Schulich Interfaculty Program in Public Health

Master of Public Health Self-Study for Accreditation

Prepared for the Council on Education for Public Health

February 16, 2016
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In order to understand our young program, a brief history is in order. Our evolution to date is best understood as having two distinct phases: 1) planning and 2) implementation, as described below.

**Planning: (2010 - Dec. 2012)**
The idea of a Public Health program at Western was first mooted when the current President (Dr. Amit Chakma) joined Western in July 2009. The first concrete steps were taken when Dean Michael Strong of the Schulich School of Medicine & Dentistry took office in 2010, with the initial kick off meeting held under his aegis on April 9, 2010 (see Resource File 1.0 BACKGROUND for background notes). A Steering Committee was subsequently 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 order to secure start-up funds for the program, the Steering Committee submitted an application under the Interdisciplinary Development Initiative (IDI) Program to the Office of the Provost & Vice-President (Academic) at Western University in summer 2010. This application was successful and it provided the program with the necessary start-up funds.

The Steering Committee also commissioned an Honors Bachelors in Administration (HBA) student group from the Richard Ivey School of Business to prepare a market and competitor analysis, which was beneficial in understanding the competition and setting a direction for the new program.

Throughout the latter half of 2010, the Steering Committee continued to meet with interested faculty and stakeholders, and held a retreat in October 2010. At the retreat it was decided that a small core group consisting of an Interim Director and few staff would be hired to establish the program and work on getting the necessary University approvals. The Interim Director position was mooted for 3 years; an international search was to be conducted at the end of this period for the Director position.
Recruitment for the interim director began in 2011 and resulted in the hiring of both an Interim Director (Dr. M. Abdur Rab) and an Associate Director (Dr. Marlene Janzen Le Ber) in early 2012. A Manager (Ms. Diana Lee) was hired in May 2012 and an Administrative Assistant (Ms. Judith Thomas) was hired in November 2012.

The Interim Director, Dr. Abdur Rab, came with extensive public health knowledge, having launched a public health program for the Government of Pakistan at the Health Services Academy (HSA). He had worked with the World Health Organization, first as a Regional Advisor, Research Policy and Cooperation from 2001-2006, then as the WHO Country Representative in Sudan from 2006-2010, and most recently as the Regional Advisor, Research Policy and Cooperation at the WHO Eastern Mediterranean Regional office in Cairo. While in Sudan as the WHO Country Representative, Dr. Rab served as a policy advisor to the Ministry of Health, and assisted in the development of the first Masters of Public Health program in the country. He advised the Ministry on the development of Health Academies at federal and state levels. Dr. Rab also led a major humanitarian relief effort in Darfur and in South Sudan during his tenure. As Regional Advisor for the Eastern Mediterranean Region of WHO (EMRO), he assisted in building research capacities, supported essential national health research, served as the focal person for ethics in health research and organized special grants and training programs for health researchers across the EMRO member countries.

The Associate Director, Dr. Marlene Janzen Le Ber, was a seasoned health care leader in academic health centers and health research institutes. She also had experience in board governance in post-secondary education institutions. Prior to completion of her PhD in 2010, Dr. Le Ber built her administrative career of over 20 years on her clinical experience in mental health and public health. During this period, she was in an adjunct position as an Assistant Professor at Western University, Faculty of Health Sciences.

This core group successfully obtained approval for the MPH Program from the required internal Western University bodies (Subcommittee on Program Review – Graduate (SUPR-G), Senate Committee on Academic Policy and Awards (SCAPA),
and University Senate). The Program then received approval from 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.

**Implementation: (2013-to-date)**
Program development and recruitment of students began briskly from January 2013 onwards. Course curricula and promotional materials were developed, and faculty hiring commenced. By late summer 2013, three tenure track faculty (Dr. Amanda Terry, Dr. Lloy Wylie, Dr. Ava John-Baptiste) were hired; the fourth tenure track faculty (Dr. Shannon Sibbald) was hired in summer 2014. Two additional staff positions of Program Coordinator (Ms. Courtney Hambides) and Career Development Coordinator (Ms. Lisa Metselaar) were filled in summer 2013. This complemented the two existing positions of Manager (Ms. Diana Lee) and Administrative Assistant (Ms. Judith Thomas), thus completing the staffing requirements.

Unfortunately Dr. Abdur Rab had to take an extended leave of absence in July 2013, and Dr. Amardeep Thind stepped in as the Acting Interim Director. The first cohort of 32 students started the MPH Program in September 2013. An international search for the Director was launched and interviews conducted in spring and summer 2014. Dr. Amardeep Thind was the successful candidate and was appointed Director for a 5 year term in September 2014. Dr. Marlene Janzen Le Ber stepped down in December 2014 to pursue other opportunities. Dr. Mark Speechley was appointed as the Graduate Chair in December 2014.

**Unique Characteristics of the MPH Program**
The Schulich Interfaculty Program in Public Health’s Master of Public Health Program (MPH) has a few unique features.

- Structurally, it is a program and not a Department; thus 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. Similarly the faculty Annual
Performance Evaluations (APE) (see Section 4.2c) are conducted by the Department.

- The MPH Program is housed in the Schulich School of Medicine & Dentistry within Western University, follows its established policies and procedures.
- Pedagogically, the MPH Program is interdisciplinary and case- and team-based.
  - Case-based: Our pedagogical approach is highly interactive and experiential, and we make significant use of teaching cases.
  - Team-based: All students are put in a learning team of 5-6 members from Day 1. This heterogeneous team forms the ‘home’ of the student for the academic year, and is the basis for their learning, group and case work.
  - Interdisciplinary: the faculty of the MPH Program are drawn from across campus, and represent a broad range of disciplines pertinent to public health.

These characteristics impact some accreditation criteria, and are discussed in detail in the relevant sections.
1.0 THE PUBLIC HEALTH PROGRAM

1.1 Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

a. A clear and concise mission statement for the program as a whole.

The program’s mission is: “To produce transformative knowledge, professionals and leaders that work to create healthy and sustainable communities both locally and globally. To this end, we foster professional education, research, and public outreach to support practitioners, leaders and change agents in moving societies toward more sustainably healthy futures.”

b. A statement of values that guides the program.

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:

1. 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.  
2. 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.  
3. Excellence: We aspire in our teaching, learning, research and scholarship to a level of academic excellence that is recognized nationally and internationally.  
4. 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.  
5. Innovation: We promote an environment that fosters innovative approaches to solving public health challenges.
6. **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.

7. **Sustainability**: We leverage our intellectual capacity to solve pressing public health problems in a long-term and sustainable manner.

8. **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.

9. **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.

c. **One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.**

1. **Teaching**: To offer an academically rigorous graduate level public health education for health practitioners, managers, researchers and others engaged in public health which will prepare them to be future leaders in public health at national and international levels.

2. **Research**: To produce organizational, health system and policy relevant research that advances public health locally and globally; and to build capacity in knowledge translation.

3. **Service**: To act as a resource for the public health community locally and globally.
Section 1.1 — Mission

d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

The table below outlines our quantifiable indicators for each goal.

