectively is our contribution to case-based pedagogy in public health. As described earlier, we select and publish the best student Teaching Cases in the annual Western Public Health Casebook, which is made available free of charge in print and on our website. These cases can be used by educational programs and organizations throughout the world as teaching materials. To date the Program has produced six casebooks both in print and online (<https://www.schulich.uwo.ca/publichealth/cases/index.html>).

2) Describe available university and program support for extramural service activities.

There are no formal supports at the University or program level for extramural service activities, save for the allocation of 20% paid time for this endeavor. The program acts as a facilitator for faculty – we provide strong encouragement and make available our contacts/linkages to the public health partners to our faculty to facilitate their extramural service activities.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

- Dr. Amardeep Thind is on the Editorial Board of two journals (BMC Public Health and Frontiers in Public Health). He uses this Editorial Board experience in MPH 9015 - Public Health Practice to highlight current public health issues and also teach students how to communicate in an audience specific manner.
- Dr. Amanda Terry was part of a team that developed and revised an on-line training program for patient engagement in primary health care research. This program, called Patient-Oriented Training and Learning in PHC (PORTL- PHC), is designed to build capacity among patients, health care providers, policymakers/managers, researchers and trainees to conduct and use patient-oriented primary health care research. Dr. Terry used this program in MPH 9012 - Research for Health course to exemplify a complex intervention, and the challenges associated with measuring and assessing its community impact, both in the short and long term.

Criterion E5 – Faculty Extramural Service

- Dr. Mark Speechley is part of two Data Safety Monitoring Boards (a) Western Ambroxol Study for Parkinson Disease Dementia, and (b) AID-ME (Artificial Intelligence in Depression-Medication Enhancement Study). He uses examples from his work here to highlight statistical methods and the relationship between ethics and methods in MPH 9001 – Principles of Epidemiology and 9002 – Biostatistical Methods in Health.
- Dr. Shehzad Ali works with the Canadian Agency for Drugs and Technologies in Health (CADTH) and incorporates real-life examples of cost-benefit and cost-effectiveness analyses he works on in his course (MPH 9009 - Public Health Policy).

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

- Dr. Lloy Wylie involved students from Class of 2021 to act as facilitators for the Schulich medicine and dentistry students in their Interprofessional Education Day (IPE). IPE Day is an annual opportunity for students to spend time working with and learning from their future colleagues across the health care spectrum. Students worked in teams focusing on unique and dynamic health care cases during the Day with the MPH Students leading the core case study group activities. It was an ideal role for the MPH students who gained experience as facilitators and team leaders.
- Dr. Shannon Sibbald served as Chair on Western's 1Day Stand Against Commercial Tobacco Use. Cohorts 2018 and 2019 (as part of MPH 9004) participated in this activity. The 1Day Stand was an event designed to support Western University's transition to a smoke-free campus. It was first hosted in March 2018 and again in March 2019 on Western University's campus in conjunction with post-secondary schools across Canada. The campus-wide event was led by student representatives from the university's Health Promotions Committee, Health Studies Students' Association, the Schulich interfaculty Program in Public Health, student representatives from Leave the Pack Behind and Smoke-Free Ambassadors. The 1Day Stand included a town hall to address concerns and questions, information booths to raise awareness and provide educational resources, and interactions with individuals through social media channels. Information booths provided educational materials for staff and students regarding the impact of tobacco use, e-cigarettes, hookahs, and cannabis products. It also provided cessation resources and information about the University's transition to designated smoking areas and eventually a smoke-free campus.
- Dr. Mark Speechley involved students in the peer review process (Graduate Student Manuscript Review Service) of two journals: CMAJ - Canadian Medical Association Journal and the Canadian Journal on Aging. The students involved were: Amritpal Rathore, Jocelyn Price, Theshani De Silva; Senoli Reshele Perera; Susan Phuong Chi Le; Honghan Wang; Stephanie Susman (all from MPH Class of 2019).
- Dr. Thind was a member of the Ontario Public Health Convention planning committee. As part of his work on this committee, he volunteered the MPH Cohort (of 2017) to act as facilitators for the workshop "Continuing Conversations" for the 2017 TOPHC Conference. Students gained valuable facilitation skills leading the discussions at their assigned tables and were also able to network with public health leaders.

Criterion E5 – Faculty Extramural Service

- 5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program’s approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

Outcome Measures	Target	2018-19	2019-20	2020-21
9. Percentage of PIF participating in extramural service activities	100% of PIF	100%	100%	100%
10. Number of community-based service projects	10 projects per year	10	10	0*
11. Develop and disseminate public health teaching cases in collaboration with local, national and/or international agencies (faculty student-service collaboration)	Produce 10 new public health teaching cases per year Publish free annual casebook	17	14	15

*Community-based projects were cancelled due to COVID and all instruction was online for 2020-21. Instruction is back in-person for the 2021-22 academic year and the plan is to resume offering the community-based projects.

All PIF are expected to contribute to extramural service and this information is tracked yearly from the CVs submitted for the Annual Performance Review. The table above attest to the faculty’s commitment to, an excellent in, extramural service.

For the 2020-21 academic year, we were not able to meet our target of the community-based service projects. This is because these are closely linked to the courses taught by faculty in the Winter semester. Unfortunately, due to faculty sabbaticals and the reluctance of community-based agencies to take on students during the COVID pandemic we had to suspend this offering temporarily. The 2021 casebook has been delayed because of COVID and subsequently 2022 will be combined with 2023 but a larger volume.

- 6) Describe the role of service in decisions about faculty advancement.

The UWO Faculty Agreement states the following with respect to the role of service - *“While a candidate must have achieved a satisfactory record of performance in Service, the meritorious performance of these duties shall not compensate for an insufficiently strong record of performance in Teaching or Research. However, an unsatisfactory record of performance in Service contributions may be an important factor in the denial of Tenure and/or Promotion.”* (Sec. 4.1, p. 201).

- 7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- The active involvement of the Program faculty in service activities, thus contributing to the advancement of public health practice at the local, provincial, national, and international levels.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

The Program takes an expansive view of what constitutes our “community” for program evaluation and assessment; this holistic, multilayered view provides us with a depth of perspective on how we are doing. There are four formal structures/committees we have constituted that serve to provide us with valuable feedback.

- **Advisory Board:** The Advisory Board for the Schulich Interfaculty Program in Public Health provides strategic advice for the Program and builds and strengthens the Program’s local, national, and international profile. The Advisory Board is charged with ensuring alignment with community needs and priorities, identifying opportunities of growth and providing advice. Membership includes individuals from academia (internal and external to Western), alumni, and representatives at the local, provincial, and national level. Membership for 2021:
 - Ian Arra, Medical Officer of Health and Chief Executive Officer, Grey Bruce Health Unit
 - Melissa de Jesus, Quality Improvement Specialist, Toronto Public Health
 - Crystal James, Associate Professor, Head, Department of Graduate Public Health, Tuskegee University
 - David Jones, President, Health Gnosis Inc.
 - Francisco Olea Popelka, Associate Professor, Department of Pathology and Laboratory Medicine, Schulich School of Medicine and Dentistry
 - Bimadoshka (Annya) Pucan, Assistant Professor, Department of History. School of Community and Public Affairs, University of Concordia (alumnus)
 - Susanne Schmid (Ex-Officio), Vice-Dean, Basic Medical Sciences, Schulich School of Medicine and Dentistry
 - Fatih Sekercioglu, Assistant Professor, School of Occupational and Public Health, Ryerson University
 - Mark Speechley, Professor and Graduate Chair, Department of Epidemiology and Biostatistics
 - Amardeep Thind, Professor and Director, Department of Epidemiology and Biostatistics and Department Family Medicine
 - Bryna Warshawsky, Medical Advisor, Centre for Immunization and Respiratory Infectious Diseases, Public Health Agency of Canada
- **Curriculum Committee:** The Curriculum Committee oversees all aspects of the MPH curriculum. Its mandate is to ensure the design, delivery, and evaluation of the MPH Program meets Quality Council standards and the Council on Education for Public Health (CEPH) accreditation requirements. Membership includes community members, alumni, and the current cohort’s student elected representative. Membership for 2021:
 - Shehzad Ali, Associate Professor, Department of Epidemiology and Biostatistics
 - Hao Ming Chen, Class of 2021 Student Representative
 - Regna Darnell, Professor Emeritus, Schulich Interfaculty Program in Public Health
 - Lesley James, Senior Manger Policy, Canada, Heart and Stroke Foundation
 - Ibrahim Marwa, Team Lead - Contact Tracers, COVID Case and Contacts Management, London-Middlesex Health Unit (alumnus)

Criterion F1 – Community Involvement in Program Evaluation and Assessment

- Mark Speechley, Professor and Graduate Chair, Department of Epidemiology and Biostatistics
 - Alexander Summers, Associate Medical Officer of Health, London-Middlesex Health Unit
 - Amardeep Thind, Professor and Director, Department of Epidemiology and Biostatistics and Department Family Medicine
- **Western MPH Alumni Association:** The Western MPH Alumni Association was established in early 2020 and is co-led by Giovanna Good (MPH 2014) and Josiah Marquis (MPH 2017). The Alumni Association aims to foster community between students and alumni from the MPH Program at Western. Its early initiatives were to establish a 1-to-1 Mentorship Program (matching Alumni with current students), create a website to highlight alumni, and support the MPH Program.
 - **Practicum supervisors:** While not a formal structure/committee per se, this group provides valuable feedback on our students' real life performance during the practicum (especially when they are able to highlight strengths and weaknesses and compare the skill sets of our students with those from other Universities). In the instances when the practicum supervisor hires the student for a full-time position upon his/her graduation, they are also able to comment upon the student's performance in the workplace. Feedback is provided through interim and final practicum evaluations and check-in phone calls which take place 4-6 weeks into the practicum placement.

2) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

Engagement with the aforementioned external constituents occurs on a regularly scheduled basis.

- **Advisory Board:** The Advisory Board meets annually in-person and is kept updated by regular emails between meetings. It was originally scheduled to meet on May 8, 2020, but this meeting was postponed due to the pandemic. The Advisory Board met virtually on January 18, 2021
- **Curriculum Committee:** The Curriculum Committee meets twice a year. The first meeting took place on June 10, 2020 and the next meeting took place on February 19, 2021. Periodic emails are sent when needed.
- **Alumni Association:** The MPH Alumni Association meets bi-weekly and the MPH Program receives regular updates from them.
- **Practicum supervisors:** Practicum supervisors are asked to complete interim and final evaluations for current students six weeks after the practicum begins and at the end of the practicum. The Career Development Coordinator also schedules check-in calls with Practicum Supervisors through the 12 weeks to ensure MPH students are performing at the expected level. These calls are an opportunity to seek input from Practicum supervisors on any gaps in the curriculum. If gaps are identified they are brought to the Director's attention.

3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

While the prime responsibility for the development of the vision, mission, values, goals and evaluation measures lies within the Program per se, these elements are discussed at the meetings of the Advisory Board and the Curriculum Committee. Members of the Advisory Board have a rich wealth of national and international public health experience which enables them to provide high level feedback; feedback from the Curriculum Committee is often at the nitty-gritty level that focuses primarily on execution and delivery. In addition, we also request

feedback from the alumni. For example, the feedback we received from these constituents (i.e. mission and vision not capturing our strength – case- and team-based learning; vision statement was too long) was discussed at the Annual Retreat on May 12, 2021 and changes were made to better reflect our mission, vision and values..

b) Development of the self-study document

The process for the self-study document is essentially similar to that described above – the actual work of developing and writing the document is undertaken by the Accreditation Committee; advice on specific matters (e.g. appropriate evaluation of curricular outcomes from the Curriculum Committee; advice on comparative salience of the vision, mission, values and goals from the Advisory Committee) is sought.

c) Assessment of changing practice and research needs

We obtain from the Advisory Board advice on the macro level trends in practice and research occurring nationally and internationally, while the Alumni Association provides us with an “ear to the ground” in terms of the level of micro level detail what employers are looking for, i.e. specific skill sets. Both pieces of intelligence are fed to the Curriculum Committee, which decides how best to modify/adjust our curriculum to respond to these inputs. An example of this is our curricular pivot of revamping our Health Law course into a Public Health Policy course. Feedback from the Alumni Association indicated that our alumni felt that they would have been better prepared if they had more health policy exposure and that the health law component was rarely, if ever, used in their positions. This was corroborated by the practicum supervisors who highlighted the relative importance of health policy skill sets. Coming from two independent sources added to the weight of this finding, which was discussed at the Curriculum Committee meeting, leading to the change in our curriculum whence the Health Law class was discontinued and replaced with a Public Health Policy course.

d) Assessment of program graduates’ ability to perform competencies in an employment setting

Key informant interviews were conducted with employers in 2020 and 2021. Overall, the employers felt that our students were high achievers, good performers, who had a solid public health perspective and took initiative and were good team players. Students were reported to be very well prepared in epidemiology and biostatistics, especially in analyzing data and interpreting results and applying them, and also well versed in topics such as social inequities, structural racism. Areas where employers wished for more improvement was in policy development, and increasing exposure to humanitarian sector and greater depth in packages such as R.

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

ERF Criterion A1.5 – Annual Retreat, Curriculum Committee

ERF Criterion F1.4 – Advisory Board 1-18-2021

ERF Criterion F1.7 – Key Informant Interviews

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- We have multiple channels to pick up a “signal” which allows us to differentiate it from noise.

Future Plan

- At present, our data gathering methods are solely qualitative at present, and are sufficient to meet our program requirements. However, if the need arises in the future, we will consider using quantitative means in the future.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.

Students are exposed to community service and engagement and professional development activities through a number of routes, both within the MPH Program, and through Western University at large. Options from within the MPH Program include:

Community Service Award: Due to the intensive nature of the Program combined with the case-method that is based on three learning phases (individual preparation, small group, and large group), students have very few spare hours for community service. Despite these time constraints, students do engage in service activities, the Program recognizes this effort by awarding the Community Service Award to the student who makes the most significant community service contribution during the academic year. The award recipient in 2020 was Joycelyn Asantewaa-Akuoko, who supported local health centers and organizations in Ghana during the pandemic by providing weekly updates on global and local COVID case counts, recoveries, and death rates. She also participated in Malaria surveillance and screening program in Ghana.

Community Engaged Learning (CEL): Dr. Lloy Wylie (MPH 9011 – Community Health Assessment and Program Evaluation and Dr. Ava John-Baptiste (MPH 9014 – Health Economics) jointly incorporate CEL projects in their respective courses. It is an opportunity to partner with local organizations to mobilize knowledge and exchange resources in order to address critical societal issues. This MPH initiative is a unique opportunity for our community partners to have a team (5-6) of highly skilled health professionals and graduate students to work on a project that often results in a needs assessment proposal, program proposal, program evaluation and/or an economic evaluation that can be used to benefit the organization. This structure not only serves to tightly integrate our curriculum across courses, but also exposes the students to community service.

Professional development: Each year we take the entire class to The Ontario Public Health Convention (TOPHC) for a three-day field trip so they can network with public health professionals and further develop their public health skills. TOPHC is an annual conference focusing on building the knowledge and skills of Ontario's public health workforce and draws attendees not only from Ontario but from across Canada. Public health professionals gather to explore how strategy, leadership and practice can align to address current challenges in the public health sector. At a time when emerging and ongoing health issues are presenting new opportunities and challenges for today's public health professionals, TOPHC provides a rich environment for professional development. We are the only public health program in Canada that incorporates such a conference trip in the curriculum.

In addition, the Program office regularly sends students information about upcoming professional development courses and conferences that students can choose to attend. As an example, many conferences moved online due to the COVID pandemic and provided free registration to students. This allowed many students to attend sessions of the World Health Summit 2020 which was held virtually over an extended period of time in Fall 2020.

Outside of the Program, Western University offers a number of dedicated services to help graduate students with professional development and career support. These include:

- The School of Graduate and Postdoctoral Studies (SGPS) has a number of resources available to graduate students on Career Engagement, Communication and Relationship

Building, Leadership, and Intercultural and Social Fluency.