<table>
<thead>
<tr>
<th>Teaching</th>
<th>To offer an academically rigorous graduate level public health education program for a diverse group of health practitioners, managers, researchers and others engaged in public health which will prepare them to be future leaders in public health at national and international levels.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measures</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>1. To attract a diverse student cohort</td>
<td></td>
</tr>
</tbody>
</table>
  - Percentage of students with health professional and health related backgrounds  
    • at least 70% of students will have health professional and/or health related backgrounds  
  - Percentage of First Nations, Métis and Inuit students*  
    • at least 5% of students will be from First Nations, Métis and Inuit populations  
  - Percentage of countries of origin  
    • at least 20% of students will come from an international background (country of origin other than Canada)  
  - Percentage of international students (i.e. on a study visa)  
    • at least 15% of students will be international (i.e. on a study visa) |
| 2. Percentage of overall curricula delivered using case-based/experiential method of learning |  
  • 60% of overall curricula delivered using case-based/experiential method of learning |
| 3. Percentage of practicum placement opportunities with international agencies |  
  • 20% of practicum placement opportunities will be with international agencies |
| 4. Number of courses with course median scores on “overall course effectiveness” of at least 6 (on Western’s evaluation scale of 1-7) |  
  • all 14 courses will have median scores on “overall course effectiveness” of at least 6 (out of 7) |

*According to Indigenous and Northern Affairs Office of the Government of Canada, the term ‘First Nations’ is used to refer to the Indian people. It came into common usage in the 1970s to replace the term ‘Indian’, which some people found offensive. ‘Métis’ refers to people of mixed First Nation and European ancestry, while ‘Inuit’ refers to Aboriginal people who live in Northern Canada (Nunavut, Northwest Territories, Northern Quebec and Northern Labrador). ¹

### Research
To produce organizational, health system and policy relevant research that advances public health locally and globally; and to build capacity in knowledge translation.

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Number of grant applications as Principal/Co-Principal Investigator to external agencies</td>
<td>- 80% of core faculty will have at least two grant applications submitted per year&lt;br&gt;- 80% of core faculty will have at least one funded grant per year</td>
</tr>
<tr>
<td>a. Submitted</td>
<td></td>
</tr>
<tr>
<td>b. Funded</td>
<td></td>
</tr>
<tr>
<td>6. Number of grant applications as Co-Investigator to external agencies</td>
<td>- 80% of core faculty will have submitted at least two grant applications per year&lt;br&gt;- 80% of core faculty will have at least one funded grant per year</td>
</tr>
<tr>
<td>a. Submitted</td>
<td></td>
</tr>
<tr>
<td>b. Funded</td>
<td></td>
</tr>
<tr>
<td>7. Number of publications in peer reviewed journals</td>
<td>- 80% of core faculty will have at least three publications in peer reviewed journals per year</td>
</tr>
<tr>
<td>8. Number of presentations at national/international conferences</td>
<td>- 80% of core faculty will have at least two presentations at national/international conferences per year</td>
</tr>
</tbody>
</table>

### Service
To act as a resource for the public health community locally and globally.

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. 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)</td>
<td>- 100% of core faculty will have three such external relationships per faculty per year</td>
</tr>
<tr>
<td>10. Foster partnerships and collaboration with academic public health (such as grant reviewer, conference reviewer, journal editor/reviewer, member of national committee, etc.)</td>
<td>- 100% of core faculty will have two such contributions per faculty per year</td>
</tr>
<tr>
<td>11. Develop and disseminate public health teaching cases in collaboration with local, national and/or international agencies</td>
<td>- Produce 15 new public health teaching cases per year&lt;br&gt;- Publish free annual casebook</td>
</tr>
</tbody>
</table>
e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The Interim Director and Associate Director met regularly with faculty members across campus as well as adjuncts (including those from the Middlesex-London Health Unit) to identify interested parties and obtain feedback on program development, including development of its mission, vision, goals and objectives. Meetings were also held with senior level stakeholders (Deans and Chairs from various Faculties) to identify how the interfaculty mechanism would be administered. In addition, consultations were also held with external stakeholders working in public health in the community. The Curriculum Committee (which includes campus-wide and community members) was formed in summer 2012 and took charge of overseeing curriculum development.

Based on this extensive consultation process with a diverse range of stakeholders, the Interim Director and Associate Director drafted the mission, vision, goals and objectives for the MPH Program. These were presented for feedback to the Curriculum Committee on July 19, 2012. The MPH Program (including its mission, vision, goals and objectives) was presented to the senior leadership at the Deans’ Retreat in August 2012, where Dean Michael Strong (Schulich School of Medicine & Dentistry) and Dean Jim Weese (Faculty of Health Sciences) jointly answered questions and obtained feedback. Last, but certainly not least, the Interim Director and the Associate Director continued to present and discuss the mission, values and goals at a number of one on one meetings with different stakeholders both within Western and in the community.

The mission, values and goals were a central element of the documentation submitted as part of the University and government approval process (the Quality Council), and feedback was sought at each stage. This documentation was reviewed by: a) all Associate Deans on campus; b) the School of Graduate and Postdoctoral Studies (SGPS) SUPR-G committee; c) external consultants as part of the site visit review; d) University Senate; and e) the Quality Council.
f. **Description of how the mission, values, goals and objectives are made available to the program’s constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.**

Our primary constituent groups include prospective and current students, faculty, alumni, public health professionals in our community, and the general public at large. Our mission, values, goals and objectives are prominently and readily available on our web site (https://www.schulich.uwo.ca/publichealth/about_us/index.html), and are discussed at pertinent times during the regular Faculty and Curriculum Committee meetings (for example, as occurred at the Faculty meeting on October 29, 2014). As well, when potential practicum sites are being evaluated the MPH Program tries to ensure that the practicum experience will be in consonance with our mission, values, goals and objectives. Similarly, when potential curricular modifications are debated at the Curriculum Committee, the mission, values, goals and objectives act as our lodestone (for example, as occurred on June 4, 2014, when the decision was taken to expand the Health Economics course from a quarter to a half course). An in-depth discussion of our mission, values, goals and objectives occurred at our Annual Retreat held on May 22, 2015, where it was the first item on our agenda. No changes were recommended at this retreat; this will be a standing agenda item for discussion at future retreats, thus providing for an annual review.

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

The criterion is met.

The strengths of our mission, values, goals and objectives are that they are clearly, succinctly and publicly stated, and accurately reflect our ethos. They are measurable and actionable, and provide us with a strong base upon which to build our program.

Our plans for the future are to continue reviewing the mission, values, goals and objectives at the Annual Retreat and with alumni and community stakeholders.
1.2 Evaluation. The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria defined in this document.

a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.

The MPH Program has established a number of databases with associated collection systems and evaluation processes that guide us in evaluating our progress towards our objectives. Below is a table that outlines the system, data collected, timing and responsible party.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Data System</th>
<th>Data Collected</th>
<th>Timing</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Admissions/Current Students (PeopleSoft)</td>
<td>Applicant and student data</td>
<td>continuous</td>
<td>Manager, Program Coordinator, Administrative Assistant, Admissions Committee</td>
</tr>
<tr>
<td>2</td>
<td>Courses (Excel)</td>
<td>Course details including cases, interactive learning, lectures, etc.</td>
<td>end of each term</td>
<td>MPH Program Staff, Course instructors</td>
</tr>
<tr>
<td>3</td>
<td>Practicum (Excel)</td>
<td>Practicum sites, projects</td>
<td>continuous</td>
<td>Career Development Coordinator</td>
</tr>
<tr>
<td>4</td>
<td>Course Evaluation database (Western’s scantron)</td>
<td>Student satisfaction with courses</td>
<td>end of each term</td>
<td>Program Coordinator (administrers), Institutional Planning &amp; Budgeting (IPB) (compiles data), Director (reviews)</td>
</tr>
</tbody>
</table>
Section 1.2 — Evaluation

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Data System</th>
<th>Data Collected</th>
<th>Timing</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-10</td>
<td>CEPH Data - Faculty Data Sheet (Word)</td>
<td>Research activity</td>
<td>annually</td>
<td>• MPH Program staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 11              | Teaching Cases (Excel)                | Cases developed        | annually     | • Manager
|                 |                                      |                        |              | • Career Development Coordinator
|                 |                                      |                        |              | • Co-editors
|                 |                                      |                        |              | • Director                                  |

The Program has systematic processes for data collection, analysis and evaluation, and these are described in the Resource File 1.2 EVALUATION - 1.2a Detailed Description of Data Collection.