(https://grad.uwo.ca/career_development/index.html); and

- Western’s Student Success Centre facilitates the development of career, educational and life competencies for students and alumni (https://www.uwo.ca/campus_life/career_services.html)

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

Examples of student service involvement over the last three years include the following activities:

- Aaraf Ahmeed (Class of 2021) co-founded an expatriate-based youth social movement called BacharLorai (which in Bengali means Fight for Survival). ‘BacharLorai’ has been a go-to movement for people (both local and expatriates) who want to conduct relief work in Bangladesh during the pandemic. They work as a social incubation innovation and use their worldwide network to help initiatives at all levels - logistics, supply chain, fundraising and distribution. So far, they have successfully supported 15 projects and have future projects lined up. Aaraf was recognized by the UNDP as one of the 30 “Tigers” – individuals who have made a difference in the COVID public health response of Bangladesh.
- Raveen Bahniwal (Class of 2020) raised money for We Charity’s vaccination programs through the Health pillar of the We Villages model. She also created infographics in the Punjabi language to distribute to the local Sikh community and religious places (gurdwaras) to promote safe hygiene practices to combat COVID. This graphic went viral and is being used by Sikh communities in the USA, UK, France, Australia and Germany.
- Eemaan Thind (Class of 2020) raised money to distribute menstrual product kits to females in India, helping address a hidden problem.
- The Class of 2020 Social Committee sold snacks to their classmates and donated the funds to the local Black Lives Matter chapter.
- Brooke Boersen and Jessica Schill (Class of 2019) ran a Warm Hands, Warm Hearts initiative to collect gift boxes and distribute these to the homeless population of London. These boxes contained hats, scarves, sweaters, and non-perishable food items.
- Sarah Whibley (Class of 2019) participated in the St. Vincent de Paul Holiday Food Drive.
- Sukhmeet Sachal (Class of 2018) was selected as one of 1000 leaders from around the world to attend the UNLEASH United Nations Sustainable Development Goals conference in Singapore. His team developed a program called Vantage 720 that utilized virtual reality to educate students in Zambia about climate change.
- Sajjad Fazel (Class of 2018) volunteered with the Screening, Risk Awareness and Early Diagnosis Working Group at Diabetes Canada and contributed to identifying current gaps in diabetes screening in Canada, especially for racialized communities.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- An inimitable strength of our program is the mandatory trip to the TOPHC conference, which is an excellent opportunity for professional development. This is unique in Canada, and our alumni regularly identify this as a highlight of their MPH year.
- Despite the intensive nature of our curriculum, it is commendable that students find time to pursue community service opportunities, which we recognize with an annual Community Service Award.

Weakness

- The intense curriculum limits the amount of time available for the students to pursue such service activities.

Criterion F2 – Student Involvement in Community and Professional Service

Future Plan

- Facilitate a greater student involvement in service activities as can be allowed by the one-year curriculum and to resume offering the community-based service projects in 2021-2022

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) Define the program's professional community or communities of interest and the rationale for this choice.

The Program has identified the professional community to be those who are a) public health professionals in Ontario and b) public health educators globally. The Program has made connections with the health units in Southwestern Ontario (Middlesex-London Health Unit, Lambton-Sarnia Health, and Grey Bruce Health Unit). Additionally, there are strong ties with the Canadian Public Health Association, Ontario Public Health, and Public Health Agency of Canada.

The rationale for this choice is that it is in our interest to first serve our neck of the woods – i.e. Ontario, as this where most of our graduates will do their practicums and may end up working initially; and to share our teaching experiences world-wide

2) Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs.

Our assessments are done by using formal and informal methods.

Formal methods are:

- Advisory Board, which meets annually. At the January 2021 meeting, the necessity of proper communication was highlighted as a key need, including the ability of the workforce to communicate effectively and clearly at a time when the science of the pandemic was evolving rapidly. The need to convey the right information, at the right time using appropriate pedagogical methods, and to counteract the myths was also highlighted.
- Curriculum Committee, which meets twice yearly. Members reiterated the need for proper communication skills training for the public health workforce at the February 2021 meeting, including the need to address the mistrust of data.
- Alumni focus group, which is held annually at the TOPHC Conference (which unfortunately could not be held in 2020 due to cancellation of the conference due to COVID). At the focus group held virtually on May 6, 2021, topics requested included more training on statistical software, proposal writing and emergency preparedness.
- Key informant interviews, which are usually conducted by the Practicum Coordinator during the summer when she contacts practicum supervisors. Common topics that emerged from this diverse set of respondents (n=9) include additional in-depth training policy development (both at provincial and national levels), antiracism skills, and health communication (especially health literacy), especially using cases.
- A needs assessment survey, which was sent to the alumni and employers of our alumni in 2019 suggested that this group wanted additional exposure to global health, training in statistical software (especially R and SAS), methods for social media promotion, proposal and grant writing skills, and policy development.

Informally, we ask the faculty to quiz employers (if possible) when they provide reference checks to our students. As an example, the Director completes a fair number of references each month for previous graduates and during the reference call he always makes it a point to ask employers what professional development is currently lacking for employees.

Taken together, these formal and informal mechanisms provide a rich tapestry of feedback to the MPH Program. The overarching theme that emerged from these channels was that there is a need for public health cases for pedagogical purposes. This was powerfully reiterated when our faculty

Criterion F3 – Assessment of the Community’s Professional Development Needs

attended the workshops on case teaching at the Harvard School of Public Health. Therefore, the Program saw a unique opportunity in providing teaching cases and case based training for public health educators.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- A unique strength is our use of multiple channels and diverse stakeholders to assess the needs of the community. This provides many avenues for input on a regular basis, with the added advantage that we can triangulate among the methods, stakeholders, and responses to obtain an accurate picture of the community development needs.

F4. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

- 1) Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

The process for developing and implementing professional development activities for the workforce depends on the nature of need/gap identified by the mechanisms enumerated in Criterion F3 – i.e. if the gap is of a generic nature or is highly specific to a particular domain/subject area.

For example, an example of a generic request we often encounter is to share our knowledge about our case teaching approach. In response to repeated inquiries in this regard, the Program established the Case Teaching Fellowship in which the entire Program faculty and staff participate (see details below). If the request is of a specific nature, then a discussion ensues at the bi-weekly Faculty Meeting as to the best way to meet this need. This could take the form of a faculty member (or members) responding with a short course/teaching session, and/or of sharing appropriate resources and following up to ensure that the need has been adequately met.

- 2) Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the program).

Example 1: Case Teaching Fellowship

As a leader and innovator of case-based pedagogy in public health, the Schulich Interfaculty Program in Public Health offers a Case Teaching Fellowship to individuals who teach and want to learn more about our case teaching method. The Fellowship allows interested faculty from other institutions/departments to spend time observing and sitting in on our classes to learn more about the practical aspects of applying the case method of teaching in public health. Our faculty and staff make themselves fully available to share our experience of syllabus construction, class management, grading, and inter-professional learning. We also share our syllabi materials and cases used with the Fellows, and often remain in touch with past Fellows when they return to their home institutions.

It is important to note that we do not charge anything for this Fellowship (nor do we provide a stipend). Faculty and staff donate their time and resources; this is a selfless example of a unique contribution our program makes to professional development.

To date we have welcomed Dr. Crystal James (Department of Graduate Public health, Tuskegee University in March 2018), Prof. Henock Taddese (School of Public Health, Imperial College London, UK in April 2019), Dr. Jacqueline Torti (Centre for Education Research & Innovation, Western University in April 2019), Prof. Juan Carlos Negrette (Director of Global Health, Faculty of Health Sciences at the University of Utah, USA in October 2019). Prof. Kassem Kassak (Director of the Executive Master's in Health Care Leadership, American University of Beirut, Lebanon) was scheduled to come in early 2020, but his visit has been postponed due to the pandemic. We are hopeful that the Fellowship program will re-start as soon as the pandemic ends.

Example 2: Casebook

Our crowning jewel is our annual ***Western Public Health Casebook***. Each year we select the best 12-15 Teaching Cases written by our students for their Capstone Project and publish them in a

Criterion F4 – Delivery of Professional Development Opportunities for the Workforce

book and online. These yearly publications are freely available to anyone who wants to use the cases for teaching purposes (<https://www.schulich.uwo.ca/publichealth/cases/index.html>)

The casebook is an example of a professional development resource that is being used beyond our target of Ontario, as the chart and table below reveals. Commercial and educational organizations worldwide are using this for upskilling their employees; this trend has been increasing in the recent past especially with the COVID pandemic. The Casebook is thus an excellent example of a professional development effort that started locally but has now spread globally. The picture below represents Casebook downloads from October 2018 till date, the Casebook has been downloaded 8,595 times, with educational institutions accounting for 71% of all downloads. The top six educational institutions are Harvard University, Washington University (St. Louis), Universitas Gadjah Mada (Indonesia), Fiji National University, the Mayo Foundation for Medical Education and Research (Rochester, MN) and the Indian Institute of Management (Lucknow, India). The remainder is equally split between government/nonprofit institutions (led by the City of Ottawa, eHealth Ontario, City of Lafayette, Allegheny Health Education and Research Foundation, Correctional Services Canada) and private for-profit companies (the top five being Bruyere Consulting Care Inc, Bayer Corporation, Spectrum Health, Ockham Communications and Izaak Walton Killiam Health Center).



Example 3: MPH Program Events: In response to feedback from our alumni regarding more exposure to global health issues, we decided to make certain MPH sessions completely open to the public. For example, since 2019 we have invited a representative from the Clinton Health Access Initiative (CHAI) to come and speak to our students about a current global health issue, and also discuss career options in global health. These sessions have been made open to the community (working professionals) since 2019. At the 2019 session we had 3 community members attend; the attendance at the 2020 session (held virtually due to the pandemic) was 30 community members.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- The Case Teaching Fellowship and the Annual Casebook have made important contributions to professional development in the workplace and are well recognized by the community. They

Criterion F4 – Delivery of Professional Development Opportunities for the Workforce

started out as limited, local initiatives, but are now global and an inherent part of our recognized brand.

Future Plans

- Going forward, our plan is to offer tailored and specific offerings in response to the feedback we obtain from our constituents (as described in Section F3).
- We had scheduled mini trainings on information systems for public health (in response to a request from the local health units) to be led by Dr. Dan Lizotte, but these had to be cancelled due to the pandemic. We plan to leverage the upcoming establishment of the TRIPLE Centre to offer more personalized short courses in concert with the Department of Family Medicine and Department of Epidemiology & Biostatistics, and we will capitalize on our recent online teaching experience to maintain the global reach of our offerings. Dr. Lizotte hopes to reschedule his AI workshop in March 2022.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

- 1) List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

The MPH Program has designated women, visible minorities, Indigenous Peoples, and international students as our under-represented populations. We have adopted Statistics Canada's definition of visible minority which is "persons who are non-Caucasian in race or non-white in colour and who do not report being Aboriginal". International students are defined as holding a "study visa" which is required for all non-Canadian and non-Permanent residents of Canada.

The MPH Program is required to follow the policies established by Western University's diversity and inclusion plan. Western is a community that respects, accepts, nurtures and celebrates the diversity of its members; it strives to attract and retain the best talent available in an increasingly diverse workplace. In 2019, Western's Anti-Racism Working Group (ARWG) made a series of recommendations which resulted in Western establishing its first Equity, Diversity, and Inclusion (EDI) advisory council (<https://news.westernu.ca/2021/03/western-establishes-first-edi-advisory-council/>).

Our community is one where all members feel valued, respected and included. We strive to ensure our workplace is fully accessible and respectful of people with different needs and abilities. Western supports a healthy work-life balance and commits to the right of every member of the Western community to study, work and conduct his or her activities in an environment free of harassment and discrimination. Each member of our community is accountable for ensuring and supporting positive diversity practices.

The Canadian labor market is undergoing a fundamental shift due to an aging population, a growing demand for highly skilled workers, and an increasingly diverse population. Visible minorities and Indigenous Peoples together account for nearly two thirds of the Canadian population aged 15-64. The federal government has made these groups a priority in terms of enhancing their skills so that they are able to take advantage of future opportunities. In addition, Canada is a nation of immigrants, and internationalization is another focus at the federal, provincial and university levels.

2) List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

Our goals are:

- To maximize representation of our four under-represented groups (women, visible minorities, Indigenous Peoples, and international students) in our faculty, staff and students; and
- Ensure that our curriculum supports Western's diversity and inclusion objectives, for example, by ensuring a strong focus on socioeconomic status, class, race, and other social determinants of health, and by choosing cases and teaching methodologies to address these factors.

Western University is currently in the process of creating a new strategic plan. Western has held a number of town halls to engage stakeholders (faculty, staff, and students) as it develops the strategic plan. The Schulich School of Medicine and Dentistry is also in the process of developing a new strategic plan, and its faculty, staff and students have been invited to targeted focus groups to discuss strategic priorities. While both plans are in development, Equity, Diversity, and Inclusion (EDI) principles are top of mind for both Western and Schulich as demonstrated by the creation of Western's first EDI Advisory Council. The MPH Program will continue to support both Western and Schulich as these new initiatives are rolled out. We are confident that our goals will align with both Western and Schulich ensuring continued success.

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

Actions and strategies to address the twin goals specified above occur at the local Program level and/or at the broader University level.

Recruitment of students is under the complete purview of the Program through the Admissions Committee. We monitor the indicators (described below in # 5) annually, and this monitoring helps to keep the student recruitment, and hence class composition on track to ensure maximum diversity and heterogeneity among the under-represented groups. The Admissions Committee begins by reviewing all international applications first and issues offers to this group in early March. At this stage, all Indigenous applications are also highlighted for review and are given top priority for first round offers. Next, the Admissions Committee reviews domestic applications (usually in early April) and targets further admission offers to ensure the cohort meets our goal. To date, we have had a surfeit of applications from women, so we have not had any challenges in meeting our goals.

To ensure success of the under-represented students while in the Program, the Program (staff and faculty) closely monitors all students and connects with them on a regular basis to address any issues before it becomes a major concern. Western International holds many sessions for incoming/current international students and hosts social outings which are advertised to the international students. Western also has an Indigenous Student Centre and the Office of Indigenous Initiatives which helps support our Indigenous students.

Recruitment of staff occurs at the level of the Program, as per the rules and regulations specified by Western's Human Resources. Recruitment of faculty is again done by the Program and the respective Department(s), guided by Western's rules and regulations. For example, Western has a special initiative to encourage the recruitment of women faculty members. The University provides financial incentives to Faculties to assist in the recruitment and retention of tenured/probationary female faculty members. These funds can be used in a number of ways including mentoring programs in teaching and research. Similarly, the Office of Faculty Recruitment and Retention (OFRR - Reporting directly to the Vice-Provost) provides assistance with spousal/partner placement, housing, childcare, healthcare, ethno-cultural programs and immigration.

Criterion G1 – Diversity and Cultural Competence

Initiatives at the broader University level arise from and/or lead to creation of specific working groups and committees. As multiculturalism is Canada's leitmotif, Western University prides itself in providing culturally sensitive and inclusive services to all students, faculty and staff. The campus organizations, policies and services that support working and learning in a diverse setting at Western include:

- The President's Standing Committee for Employment Equity (PSCEE);
- The President's Committee for the Safety of Women on Campus;
- The Barrier-Free Access Committee;
- The Joint Faculty/Administration Employment Equity Committee;
- The Professional and Managerial Association Committee on Employment Equity;
- The Aboriginal Education and Employment Council of the University of Western Ontario;
- The University Students Council Accessibility Development Committee;
- Teaching Support Centre (fostering diversity in the classroom);
- Student Development Centre: Indigenous Services;
- Student Development Centre: Services for Students with Disabilities;
- Western's Caucus on Women's Issues; and
- Western's Ontarians with Disabilities Act Committee (WODAC).