As an illustrative example, the Career Development Coordinator maintains the practicum database. This contains updated information about past and present practicum opportunities, including contact details and student and project information. Data is collected and entered regularly by the Career Development Coordinator and is reviewed periodically at the following meetings:

- the weekly meeting between the Career Development Coordinator and the Director, which focuses on operational issues such as the nitty-gritty details of arranging the practicums, practical challenges and how to surmount them (e.g. lack of institutional agreements, government travel advisories, etc.) and agency updates;
- the bi-weekly Faculty meeting (especially during the practicum matching process in winter semester); and
- at the strategic level, this information is discussed at the Annual Retreat, and plans for achieving and/or modifying the target deliberated. At the Annual Retreats in 2014 and 2015 (held on May 21, 2014 and May 22, 2015), it was felt that the program was on track with regards to Outcome Measure 3, and no corrections were recommended.
b. Description of how the results of the evaluation processes described in Criterion 1.2a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

While the section above (Resource File 1.2 EVALUATION – 1.2a Detailed Description of Data Collection) describes the data gathering, processing and evaluation mechanisms for outcome specific indicators, this section provides a more holistic picture of how this information is received and processed by the Program as a whole.

As a young program with a small number of faculty, we have a relatively flat hierarchical structure, with a significant overlap of members in our various committees. Information thus flows relatively freely through our organization; and due to committee membership overlaps, actionable information can enter the organization through multiple entry points.

The information generated by the evaluation processes described in Criterion 1.2a is acted upon both within the MPH Program, and outside of it.

Within the program, the information is processed and impacts the operations through the following committees/meetings:

- **Administration meetings**: these are weekly (Wednesday morning) meetings between the Director and the Manager, where all operational issues pertaining to the Program are discussed. In addition, the Director holds a weekly meeting with the Career Development Coordinator (immediately following the meeting with the Manager) where all issues pertaining to the practicums are discussed.

Operational level issues that affect the Outcome Indicators are often solved here. For example, the decision to obtain an exemption from Western’s requirement to have a signed institutional agreement for international practicum placements (in case of international organizations that do not wish to sign such agreements) was dealt with at these meetings. Similarly, response rates to surveys are examined, and ways to increase them are agreed upon at these meetings.
• **Faculty meetings**: these two hour bi-weekly (Wednesday afternoon) meetings are the venue where the teaching faculty 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 above). Again, operational issues pertaining to the Outcome Indicators are often discussed and resolved here. For example, during the development of this self-study document, the Faculty meetings were the venue where the concept of ‘case-based/experiential learning’ was exhaustively discussed, and a definition agreed upon that was acceptable to all. Another example of data monitoring, analysis, communication and action at this meeting was the discussion of practicum sites where students have had unsatisfactory experiences, and the subsequent decision to drop these sites in the future.

The end of semester Faculty meetings have a larger agenda with the aim of collectively debriefing about the recently concluded semester, and discussing what worked and what didn’t. The idea is to share and discuss what has been successful (either as a teaching strategy, student success, Learning Team success, curricular innovation, etc.) and understand what was not successful, and what lessons can be drawn. Strategic (e.g. should we adjust the number of international students?) and policy decisions (e.g. should we change the timing of the practicum matching process?) to be made for the forthcoming academic year are discussed at this meeting but the final decision is left for the Annual Retreat.

• **Admissions Committee**: Admission decisions are made by this committee which is thus directly responsible for operationalizing Outcome Indicator 1. Information from this committee is fed into the bi-weekly faculty meeting, and strategic decisions are put on the Annual retreat agenda.

• **Curriculum Committee**: The curricular Outcome Indicators are reported to the Curriculum Committee and feedback obtained. For example, it was the deliberations at the Curriculum Committee that helped us devise the target for
Outcome Indicator 2 (60% of overall curriculum delivered using case-based/experiential method of learning) as expert opinion in this committee felt that not all public health courses were ideally suited to a case-based teaching pedagogy. In another example, the Curriculum Committee played a significant role in advising about the linkages between core competencies in the curriculum.

- **Casebook meetings**: Led by the two Co-Editors of the year’s casebook, these meetings are held monthly beginning in the fall to prepare the coming year’s casebook release, thus operationalizing Outcome Indicator 11. The Co-Editors report their progress at the Faculty meeting (see standing items above) and strategic issues requiring a decision are put on the agenda for the Annual Retreat.

- **Annual Retreat**: The Annual Retreat (held in May) is our venue for high level strategic discussions about the evaluation process and Outcome Indicators. The over-arching theme of the retreat is ‘What worked, what didn’t and what can we do better?’ (see Resource File 1.2 EVALUATION – 1.2b Retreat Agendas and Notes). We examine the entire academic year, starting with the student orientation, and cover both semester courses, student issues, student mentoring, practicums and admissions. Faculty debate operational, policy and strategic issues and agree upon a number of recommendations for improvement. For example, at the 2014 Retreat it was agreed that orientation would set the stage more bluntly with respect to program expectations; another policy change was to undertake matching of the students to their practicums earlier in the year to give them adequate time to prepare. Examples from the 2015 Retreat include a review of the mission, values, goals, measurable objectives and our performance (with no changes being recommended); and a decision to provide resources on plagiarism and technical writing to all incoming students before the start of the Program.

Outside of the MPH Program, there are established processes and procedures that receive information from our evaluative processes, and help the program in enhancing its quality and activities. As described Section 4.2c, these are the Annual Performance Evaluation (APE), the mentorship process, and the Promotion and Tenure (P&T)
process. Each of these is outside the direct control of the MPH Program, but they are of cardinal significance as a feedback mechanism to the Program and the faculty members. These University processes impact Outcome Measures 4, 5, 6, 7, 8, 9, and 10.

We are confident that these processes, both within and outside the MPH Program, are a strong foundation and will enable us to monitor, analyze, communicate and evaluate information to improve program quality and activities.
c. Data regarding the program’s performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (e.g., 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.

### Teaching
To offer an academically rigorous graduate level public health education for a diverse group of health practitioners, managers, researchers and others engaged in public health which will prepare them to be future leaders in public health at national and international levels.

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Target</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To attract a diverse student cohort</td>
<td>at least 70% of students will have health professional and/or health related backgrounds</td>
<td>81%</td>
<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>• Percentage of students with health professional and health related backgrounds (4.3f)</td>
<td>at least 70% of students will have health professional and/or health related backgrounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Percentage of First Nations, Métis and Inuit students (1.8d)</td>
<td>at least 5% of students will be from First Nations, Métis and Inuit populations</td>
<td>3%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>• Percentage of countries of origin</td>
<td>at least 20% of students will come from an international background (country of origin other than Canada)</td>
<td>38%</td>
<td>38%</td>
<td>48%</td>
</tr>
<tr>
<td>• Percentage of international students (study visa) (1.8d)</td>
<td>at least 15% of students will be international (study visa)</td>
<td>6%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>2. Percentage of overall curricula delivered using case-based/experiential method of learning</td>
<td>60% of overall curricula delivered using case-based/experiential method of learning</td>
<td>64%</td>
<td>63%</td>
<td>NA</td>
</tr>
<tr>
<td>3. Percentage of practicum placement opportunities with international agencies</td>
<td>20% of practicum placement opportunities will be with international agencies</td>
<td>24%</td>
<td>24%</td>
<td>18%</td>
</tr>
<tr>
<td>4. Number of courses with course median scores on “overall course effectiveness” of at least 6 (on Western’s evaluation scale of 1-7) (4.1b)</td>
<td>all 14 courses will have median scores on “overall course effectiveness” of at least 6 (out of 7)</td>
<td>2/14</td>
<td>6/14</td>
<td>NA</td>
</tr>
</tbody>
</table>

NA = not available
Research
To produce organizational, health system and policy relevant research that advances public health locally and globally; and to build capacity in knowledge translation.

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Target</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Number of grant applications as Principal/Co-Principal Investigator to external agencies (3.1d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Submitted</td>
<td>80% of core faculty will have at least two grant applications submitted per year</td>
<td>14%</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>b. Funded</td>
<td>80% of core faculty will have at least one funded grant per year</td>
<td>57%</td>
<td>43%</td>
<td>71%</td>
</tr>
<tr>
<td>6. Number of grant applications as Co-Investigator to external agencies (3.1d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Submitted</td>
<td>80% of core faculty will have submitted at least two grant applications per year</td>
<td>57%</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>b. Funded</td>
<td>80% of core faculty will have at least one funded grant per year</td>
<td>57%</td>
<td>71%</td>
<td>86%</td>
</tr>
<tr>
<td>7. Number of publications in peer reviewed journals (3.1d, 4.1b)</td>
<td>80% of core faculty will have at least three publications in peer reviewed journals per year</td>
<td>29%</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>8. Number of presentations at national/international conferences (3.1d)</td>
<td>80% of core faculty will have at least two presentations at national/international conferences per year</td>
<td>71%</td>
<td>57%</td>
<td>71%</td>
</tr>
</tbody>
</table>
### Section 1.2 — Evaluation

#### Service
To act as a resource for the public health community locally and globally.

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Target</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. 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) (3.2d)</td>
<td>100% of core faculty will have three such external relationships per faculty per year</td>
<td>29%</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>10. Foster partnerships and collaboration with academic public health (such as grant reviewer, conference reviewer, journal editor/reviewer, member of national committee, etc.) (3.2d)</td>
<td>100% of core faculty will have two such contributions per faculty per year</td>
<td>71%</td>
<td>86%</td>
<td>86%</td>
</tr>
</tbody>
</table>
| 11. Develop and disseminate public health teaching cases in collaboration with local, national and/or international agencies (3.2d) | • Produce 15 new public health teaching cases per year  
• Publish free annual casebook. | NA² | 13 | (anticipated Aug 2016)³ |

See Resource File **3.1 RESEARCH & SERVICE – 3.1d Individual Faculty Data tables** for a breakdown by faculty member for the above listed Research Outcome Measures 5-8 (also listed in Section 3.1d) and Service Outcome Measures 9-10 (also listed in Section 3.2d).

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² The Western Public Health Casebook is based on cases written by our MPH students for their culminating experience. It takes one year from the time cases are submitted until the book is published. Hence cases from the 2013-14 cohort are published in the Western Public Health Casebook 2015. Subsequently, cases from the 2014-15 cohort will be published in August 2016.

³ As of the time of writing, the Co-Editors were reviewing 20 student cases that made the initial selection. We are confident that we can select at least 15 cases from this to publish in the 2016 edition of the Western Public Health Casebook, scheduled to be released in August 2016.
d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

Planning for the self-study document begun in early 2014 under the aegis of a core group consisting of the Director (Dr. Amardeep Thind), the Associate Director (Dr. Marlene Janzen Le Ber) and the Manager (Ms. Diana Lee). This core team identified the tasks to be completed for the self-study, the data elements required, and developed a master plan for going forward. This core committee was the node from which data and information requests, questions, items for discussion and approval flowed out to the various stakeholders and committees, and feedback collated. It is important to note that this committee had representation from the two essential stakeholder groups – faculty (Drs. Thind and Le Ber) and staff (Ms. Lee). Dr. Le Ber resigned from the MPH Program in December 2014 to pursue other opportunities; the Program replaced her position (Associate Director) with that of a Graduate Chair to align ourselves with the organizational structure at Western. Dr. Mark Speechley took over as Graduate Chair and joined the core committee working on the self-study in place of Dr. Le Ber.

The core committee met on Wednesdays (weekly for 1 hour from 9:00 am – 10:00 am; and bi-weekly from 1:00 – 3:00 pm) to work on the document. At the morning meeting, weekly progress was reviewed, and a more substantive discussion on pertinent issues took place at the afternoon session, which concluded with a list of things to be done before the next week’s meeting. The process has been highly collaborative and we have intensively involved all of our stakeholders. For example, the faculty have been consulted extensively, as was the case when we developed our core competencies, the Outcome Measures and especially in arriving at acceptable definitions of the various data elements (such as case-based/experiential methods, etc). These consultations usually occur at the bi-weekly Faculty meeting, where a discussion of the CEPH self-study is a standing agenda item.

Staff have also been consulted often. For example, the Manager (Ms. Diana Lee) and the Career Development Coordinator (Ms. Lisa Metselaar) took the lead on the various surveys (employer, preceptor, alumni), with input from faculty who have
survey development and analysis expertise (e.g. Dr. Mark Speechley and Dr. Amanda Terry). The Career Development Coordinator provided substantial input into the self-study sections that asked for student, practicum and alumni information. The Program Coordinator (Ms. Courtney Hambides) is responsible for a lot of the data collection and collation of activities, and is ably assisted by the Program Assistant (Ms. Judith Thomas) in this regard.

Input from the institution and representatives of the public health community were also considerable. For instance, representatives from Western University and Schulich School of Medicine provided input into the institutional environment, details about the organization, the budgeting, resource allocation etc. at the higher levels. The Curriculum Committee (which includes a member from the public health community) provided input into the mission, vision, goals and objectives, the competencies, outcome measures and on the curriculum. Members of neighboring health units (Middlesex London Health Unit, Sarnia-Lambton Health Unit, Eastern Ontario Health Unit and the Grey-Bruce Health Unit) provided input into our competencies, and the various surveys we have developed as part of this self-study (employer, alumni, and preceptor).

Given the fact that we are a nascent program going through accreditation for the first time, our focus has been on developing the required structures, institutions and mechanisms. In addition, given the intense time commitment for course work required from students, we have not had significant input from students and/or alumni into the self-study development. We plan on increasing student and alumni representation on our various committees (starting with the Admissions and Curriculum Committee) in the coming years. This is an area we will be working on in the future.

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

This criterion is partially met. As a young program which has graduated only two cohorts to date, our prime focus has been on developing and implementing an explicit process for monitoring and evaluation; once we acquire robust long term data
from these systems, we will begin to see the results in terms of systematic program quality improvement.