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, practicum supervisors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

Given that Canada is a multicultural and multiethnic society, there are ample opportunities in the MPH Program for students, staff and faculty to address and build competency in diversity and cultural issues. These mechanisms include:

- **Courses:** Our course offerings expose students to socio-cultural issues in a stepwise fashion during the academic year. Starting in the fall semester, the Social Cultural Determinants of Health (MPH 9005) course exposes students to the broad theories and concepts of social and cultural correlates that impact health and behavior. In the winter semester, the course on Indigenous Health (MPH 9008) focuses exclusively on examining in-depth the socio-cultural issues facing First Nations in Canada and builds upon the concepts presented in the fall course. As part of the curriculum for this course, students are also provided with four hours of cultural sensitivity training. Additionally, in Winter 2021 the MPH students had the opportunity to participate in the Interprofessional Development Education day where they acted as facilitators for 1,000 medical students and professionals. Finally, another class Public Health Practice (MPH 9015), integrates these concepts when current public health issues, including their etiology, and possible policy options are dissected in class.
- **Applied Practice Experience (Practicum) (MPH 9016):** We actively seek to have placements in agencies working with the underserved so that students are given an opportunity to build their diversity and cultural competency. For example, we have student practicums at the London Intercommunity Health Centre (a local organization that provides equitable health and social services to underserved and disadvantaged groups), Moyo Health and Community Services (the leading HIV/AIDS service provider in the Region of Peel, Ontario) and the London Cross Cultural Learner Centre (a local organization that provides integration services to newcomers and promotes intercultural understanding). In addition, we have practicums in international locations/organizations (Aga Khan Foundation, ASEAN Institute for Health Development, Pan American Health Organization, Makerere University, Institute of Public Health in India, HealthBridge Foundation, etc.) during which students work with a variety of vulnerable populations in developing countries.

Criterion G1 – Diversity and Cultural Competence

- **Learning Teams:** Our students are a heterogeneous mosaic representative of the breadth of diversity in Canada. Team based learning is the hallmark of our Program, and all incoming students are put into Learning Teams of 5-6 students. These teams are their home for the entire year, and students complete all their group assignments as part of this team. In assigning students to teams, the MPH Program office actively makes each team as diverse and heterogeneous as possible, so as to give each student in-depth and prolonged exposure to students from a different culture. Each team is assigned a faculty member as a faculty advisor, whose job is to guide and advise the team throughout the year, including working to solve diversity and cultural competency related issues, should they arise. Based on student feedback, this has been an excellent mechanism for building and fostering cross-cultural learning and understanding.
- **Faculty & Staff:** the MPH Program office is an example of diversity. The Director is a visible minority, and the Program Office staff are all women. In addition, we have three First Nations Adjunct appointments (Dan Smoke, Mary Lou Smoke, Dr. Dean Jacobs), three visible minority faculty members (Dr. Shehzad Ali, Dr. Ava John-Baptiste, and Dr. Amardeep Thind) and nine women faculty (five PIFs and four non-PIF). The Program faculty and staff thus lead from the front in terms of exemplifying diversity.
- **Curriculum Committee & Faculty meetings:** Our progress in this matter is reviewed and discussed at these committees. For example, there is a standing item on the Faculty meeting agenda (“Learning Team/student issues”) where faculty report on any challenges/problems they are facing in this regard, and solutions are discussed. The Curriculum Committee ensures that our curriculum is meeting the objective of providing a diverse and culturally appropriate education to our students.

5) Provide quantitative and qualitative data that document the program’s approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

The following indicators are used to evaluate progress towards our goals in this regard:

Category/Definition	Method of Collection	Data Source	Target	2018-19	2019-20	2020-21
Students						
Women	Self-Report	Admissions Application	50% or more of incoming class	81%	81%	83%
Visible Minorities	Self-Report	Pre-entry survey	30% or more of incoming class	56%	60%	75%
International students	Self-Report	Admissions Application	15% or more of incoming class	7%	33%	15%
Indigenous	Self-Report	Admissions Application	5% or more of incoming class	5%	3%	0%
PIFs						
Women	Self-Report	Human Resources	At least 50%	44%	44%	44%
Visible Minorities	Self-Report	Departmental Data	At least 30%	22%	30%	30%
Staff						
Women	Self-Report	Departmental Data	At least 50%	100%	100%	100%

In terms of actual outcomes, we are extremely diverse in our faculty, staff, and students. The Director is a visible minority, 100% of the staff are women, as are 50% of the PIFs, and a third of the PIFs are involved in research on Indigenous communities and/or vulnerable populations. In

Criterion G1 – Diversity and Cultural Competence

terms of our students, the class of 2021 was composed of 83% women, 75% visible minorities, 15% international students.

This data attests to our success in achieving diversity in all aspects of the program.

6) Provide student and faculty (and staff, if applicable) perceptions of the program's climate regarding diversity and cultural competence.

We have surveyed students, faculty, and staff regarding the program's climate regarding diversity and cultural competence, and the responses have been highly positive, as depicted below.

Students were surveyed starting from the MPH Class of 2020 and 2021. Below are the responses we received from their survey.

- *Very competent- however one could claim that the high cost makes it unrealistic for minorities/lowSES/vulnerable populations etc. to take this program. Something to consider perhaps down the line?*
- *It seemed as if the program highly valued diversity, and instilling cultural competence into students*
- *Good range of diversity in faculty and class members.*
- *Generally, I think the climate is good. As noted throughout the semester by the cohort, I think generally the Indigenous health class would benefit from providing a more substantial foundation of Indigenous culture and the history of Indigenous-settler relations, as many individuals (particularly International students) do not have a foundation in this and found it difficult to follow.*
- *I think the program is pretty diverse in terms of like experiences and cultural identity which is what a masters program should be about as you want varying views from all walks of life*
- *The program provides a safe climate to students from diverse backgrounds to share their experiences. However, there exists no common platform where International students can share their experiences. Going forward the program can facilitate setting up a platform for international students to share their experiences which are unique to them*
- *Exceptionally diverse group. cultural competence was also present*
- *Supportive learning environment that embraces diversity and different culture.*
- *I personally think that our class and program provided multiple perspectives, tying both national and international connections to specific concepts, as well as integrating the effects of public health on varying populations.*
- *It is clear that the MPH program highly values and upholds a climate of diversity and cultural competence. EDI training was provided. Cultural safety training was provided. It is apparent that EDI is a priority amongst the 2021 cohort and the faculty.*

Faculty and staff were surveyed in April 2021 and below are the responses received:

- *I appreciate the diversity on the faculty and look forward to taking advantage of resources and initiatives at Western to increase our understanding of anti-racism and anti-racist strategies for teaching and student engagement.*
- *I believe we have a diverse and culturally competent complement.*
- *The MPH Program is one of the most diverse work spaces I have encountered in my career, and places a very high premium on cultural competency.*
- *I think diversity and cultural heterogeneity is well respected and appreciated in the program. Students and faculty value the diversity of perspective and experiences. Students have mentioned to me that they feel the program offers a safe space to express views and share experiences that that are personal to them.*
- *I think there is perception among the faculty that diversity and cultural competence are important and that as a program we should be centering these ideas in terms of how we teach students and work together as colleagues.*

Criterion G1 – Diversity and Cultural Competence

- *I feel our program strives to support EDI teaching; I also believe our faculty is representative of EDI. That said, I would appreciate more training in the area and think our program should offer faculty/staff EDI sessions*

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- Western has a strong commitment to diversity and inclusion, and its policies and procedures have facilitated the MPH Program in achieving its objective of having a diverse complement of faculty, staff, and students, as evidenced by the data presented above. The Program's focus on Indigenous Peoples has engendered an ongoing practice of cultural competence in learning, research, and service practices.

Future Plans

We discussed the lack of Indigenous applications at our Retreat on May 12, 2021 and will implement the following to try to increase the number of Indigenous applications we receive:

- Partner with the First Nations Secretariat
- Start an Elder in-residence program to support Indigenous students while in the program
- Partner with Indigenous alumni to promote the program
- Connect with Indigenous professional groups
- Have a focus group with Indigenous alumni

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

- 1) Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

All entering students are placed in a Learning Team (of 5-6 students), which has an assigned faculty advisor. This faculty advisor is the academic advisor for all students in his/her Learning Team. S/he meets with the team and with individual students regularly throughout the year, and works with them in addressing any academic, practicum, job and/or career issues that may arise. Faculty advisors are matched to the Learning Team by the Program office, based on a match between the predominant interests in the Learning Team and the faculty expertise. Faculty advisors supervise one to two Learning Teams each year.

- 2) Explain how advisors are selected and oriented to their roles and responsibilities.