The strengths are that we have a set of measurable objectives that are focused and robust, and processes which are appropriate for a small, new program getting off the ground; these will not overload the Program as it juggles many responsibilities. These measurable objectives and processes are broad enough that they provide a solid foundation for the future.

The weaknesses are that these measurable objectives and processes are still new, and we have to go through a few iterations of data collection and analyses in order to identify and straighten the kinks; to identify what works and how to improve what does not. In addition, opportunity for student and alumni involvement in this process has been limited.

Our plans for the future are to fine tune our systems and processes for evaluation and monitoring, and use them purposefully to improve program quality and outcomes. In addition, as we graduate more students from the Program, we will increase student and alumni involvement in these processes.
1.3 **Institutional Environment.** The program shall be an integral part of an accredited institution of higher education.

a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

**Western University:**
Founded in 1878, Western is one of the 20 publicly assisted universities in Ontario. Western currently has an enrolment of 22,573 undergraduate, 3,571 Masters and 2,188 PhD students distributed across 11 Faculties. It is one of Canada’s top Universities, and ranks among the top universities world-wide. Western is a founding member of the U-15 (Canada’s group of leading 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 11 Faculties (Arts & Humanities, Business, Education, Engineering, Health Sciences, Information & Media Studies, Law, Medicine & Dentistry, Music, Science, and Social Science) are housed in 82 buildings in a historic campus occupying close to 1200 acres in London, Ontario. Its operating revenue last year was $661.2 million, and research revenue amounted to $234.8 million; its library book holdings are close to 5 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. Amit Chakma), 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 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 current WHO Director General) and Alice Munro (the first Canadian Nobel Laureate in Literature).
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, as well as audits each university’s institutional quality assurance processes on an eight-year cycle. Both processes include 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 to start its first class in fall 2013.)

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

**The Schulich Interfaculty Program in Public Health**

The MPH Program is housed in the Schulich School of Medicine & Dentistry. It is not a Department within the medical school, but a “non-traditional academic unit” in the language of the University of Western Ontario Faculty Association’s (UWOFA) Collective Agreement. This collective agreement governs most aspects of the MPH Program and special considerations with respect to faculty appointments, workload and the annual performance evaluations are described in a Letter of Understanding.
between the University and UWOFA (see Resource File 1.3 EVALUATION – 1.3a UWOFA Letter of Understanding).

**Schulich School of Medicine & Dentistry**

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 2,000 faculty and 1,500 staff. Its researchers account for approximately 60 per cent 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, DDS, BMSc, MSc, and PhD degrees and a host of postgraduate medical and dental residency programs, along with combined degrees such as the MD/PhD, MD/Bachelor of Engineering Science, BMSc/HBA (Business Administration), an internationally trained dentists program (for dental graduates of programs not accredited in Canada), and a variety of continuing medical and dental education programs for practicing physicians and dentists.
b. One or more organizational charts of the university indicating the program’s relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

Western University - Organizational Chart
c. **Description of the program’s involvement and role in the following:**

- **budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising**

The MPH Program is heavily involved in these activities, as per Western’s processes as described below.

**Budgeting and resource allocation:** The Director has prime responsibility for developing the Program budget; he is assisted by the Manager in this regard. At the start of the budget cycle (usually in early Fall), the Director and Manager develop a Budget Narrative which describes the programmatic and budgetary plans and requirements for the next 3 years. This forward looking document serves as a basis for a discussion between the MPH Program and the Schulich Chief Operating Officer and his team (usually led by the Associate Director of Finance). This is followed by a meeting between the MPH Program and the Dean of the Schulich School where the budgetary request is discussed (and often modified) in light of the strategic directions and priorities both at the MPH Program and the Schulich level. For example, requests for MPH Program faculty positions are discussed at this stage, and justified on the basis of need and/or future enrollment growth. Approval at the decanal level is conditional on the availability of funds, competing requests being fielded by the Dean, and the fit of the proposed position with Schulich’s strategic priorities. The revised MPH budget is then rolled up into the Schulich School of Medicine & Dentistry budget and sent to the Office of Institutional Planning & Budget (IPB) for consolidation at the university level.

**Distribution of tuition and fees:** All fees generated by the Program go to the Schulich School of Medicine & Dentistry and Western University.

**Fund raising:** Support for fund-raising is provided by the Alumni Relations & Development department housed within the Schulich School of Medicine & Dentistry. A dedicated staff person (Tracy Routledge, Executive Director of Development and Alumni Relations) has been assigned to the MPH Program, and the Director has had conversations with her about plans for fund-raising for
the Program. At the time of writing, it is proposed that MPH scholarships be designated as a campaign priority with a goal of $500,000; however, this plan has to be approved by the Dean and the Provost.

**Indirect cost recoveries:** Indirect costs are generated from research grants and contracts; however, these can only be housed within Departments. Since the Schulich Interfaculty Program in Public Health is not a department, we cannot house research grants or contracts, and so no indirect monies accrue to us.

- **personnel recruitment, selection and advancement, including faculty and staff**

  The MPH Program is directly responsible for staff recruitment, selection and advancement, and works within established parameters set out by Western’s Human Resources and the respective Collective Agreements. Faculty and staff recruitment is initiated by the Director, and is guided by the present and future needs of the program; the Director oversees the faculty recruitment whereas the Manager looks after staff hiring.

  For example, if an identified Program need can be filled by a faculty member at the University, the Director initiates a discussion with the concerned Department Chair and his/her Dean to explore the possibility of modifying the faculty member’s workload to meet the MPH Program needs. As an example, Professor Mark Speechley is a tenured faculty member in the Department of Epidemiology & Biostatistics. The Director negotiated with the Chair, Department of Epidemiology & Biostatistics, and the Dean to allocate his teaching time to the MPH Program, so as to teach the required Biostatistics and Epidemiology classes.

  In other instances when the Director identifies a need to initiate a new faculty hire, a home department needs to be identified, and funding secured for this position. Funding is built into the Program budget and negotiated with the Dean as described above. Once budgetary approval is granted, the Director has discussions with departments who may be interested in being the home department. For example, when budgetary approval was granted by the Dean to
hire a medical anthropologist, the Director identified three departments (Epidemiology & Biostatistics, Microbiology & Immunology, and Pathology & Laboratory Medicine) which could be the home department for the position (based on the Department’s research and teaching activities, and interest). The successful candidate (Dr. Gerald McKinley) was ultimately based in the Department of Pathology & Laboratory Medicine due to their common interest in Ecosystem Health.

- **academic standards and policies, including establishment and oversight of curricula**

  The MPH Program is fully responsible for setting academic standards and policies, including establishment and oversight of curricula, in accord with Western’s rules and regulations. The Curriculum Committee plays a major role in the establishment and oversight of the curriculum.

  During the establishment stage of the MPH Program, as per Western’s regulations, the curriculum was reviewed by a series of Senate committees (the Subcommittee on Program Review – Graduate (SUPR-G) and then the Senate Committee on Academic Policy and Awards (SCAPA)) prior to approval by the University Senate, after which it was submitted to the Ontario Quality Council for provincial approval.

  As per University rules, minor changes to the curriculum (defined as: a) change to the content or title of a course, or b) a change that does not affect the program requirements or learning outcomes) are to be approved by the School of Graduate and Postdoctoral Studies.