Faculty advisors are tenured or tenure-track faculty members who teach in the Program and are very familiar with progression requirements, academic policies and procedures, and regulations from the School of Graduate and Postdoctoral Studies. Advisors are supported in the bi-weekly faculty meetings where "Student/Learning Team Issues" is a standing agenda item. Additionally, Program Staff are available to both students and faculty to help navigate individual concerns balanced with regulations.

- 3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

ERF Criterion H1.3 – Academic Handbook
ERF Criterion H1.3 – Orientation Handbook
ERF Criterion H1.3 – Academic Prep Week Schedule

- 4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

We have data for this metric for the last two years. This metric is queried at three time points: (a) student surveys at the end of Fall and Winter semester; and (b) the year-end debrief in August (see *ERF Criterion A3.1 – MPH Year-end debrief 2018, 2019, 2020*).

Class of 2020: The first time the Program surveyed students on their satisfaction with academic advising was for Class of 2020 upon completion of the Winter semester. We received 13 responses; of these 54% (n = 7) were satisfied or very satisfied with the academic advising they received from faculty and staff.

Students were also asked to comment about this issue at the year-end debrief held on August 2020 with the neutral facilitator. The moderator report states: "*Faculty availability was seen as good on the whole. Many often are available at the end of a class or group session, and on occasion for informal discussion in the student lounge. That said a minority of professors are more difficult to access either in their office or by email.*"

Criterion H1 – Academic Advising

Class of 2021: Students were surveyed in the Fall and Winter terms. The Fall term received 10 responses with 60% (n=6) satisfied or very satisfied with academic advising from Faculty. The Winter survey received only 5 responses and 80% (n =4) were satisfied with academic advising provided by faculty. These response rates are indeed dismal, and we postulate that this is due to Zoom fatigue and/or the overall (dis)satisfaction with virtual learning compared to our in-person learning model.

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

The MPH Programs organizes the “Academic Prep Week” at the start of the Program. The purpose is to provide the cohort with the building blocks for their success in the Program. Below is a copy of the most recent agenda for the four days. There is purposely a mix of “need to know” sessions, team building exercises, and “fun” activities.

Furthermore, during Academic Prep Week, all students are provided with the Academic and Orientation Handbooks. The Academic Handbook lists the Program’s expectations, and describes what students need to do to maximize their learning in the Program. The Orientation Handbook describes requirements and services available at Western (Registrar’s office, health and safety training, ID cards, computer accounts, student services, etc.) and aims to make their transition to Western as easy as possible.

MPH Academic Prep Week Schedule

Tuesday, September 7th, 2021

9:30 a.m.	Arrival
10:00 a.m.	Welcome – Dr. Amardeep Thind, Director
10:30 a.m.	Break
10:45 a.m.	Introductions – faculty, staff, and students
12:30 p.m.	LUNCH
2:00 p.m.	Handbooks and Career Services
	<ul style="list-style-type: none">• Diana Lee, Manager• Courtney Hambides, Career Development Coordinator

Wednesday, September 8th, 2021

8:30 a.m.	Dr. Gerald McKinley, Empathy Exercise
9:30 a.m.	Break
9:45 a.m.	Dr. Shannon Sibbald, Learning to Learn with Cases
12:15 p.m.	LUNCH
1:00 p.m.	Dr. Mark Speechley, Graduate Chair – Role of Faculty Advisor and Learning Teams
1:45 p.m.	Break
2:00 p.m.	Team Exercise (survival exercise)

Thursday, September 9th, 2021 (virtual day)

9:30 a.m.	OWL Training – Courtney Hambides
10:30 a.m.	Break
10:45 a.m.	Words of Wisdom from MPH Alumni
11:45 a.m.	SOGS
12:00 p.m.	Break
1:00 p.m.	Meet with Faculty Advisors via Zoom
1:45 p.m.	Break
2:00 p.m.	Kelly Hatch, Library Services
3:00 p.m.	Terri Tomchick-Condon, Senior Consultant, Human Rights Office

Friday, September 10th, 2021

8:30 a.m. MPH Amazing Race

12:30 p.m. LUNCH

- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- Our academic advising model has been highly successful till date. Many students have gone on to pursue MSc and PhD degrees under their faculty advisors (in their home departments).
- A large majority of our alumni keep in touch with their faculty advisors, often reaching out for advice and consultations.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

- 1) Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.

Career counseling for students occurs in both formal and informal ways.

Formal: The Program employs a full-time Career Development Coordinator dedicated solely to the MPH students. The Career Development Coordinator leads five career development classes, which are incorporated in the Program's curriculum. Topics covered include creating a professional LinkedIn profile, writing cover letters and resumes, job searching, career research, networking, and interview skills. The Career Development Coordinator also offers individual counselling appointments. Individual services include cover letter and resume reviews, career advice, individualized job search and networking guidance, and interview preparation and practice.

A client-centered approach is taken, targeting services to each student's individual needs. Students' career development needs fall into a number of different categories: those who are returning to pre-existing employers while exploring alternative long-term career options; those who have limited Canadian experience and are looking to establish themselves in the Canadian workforce; young professionals who are seeking entry-level positions; others who are interested in working internationally; as well as students who are interested in pursuing further education. Moreover, there are additional resources available on campus if there is a student need that cannot be met within the MPH Program. The Career Development Coordinator regularly puts out targeted job postings that match our students' background and experience. Since May 2018, the Career Development Coordinator has posted over 6,000 public health job postings.

The Career Development Coordinator also organizes a Careers Day each year, inviting 6 – 8 public health professionals, including alumni of the program, to visit the building and speak to the students. The event includes a plenary session, question and answer period, several roundtable sessions, and a networking lunch. Students take the opportunity to approach these professionals, ask questions about their career paths, hand out business cards (provided by the Program) and make connections. Below is the agenda and biographies of the guest speakers for Career Day 2020 which was held on Friday, October 9, 2020.

8:30 – 8:35 a.m.	Opening Remarks – Dr. Amardeep Thind
8:35 – 9:45 a.m.	Panel Session
9:45 – 10:00 a.m.	Break
10:00 – 10:25 a.m.	Roundtable #1 (4 roundtables x ~15 students each)
10:25 – 10:50 a.m.	Roundtable #2 (4 roundtables x ~15 students each)
10:50 – 11:00 a.m.	Break
11:00 – 11:25 a.m.	Roundtable #3 (4 roundtables x ~15 students each)

Criterion H2 – Career Advising

11:25 – 11:50 a.m. Roundtable #4 (4 roundtables x ~15 students each)
11:50 a.m. – 12:00 p.m. Wrap-up

Guest Speakers:

1. Abrar Ali, MBBS, MPH, Senior Health Advisor, Native Women's Association of Canada, Ottawa, ON
2. Michel Deilgat, MD, MPA, M.Ed., Senior Medical Advisor and Editor-in-Chief (Canada Communicable Disease Report), Public Health Agency of Canada, Ottawa, ON
3. Ian Hanney, MPH, Supervisor, Social Planning and Homelessness Prevention, County of Lambton, Sarnia, ON
4. Jessica Hill, MPH, Senior Specialist, Community Development, First Nations Health Authority, Vancouver, BC
5. Samantha Jibb, MPH, Research and Evaluation Lead, Health Sciences North, Sudbury, ON
6. Michael Stollman, Director, Business Integration and Planning, Public Health Agency of Canada, Ottawa, ON

Informal: The Program faculty have an open-door policy and provide career counseling to students. Students often turn to their faculty advisor, the faculty member working in their area of interest, or the Director to discuss their options. For example, the Director is an international medical graduate; IMG students often approach him to seek advice on their medical and non-medical career options, both in Canada and internationally.

A recent development has been a pilot mentorship program started by the MPH Alumni Association. A survey conducted by the Association found that 90% of the mentors and mentees were enjoying the program.

It is important to note that we offer Career Advising services for life (as opposed to many other programs who limit it to current students or recent alumni). The Career Development Coordinator (and faculty) remain in touch with many alumni (both recent and past) and offer them both formal and informal career advice.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

As noted above all students are placed in a learning team and each learning team has a faculty advisor who can help guide individual students. Our Career Development Coordinator has a wealth of experience as she has been with the MPH Program since 2013. The Career Development Coordinator is part of Western's Career Advising Group and a Work Integrated Learning Group where individuals providing similar support across campus can share ideas and best practices. Additionally, the Career Development Coordinator manages all aspects of the Applied Practice Experience so continually connects with practicum supervisors and employers. Finally, the Career Development Coordinator posts job opportunities to all our alumni on a weekly basis which results in her continuous awareness of the job market for our graduates.