  Major modifications, which are defined as: a) a significant change to the learning outcome(s) of the program; b) a significant change to the learning outcome(s) that changes, broadens or limits the subsequent career or educational opportunities of the graduates (e.g., a master’s program currently aimed at educating doctoral program-bound graduates revises its curriculum to yield master’s graduates with practical experience in applied areas directly relevant to professional careers); c) elimination, introduction, or replacement of a thesis requirement; d) introduction of a course-based option; e) replacement of a
course-requirement with a practical or experiential requirement; or f) creation, deletion or renaming of a field, require review by the Subcommittee on Program Review – Graduate (SUPR-G), Senate Committee on Academic Policy and Awards (SCAPA) prior to approval by Senate.

d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

NOT APPLICABLE

e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program’s operation.

NOT APPLICABLE

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

This criterion is met.

The strength of the MPH Program is that it is an integral part of Western University, which is a world renowned institution of higher learning, and is solidly entrenched in the Schulich School of Medicine & Dentistry. There are clear reporting lines and the MPH Program has a significant role in its budgeting and resource allocation, personnel recruitment, selection and advancement, and setting its academic standards and policies. Another strength is that there are explicit, clear and well established policies, standards and protocols at the University and school level.
1.4 *Organization and Administration.* The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program’s public health mission. The organizational structure shall effectively support the work of the program’s constituents.

a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.
b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Although housed in the Schulich School of Medicine & Dentistry, the Schulich Interfaculty Program in Public Health is the most extensive interfaculty program at Western. Our main partnering Faculties include: Health Sciences, Science, Social Science, Law and Brescia University College. The MPH Program has developed a Memorandum of Understanding (MOU) which has been signed by the Dean of the Schulich School and the respective Deans of each of our partnering Faculties. This MOU outlines the long term teaching commitment(s) in the MPH Program for the faculty members whose home department is not within Schulich.

This appointment structure has facilitated the hiring of tenure track faculty who are truly interdisciplinary in their work. For example, Dr. Shannon Sibbald is a newly hired Assistant Professor whose home department is Health Studies in the Faculty of Health Science; she has a joint appointment in the Department of Family Medicine in the Schulich School of Medicine & Dentistry and a cross appointment with the MPH Program. As a health promotion expert, she is thus able to contribute her expertise not only to the Department of Health Studies in the Faculty of Health Science but also apply it in a public health and primary care context at the Schulich School. Dr. Sibbald is thus taking the lead in developing interdisciplinary research and teaching programs that bridge the Schulich School of Medicine & Dentistry and the Faculty of Health Sciences.

Similarly, Dr. Gerald McKinley was recently hired as a Medical Anthropologist. He is appointed in a basic science department (Pathology and Laboratory Medicine) and cross appointed to the MPH Program, but also has a cross appointment to the Department of Anthropology in the Faculty of Social Science. In addition, a similar arrangement has been made for Jacob Shelley, who will teach the Health Policy, Law and Equity course. While Jacob’s home Faculty is Law, he is joint appointed to the Faculty of Health Sciences and he is cross appointed to the MPH Program.
Another structural element that facilitates interdisciplinary dialogue is the composition of our committees, which we strive to make as interdisciplinary as possible. For example, our Curriculum Committee has representation from:

- Community: Rachel Eskin, MPH Alumni (Class of 2014)
- Community: Dr. Murray Bryant, Professor Emeritus from the Richard Ivey School of Business
- Faculty of Law: Professor Robert Solomon
- Faculty of Social Science: Dr. Regna Darnell
- Brescia University College: Dr. Alicia Garcia
- Faculty of Health Sciences: Dr. Abram Oudshoorn
- Faculty of Social Science: Dr. Isaac Luginaah
- Faculty of Education: Dr. Susan Rodger
- Schulich School of Medicine & Dentistry: Dr. Mark Speechley
- Faculty of Science: Dr. Charles Trick

Similarly, the Search Committees of the recently concluded faculty searches (Health Law and Medical Anthropologist positions) included significant representation from the Faculty of Social Science, Faculty of Health Science and Faculty of Law, in addition to members from the Schulich School of Medicine & Dentistry.

These institutional and structural arrangements have led to numerous interdisciplinary collaborations in research, teaching, and service. For example, in teaching, Dr. Charlie Trick, a faculty member in the Department of Biology (Faculty of Science) and a world renowned marine biologist, teaches the Sustaining Environmental Health (MPH 9003) class in the MPH Program. Dr. Regna Darnell, an international expert in Aboriginal peoples and based in the Department of Anthropology (Faculty of Social Science) has been actively involved in the MPH Program (Admissions Committee, Curriculum Committee, and co-taught Social Cultural Determinants of Health – MPH 9005, and Aboriginal Health – MPH 9008 for the academic years 2013 and 2014). In all of our course offerings faculty strive to bring in an interdisciplinary perspective and bring in public health practitioners. For example, in the Leading People and Organizations in Public Health (MPH 9007) course taught by Dr. Amanda Terry, various organizational experts and public health leaders are brought in as guest lecturers.

Such interdisciplinary collaboration is also taking hold in research and service. For example, Dr. Regna Darnell is a mentor to Dr. Lloy Wylie, a tenure track Assistant
Professor in the MPH Program. Dr. Wylie’s home department is Pathology and Laboratory Medicine in the Schulich School of Medicine; she is also appointed in the Department of Psychiatry and cross appointed to the Department of Anthropology in the Faculty of Social Science. Dr. Wylie is an organizational expert with interest in Aboriginal health issues, and has already submitted grant proposals in partnership with Dr. Darnell – a wonderful example of interdisciplinary research collaboration. We are highly optimistic that this project will secure funding from the Canadian Institutes of Health Research (CIHR). Dr. Ava John-Baptiste is yet another example of a faculty member doing excellent interdisciplinary research. A health economist by training, she is developing proposals to examine the cost-effectiveness of public health interventions, in addition to developing a unique field of ‘disinvestment’ in health.

We have instituted a regular Seminar Series with the Department of Family Medicine where we intend to facilitate collaboration and research that lies at the intersection of primary care and public health, a much needed area in Canada. Under this Seminar Series’ aegis, we held a seminar on September 11, 2014 focusing on the topic of ‘Onehealth’, which looks at human and animal health holistically as a continuum. This is an emerging field as more pathogens cross the species divide and result in new diseases, having implications not only for clinical medicine but also for public health. Another seminar in the same series (held on June 24, 2015) focused on the relevance of the annual physical exam in improving population health in the current era.

These few examples are evidence that the structural processes we have implemented to establish interdisciplinary coordination, cooperation and collaboration are effective and that they are beginning to bear fruit in research, teaching and service. We are confident that this collaboration will only be strengthened with the new hires in the future.
c. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

The strength of the program is that the Schulich Interfaculty Program in Public Health has been designed to be truly interdisciplinary from the outset, and the organizational structures put in place are already beginning to show results of interdisciplinary collaboration, communication and cooperation in research, teaching and service. Being a 'non-traditional academic unit' also works to our advantage in this regard, as it facilitates interdisciplinary collaboration.

Future plans call for further promoting such interdisciplinary collaborations. All future faculty hires will follow the same model and we will continue to work in the same interdisciplinary collaborative vein that has been established.
1.5 Governance. The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

As a young program with a small number of faculty, we have a relatively flat hierarchical structure, with a small number of committees. Due to the significant overlap of members in our various committees, information flows freely through our organization; actionable information can thus enter the organization through multiple entry points.

There are 2 standing committees:

- **Curriculum Committee**: The Curriculum Committee is charged with the governance of the curriculum of the MPH program and ensuring that the “interfaculty” initiative is achieved. The committee is comprised of 11 members representing the participating faculties and core areas within the MPH Program. It currently has representatives from the Schulich School of Medicine & Dentistry, Faculty of Health Sciences, Faculty of Social Science, Faculty of Science, Richard Ivey School of Business, Faculty of Education, Faculty of Law and Brescia University College. The committee meets at least twice a year. For terms of reference and membership, please see Resource File 1.5 GOVERNANCE – 1.5a Curriculum Committee Terms of Reference and Membership.

- **Admissions Committee**: This committee oversees all aspects of the admissions process for the MPH Program. Membership includes core faculty, designates representing our partnering faculties, a graduate of the MPH program and a community member. For terms of reference and membership, please see Resource File 1.5 GOVERNANCE – 1.5a Admissions Committee Terms of Reference and Membership.
In addition, there are several regular meetings that facilitate the program’s work and deserve mention. These are:

- **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. Bertha Garcia).

- **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.

- **Faculty Meetings**: This bi-weekly meeting is the forum where the teaching faculty 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 above). In addition, program policies and procedures are also discussed at this venue. A standing agenda item is for the Class Representative to bring any class issues to the meeting to alert faculty of any issues and allow for further discussion.

As described in Section 1.2b, the end of semester Faculty meetings have a larger agenda, with the idea to collectively debrief about the just concluded semester, and discuss what worked and what didn’t.

- **Grades Meeting**: At the end of each term, all teaching faculty for that semester are brought together to review the compilation of the student grades. This is an opportunity for the teaching faculty to review individual student progress and discuss any issues or concerns with the final grades for that term. It is also an opportunity to identify any students who are struggling and are at risk of failing. If such a student is identified then a remediation plan is developed.
• **Practicum Meeting**: On a weekly basis (every Wednesday morning) the Director meets with the Career Development Coordinator to discuss practicum issues. Examples of topics discussed recently include addition of new sites, the practicum matching process, practicum proposals and supervisors, student deliverables, logistical challenges, University agreements and intellectual property, etc.

• **Casebook meetings**: Led by the two Co-Editors of the current year’s casebook, these meetings are held monthly beginning in the fall to prepare the coming year’s casebook release. The Co-Editors report their progress to the Faculty meeting.

• **Annual Retreat**: This is a day-long retreat held in May, where a high level discussion about what worked and what didn’t in the past year takes place. All the MPH faculty participate and debate operational, policy and strategic issues and agree upon recommendations for improvement. As mentioned in Section 1.2b, from 2015 onwards a standing agenda item is a report and discussion on our Outcome Indicators. At the May 2015 retreat, for example, faculty voted to keep the mission, values, goals and objectives unchanged. At this meeting, recommendations for improvement included a greater degree of integration between courses, and providing incoming students with greater resources on technical writing and plagiarism.

b. Identification of how the following functions are addressed within the program’s committees and organizational structure:

  – **general program policy development**

    Given that we are a young MPH Program with a relatively flat organizational structure, policy issues can arise at any of the meetings/committees listed in the previous section (1.5a). The issue is then usually placed on the agenda of an upcoming faculty meeting and discussed. Draft policies are also reviewed, modified and finalized at the faculty meetings where all faculty vote. For example, the need for a mid-term evaluation of students during the practicum was discussed at a faculty meeting, and after much deliberation, a policy was adopted.
that a questionnaire would be sent out to the practicum supervisor at the mid-point (6 weeks) and at the end (12 weeks) of the practicum to document the student’s progress and learning.

- **planning and evaluation**

  If the issue pertains to courses being taught in that semester, planning and evaluation issues are discussed at the faculty meeting(s) during that semester and voted there. However, issues that cut across the semesters, or have a program wide impact, are discussed at the Annual Retreat. In addition, matters pertaining to the curriculum are discussed and approved at the Curriculum Committee. For example, student feedback from the first year pointed to the need to increase Health Economics from 0.25 credit (1.5 credit hours) to a 0.5 (3 credit hours) credit course. This was discussed at a Faculty meeting during the semester, but since it impacted course scheduling (and hence planning and evaluation for the entire program) it was felt that this matter was better aired at the Annual Retreat. At the retreat, faculty were in agreement about the increase in credit, and the impact in the scheduling was felt to be manageable. It was finally discussed and approved by the Curriculum Committee and implemented for winter 2015 semester.

  Strategic planning that has the potential to impact the MPH Program vis-à-vis the Schulich School of Medicine & Dentistry is discussed at the Senior Leadership meeting between the Director and the Dean’s representative.

- **budget and resource allocation**

  As described in Section 1.3c, the Director has prime responsibility for developing the program budget; he is assisted by the Manager in this regard.

  Day to day budgetary decisions and allocations are decided at the Administrative and Faculty meetings, as the need arises. For example, faculty requests for monies to support their classroom teaching (e.g. software, etc.) are discussed and approved at these venues.
Section 1.5 — Governance

– **student recruitment, admission and award of degrees**

Student recruitment is done by the MPH Program Office with support given by the faculty members. Recruitment decisions are usually made at the Administrative meetings. For example, the decision whether to continue scheduling program information sessions in Toronto and Hamilton were debated at a recent Administrative meeting. Based on the cost outlay and number of applications from attendees at each venue, a decision was made to discontinue the information session in Hamilton.

Admissions is under the complete purview of the Admissions Committee as per the structure and processes described in Section 1.5a. The Admissions Committee reviews and discusses all eligible applicants and recommends admission to the MPH Program.

During the final grades meeting in August, faculty review the final set of grades for each student; these would involve the practicum and culminating experience. If there are any students who are in jeopardy of not passing the final two requirements, the teaching faculty would then discuss next steps. A list of students who have applied to graduate is compiled and the MPH Program verifies that all students have met their respective degree requirements. This list is then forwarded to the Registrar’s Office.

– **faculty recruitment, retention, promotion and tenure**

The Schulich Interfaculty Program in Public Health is not a department and thus, cannot appoint faculty. All 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. The home department is thus responsible for administering recruitment, Annual Performance Evaluation (APE), mentorship, and promotion and tenure processes. The Director is a member of the various committees that administer these processes and thus provides significant input.
Section 1.5 — Governance

– academic standards and policies, including curriculum development

Curriculum development starts within the MPH Faculty meeting and is then reviewed and approved by our Curriculum Committee. As described in Section 1.3c, any modifications (minor or major) to the curriculum must be reviewed and approved by SGPS. If it is deemed appropriate, the Quality Council may be requested to review a major modification.

– research and service expectations and policies

As noted above, the Schulich Interfaculty Program in Public Health is not a home department. 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 to the MPH Program. 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.

c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

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.
d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

See Resource File 1.5 GOVERNANCE – 1.5d Primary & Secondary Faculty – Membership on University Committees.

e. Description of student roles in governance, including any formal student organizations.

Students have a significant role in governance at Western University; they can execute this role at three levels as described below.