Speakers for the Career Day are carefully selected to highlight successful alumni and employers of our graduates. We aim for a mix of local, provincial, and national speakers, from a diverse array of employers, which cover the interests of the current cohort.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Current Students – Individual Support

- Faculty routinely write letters of reference (approximately 3 per year per faculty member) and advise students on additional educational opportunities to pursue.

- In January of 2020, a current student was involved in the recruitment process for Deloitte Consulting Services. She approached the Career Development Coordinator for advice on how to navigate the networking event and case study interview process. She was provided with resources on networking and case studies and mock interviews were held to prepare her. She was successful in the interview process and began working with Deloitte as a health industry consultant after graduation from the MPH Program.

Current Students – Group Support

- The Career Development Coordinator is available to review all cover letters and resumes for current students and alumni who are seeking employment. On a yearly basis, workshops are provided in networking, job searching, LinkedIn, resumes and cover letters, and interviewing, as well as one-on-one assistance as needed.
- In November of 2019, the Career Development Coordinator arranged an in-person talk with a representative of Clinton Health Access Initiative. An invitation was sent to alumni and two attended. Several students applied for practicum positions with CHAI for the summer of 2020 and one was awarded a position before COVID rendered it impossible. In 2020, CHAI visited the MPH Program again and four alumni attended.

Alumni – Individual Support

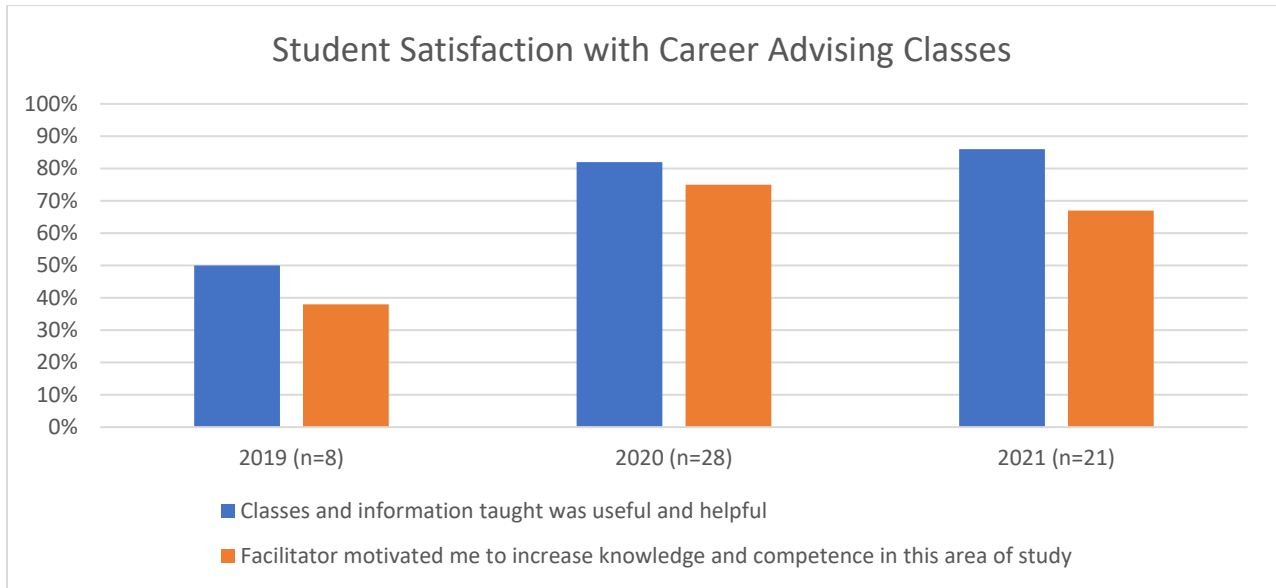
- In March of 2020, an alum from 2017 reached out for help with a job application for a “Neighbourhood Resource Coordinator” with Alberta Health Services. Edits were made on her resume and cover letter by the Career Development Coordinator and the final version was reviewed before submission. After receiving an interview, the alum was pointed toward existing resources on interview skills and was eventually awarded the job.
- In April of 2021, an alum from 2020 contacted the Career Development Coordinator for advice on how to approach a potential job change at a governmental organization. She was advised on how to approach the topic with her future supervisor and her expression of interest was reviewed before submission.
- In March of 2021, an alum from 2020 contacted the Career Development Coordinator for career advice. He had obtained a number of interviews (5-6) since graduation but had not been successful in securing a job. He talked about how he felt he wasn’t able to accurately portray his personality and fit with teams during virtual interviews. There was a discussion about how to handle virtual interviews and how to answer some common interview questions. In April of 2021, he was successfully awarded the role of Health Promoter and Researcher with the Region of Waterloo.

Alumni – Group Support

- The Career Development Coordinator also aggregates public health job listings from across Canada and distribute them to interested alumni (350+) twice weekly. Thousands of jobs are distributed each year – 1,245 in 2020, 2,205 in 2019, and 2,809 in 2018.
- Faculty routinely write letters of reference and advise alumni on additional educational opportunities to pursue.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

The program surveys each cohort on their satisfaction with the career advising services. As the chart shows, we had a low response rate at the outset (2019), but this improved significantly in 2020 and 2021 primarily to the incentive we offered. The percentage of students who agree that “classes and information taught was useful and helpful” has increased in this period (and is now close to 90%). A similar increase is seen for “facilitator motivated me to increase knowledge and competence in this area of study” albeit not to the same extent (it hovers around 70%).



5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- Our career advising services are well established and smoothly running. We are the envy of other MPH Programs in Canada, as we are the only MPH that offers its students career advice and counselling for life. We have recently engaged our alumni in this endeavour and are confident that their involvement will further strengthen our services in this area.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.

Western mandates that the first step in a student's dispute resolution process is an informal one, before the formal procedure be triggered.

Informal: If a student has a concern about a particular course or grade s/he is advised to first address those concerns with the course professor. If the concerns extend across multiple courses or involve the learning team, the student is advised that s/he may discuss those concerns with her/his faculty advisor. Each cohort is encouraged to elect a class representative who is invited to the bi-weekly faculty meetings to communicate any cohort issues. In addition, both the Graduate Chair and the Director are available to discuss any concerns or issues.

Formal: The Academic Handbook describes the procedures for an Academic Appeal at the MPH Program level. In case the student is not satisfied with the Program's response, s/he can appeal to the School of Graduate and Post-graduate Studies (SGPS) as per the procedures specified in their website (http://grad.uwo.ca/current_students/regulations/11.html).

Western University also has the Office of the Ombudsperson that students can access for a confidential and safe environment to discuss both academic and non-academic issues. Western also has an Equity & Human Rights Services (EHRS) office which is available to our students for non-academic issues. At the start of the first term, a representative from Equity & Human Rights Services is invited to speak to our students and provide our students with information on the services they offer. Both offices have websites on Western's main page and information about each office appears in the MPH Orientation Handbook

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

ACADEMIC APPEALS

The internal appeal procedures in the MPH Program is outlined below. Our procedures are consistent with those outlined by the School of Graduate and Postdoctoral Studies (<https://grad.uwo.ca/administration/regulations/index.html>).

Steps:

1. If, after informally consulting the course instructor(s), the student is still dissatisfied, s/he has the right to appeal to the Graduate Chair.
2. In reaching a decision, the Graduate Chair may consult with others, including the course instructor(s), as deemed appropriate.
3. The Graduate Chair will either grant or deny the appeal, normally within 3 weeks of receiving it.
4. A student has the right to appeal the decision of the Graduate Chair to SGPS.

Required Documentation

The student submits a signed, dated appeal in writing to the Graduate Chair clearly indicating the following:

1. **The subject matter of the appeal:**
 - a mark (on examinations, assignments, courses)
 - a ruling (of an instructor, program, or administrator in an academic matter)
2. **Grounds of Appeal.** An appeal must be based on one or more of the following grounds:
 - Medical or compassionate circumstances
 - Extenuating circumstances beyond the student's control
 - Bias
 - Inaccuracy
 - Unfairness

Note: A student's mere dissatisfaction with a mark does not constitute a ground of appeal. Similarly, a claim that the grade does not reflect the student's knowledge of the material or the effort expended on the assignment or course is not a valid ground for appeal.

3. **A clear and detailed explanation of the facts supporting the grounds of appeal.**
4. **A statement of the desired outcome or remedy.**

If a student is not happy with the internal appeals process, they can appeal to the School of Graduate and Postdoctoral Studies.

If the student is not happy with the School of Graduate and Postdoctoral Studies, then they can appeal to the Senate Review Board Academic.

This link outlines in full detail the appeal process for academic matters:

https://www.uwo.ca/univsec/pdf/academic_policies/appeals/appealsgrad.pdf

HUMAN RIGHTS OFFICE

Western University has a number of policies related to equity and human rights issues. The University has also agreed with several unions and employee groups to include equity and human rights articles in the Collective or Employment Agreements of many of the unions and employee groups on campus (<https://www.uwo.ca/equity/about/policies.html>).

VIOLATION OF CODE OF CONDUCT

Allegations that a student's conduct may be a violation of Western's Code of Conduct should be submitted to the Associate Vice-President (Student Experience) ("AVP-SE") as soon as possible following the discovery of the alleged violation. The AVP-SE, or an individual designated by the AVP-SE, is authorized to respond to complaints/reports of possible misconduct, make final determinations as to whether there have been breaches of the Code, and impose sanctions. Students may appeal those decisions and sanctions in accordance with the appeal process set out in this Code (<https://www.uwo.ca/univsec/pdf/board/code.pdf>).

- 3) **List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.**

Over the last three years we have had the following formal complaints:

1. In 2018-19 during the yearly field trip to The Ontario Public Health Convention, the Program learned about inappropriate behavior of one student towards another. The Program contacted the Associate Vice-President (Student Experience) who formally investigated the complaint. Once this complaint moved to the AVP-SE the Program was no longer involved in the process. Our understanding is that the student in question was provided with formal training and was prohibited from further contact with the victim. This event

Criterion H3 – Student Complaint Procedures

happened near the end of the academic year and the Program did everything it could to mitigate the situation for the victim.

2. In 2019-20 there was a concern with the inappropriate behavior of one student towards other members of the cohort. In this instance the MPH Program contacted the office of the Associate Vice-President (Student Experience) who provided trained personnel to help resolve this issue.

As a result of the recent behavioral concerns the MPH Program charged the 2019-20 cohort with creating an MPH Code of Conduct. Our goal is to have each future cohort review and add to the MPH Code of Conduct. It is our hope that by actively engaging in this “living document” students will embrace the core values and it will provide teachable moments for students, staff, and faculty when dealing with these concerns. The current version of the MPH Code of Conduct is:

It is our intention to provide a safe environment for all students from all backgrounds to enjoy and grow in. This code of conduct is to provide a foundation for expectations regarding behaviour. For all academic expectations, please refer to Western University/program syllabus.

- You will behave in a respectful manner.
- You will be an active participant in ensuring a safe, welcoming space.
- You will be an active listener.
- You will own up to your mistakes and learn from them.
- You will be accountable for your work and effort.
- You will be a team player.
- You will be patient with each other.
- Under no circumstance will any sexist, racist, homophobic, transphobic comments, etc. be tolerated. However, it should be understood that we are a vastly diverse program with various backgrounds, cultures and ethnicities. We will allow room to discuss opposing opinions and encourage healthy debate/discussion, so long as it remains respectful and professional.
- You will be professional and remember you are representing our program, and ultimately the future of public health.
- You will learn each day, and vow to always grow and develop as a leader.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strength

- Availability of robust and well-established policies and procedures at the University level that provide detailed guidance. The requirement to explore informal means of resolution before triggering the formal mechanism allows for disputes to be resolved at the early stage, when they are usually matters of communication errors.

Weakness

- The challenge is that the formal resolution process at Western is centralized, and once this is initiated, the Program is sometimes out of the loop with regard to the steps being taken and the outcome of the dispute. The Program has to be proactive in such cases to ensure that it is informed of the outcomes.

H4. Student Recruitment and Admissions

The program implements 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.

1) Describe the program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The Program's recruitment activities are both active and passive.

- **Passive:** The MPH Program has a robust website that outlines all aspects of the Program. The website includes videos on case-based learning and the team-based environment (https://www.schulich.uwo.ca/publichealth/future_students/index.html). Anecdotally, we understand that the website is reported by the students to be the prime source of information about the program, especially for international students. Another passive medium of recruitment is word of mouth, especially from our alumni. Every year we admit 1-2 students who say they applied for admission on the recommendation of an alumnus. We also advertise in specific fora; for example, in order to attract international applicants, we regularly advertise in the electronic newsletter of the World Federation of Public Health Associations. Lastly, we also advertise in conference programs (Canadian Public Health Association, the Ontario Public Health Convention, etc.)
- **Active:** We hold a number of local and regional recruiting events annually. Locally, we participate in the Brescia University College Career Day (held in October) and host a Western undergraduate event (usually in November). Regionally, we participate in the annual Ontario Public Health Convention (TOPHC) as an exhibitor to spread the word about our program in a professional forum. This is usually held in March.
- Another valuable active outreach activity we host is a webinar, usually in late November/early December. This is widely advertised, and we usually have 100 – 150 people sign up from across the world for this hour-long session.

2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The following is a description of the Program's admission policies and procedures and is taken verbatim from our website (http://www.schulich.uwo.ca/publichealth/future_students/application_process.html).

In order to apply to graduate studies at Western University, it is important that you understand the essential elements of the Western graduate school application. No application will be considered until it is complete. The responsibility rests with the applicant to ensure that all documents (e.g., transcripts, letters of recommendation, and test results such as TOEFL scores) are submitted by February 15. The anticipated date for offer letters to be issued is mid-April. Interviews in person or via Skype may also be conducted to ensure fit between the student and the rigorous academic program.

Applicants must apply online through the Western Graduate and Postdoctoral Studies site. A completed online application must be submitted, providing Western with the following:

- biographical information
- contact information
- academic background
- scanned copy of transcripts for any postsecondary institutions previously attended or currently attending
- current resume or CV

Criterion H4 – Student Recruitment and Admissions

- one page statement of interest addressing the following: "The Schulich Interfaculty MPH Program emphasizes public health leadership, policy and sustainability. What are your career aspirations in public health and how will our MPH facilitate these aspirations?"
 - one page document answering the following two questions (maximum 1/2 page each)
 - please provide an example of your leadership skills
 - tell us a situation/experience that was formative in your understanding of public health
 - scanned copy of all degree certificates obtained (undergraduate, MA, PhD, MD, etc.)
 - for Permanent Residents -- a scanned copy of the PR Card is needed (please ensure that both the back and the front of it are copied) or any other documentation indicating the Immigration Status
 - References, including at least one from an academic source (the system will send electronic requests for your reference letters)
 - Proficiency in English Scores, if applicable (You must have the testing service send your score electronically to Western.)
 1. The Test of English as a Foreign Language (TOEFL). Western's TOEFL ID is 0984.
 2. The International English Language Testing Service (IELTS) of the British Council.
 3. The Michigan English Language Assessment Battery (MELAB) of the University of Michigan.
 4. The Canadian Academic English Language Assessment (CAEL Assessment).
 - Application fee of \$100.
- 3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.**

Outcome	Target	2018-19 n=57	2019-20 n=63	2020-21 n=59
Average entry GPA (students will enter with at least a 70% average)	75%	81%	78%	80%
Percentage of students with health professional and health related backgrounds	50%	53%	49%	30%*
Percentage of multilingual students	75%	72%	67%	73%

*Many of our health professional/international students deferred admission due to COVID.

- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strength

- Our policies and procedures for admission and recruitment are comprehensive, transparent and easily available to prospective applicants. These have been instrumental in enabling us to select the best candidates locally and internationally.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

- 1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

https://www.schulich.uwo.ca/publichealth/future_students/index.html