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

i. Faculty meetings: A standing agenda item at every Faculty meeting is for the Student Representative to bring issues forward for discussion, if there are any.

ii. Admissions committee: There is a student representative (in the form of an alumnus) on the Admissions Committee who provides a student’s perspective. Logistically, it is difficult for us to have a current student serve on this committee, as the Admissions Committee meetings overlap with the final week of class (when the students are occupied with class assignments and final exams) after which they leave immediately for their practicum placements. In addition there are privacy concerns with current students viewing applicant files which have reference letters and transcripts. The Freedom of Information and Protection of Privacy Act (FIPPA) strictly regulates access to records and how Canadian public bodies manage personal information. In light of these, we decided that a student perspective would be best provided by a recent alumnus of the MPH Program.

iii. Wishes & Grumbles sessions: 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., 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, so as 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. A good example is the request by the first cohort to get additional exposure to practitioners in the field, which resulted in the institution of the Brown Bag Seminar series (held every Thursday afternoon) at which students can meet, interact and network with public health practitioners.

iv. 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. For example, respondents of the Class of 2015 Orientation survey indicated that some of the sessions were too long or not necessary. This feedback was carefully considered while planning Orientation Week for Class of 2016 and some sessions were removed or shortened. Please see Resource File 4.4 ADVISING & CAREER COUNSELLING – Completed Surveys for samples of the completed surveys.

v. **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. Completed course evaluations for the last two years can be found in Resource File 4.2 FACULTY POLICIES & PROCEDURES - 4.2d MPH Course Evaluations 2013-14 and 4.2d MPH Course Evaluations
2014-15). For example, students in the first cohort provided feedback on
the Biostatistics and Epidemiology courses in which they suggested having
more ‘hands on’ problem solving, which was implemented by the instructor
for the next batch of students.

vi. **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 synopsizing his findings
and highlighting actionable items. For example, students at the 2014
debrief applauded the easy availability of faculty members outside of class,
but felt that the Learning Teams needed more guidance. As a result of this
feedback, we instituted a more systematic process of faculty members
checking in and problem solving with their respective Learning teams
during the year.

vii. **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 12 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. Andy Watson, Associate Dean of Research (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 located 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 http://www.schulich.uwo.ca/gradstudies/current_students/graduate_students_council.html.

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. There are four committees that our students can serve on: 1) Graduate Student Issues Committee, 2) Equity Committee 3) Sustainability Committee, and the 4) International Graduate Student Issues Committee. Each year, an MPH student representative is 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 also have a seat at the highest decision making body at Western – the Board of Governors.

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.

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

This criterion is met.

We are confident that the MPH Program administration and faculty has a strong governance structure. Western University’s well established framework of rules and regulations, deep stakeholder involvement and robust institutional support add further solidity.
One area which we will actively strengthen is to increase student involvement in our committee structure. Specifically, we will seek greater student and/or alumni representation on the Curriculum Committee and greater student input on recruitment activities.
1.6 **Fiscal Resources.** The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

The Schulich School of Medicine & Dentistry has recently moved to 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. Departments/Units develop their budget narratives and in a series of meetings between individual Department Chairs/Unit heads and the Dean, the budget for each Department/Unit is finalized and monies allocated. Unspent monies revert to the Dean’s office at the end of the fiscal year as no carryforward is allowed.

The Director has prime responsibility for developing the program budget; he is assisted by the Manager in this regard (see Section 1.3c for a detailed description of the process).
b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. See CEPH Data Template 1.6.1.

<table>
<thead>
<tr>
<th>Sources of Funds and Expenditures by Major Category, FY2013 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source of Funds</strong></td>
</tr>
<tr>
<td>Schulich Funds: $1,435,786</td>
</tr>
<tr>
<td>Application Fees: $10,059</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
</tr>
<tr>
<td>Faculty &amp; Staff Salaries &amp; Benefits: $852,827</td>
</tr>
<tr>
<td>Operations: $515,071</td>
</tr>
<tr>
<td>Travel: $29,947</td>
</tr>
<tr>
<td>Student Support: $48,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

NOT APPLICABLE

d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program’s performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

<table>
<thead>
<tr>
<th>Indicator/Target</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teaching:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,000 available to host guest speakers and integrative workshops</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>$30,000 available for international field trip</td>
<td>$24,000</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>$24,000 available to support student practicum travel</td>
<td>$24,000</td>
<td>$24,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>$10,000 available for student scholarships</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Research:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,000 available annually to support faculty development</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Service:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50,000 available to support casebook production</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

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

This criterion is met.

The strength of the MPH Program is that it has the full support of the Dean’s office, and is adequately resourced to deliver on its objectives, as evidenced by the financial data presented in Section 1.6b.
The area we will be working on to strengthen is increasing the resources available for student scholarships. 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. As described in Section 1.3c, a focus of future fund raising activities will be to support graduate public health education.
1.7 **Faculty and Other Resources.** The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.

<table>
<thead>
<tr>
<th>Generalist</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit.

**Template 1.7.2 Faculty, Students and Student/Faculty Ratios by Department (schools) or Specialty/Concentration Area (programs)**

**Academic Year 2013-14**

<table>
<thead>
<tr>
<th>MPH Generalist</th>
<th>HC Primary Faculty</th>
<th>FTE Primary Faculty</th>
<th>HC Other Faculty</th>
<th>FTE Other Faculty</th>
<th>HC Total Faculty</th>
<th>FTE Total Faculty</th>
<th>HC Students</th>
<th>FTE Students</th>
<th>SFR by Primary Faculty FTE</th>
<th>SFR by Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>4.8</td>
<td>6</td>
<td>1.4</td>
<td>12</td>
<td>6.2</td>
<td>32</td>
<td>32</td>
<td>7:1</td>
<td>5:1</td>
</tr>
</tbody>
</table>

**Academic Year 2014-15**

<table>
<thead>
<tr>
<th>MPH Generalist</th>
<th>HC Primary Faculty</th>
<th>FTE Primary Faculty</th>
<th>HC Other Faculty</th>
<th>FTE Other Faculty</th>
<th>HC Total Faculty</th>
<th>FTE Total Faculty</th>
<th>HC Students</th>
<th>FTE Students</th>
<th>SFR by Primary Faculty FTE</th>
<th>SFR by Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>4.8</td>
<td>6</td>
<td>1.4</td>
<td>12</td>
<td>6.2</td>
<td>40</td>
<td>40</td>
<td>8:1</td>
<td>6:1</td>
</tr>
</tbody>
</table>

**Academic Year 2015-16**

<table>
<thead>
<tr>
<th>MPH Generalist</th>
<th>HC Primary Faculty</th>
<th>FTE Primary Faculty</th>
<th>HC Other Faculty</th>
<th>FTE Other Faculty</th>
<th>HC Total Faculty</th>
<th>FTE Total Faculty</th>
<th>HC Students</th>
<th>FTE Students</th>
<th>SFR by Primary Faculty FTE</th>
<th>SFR by Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>5.75</td>
<td>4</td>
<td>1.05</td>
<td>11</td>
<td>7</td>
<td>42</td>
<td>42</td>
<td>7:1</td>
<td>6:1</td>
</tr>
</tbody>
</table>

The normal workload of faculty members at Western is 40/40/20 – i.e. 40% of time is devoted to teaching, 40% to research, and 20% to service. To meet the 40% teaching time commitment, a faculty member needs to teach two 3 credit hour courses per year. Since all MPH faculty members have appointments in other departments across campus, a spreadsheet was developed to ascertain the proportion of their workload that was devoted to the MPH Program, in order to estimate their FTE percentage.

For example, although Dr. Amanda Terry is appointed in the Department of Family Medicine, her commitment to the MPH Program includes: teaching two 3 credit hour courses (accounting for 40% of her time); spending half her research time (accounting for another 20%); and devoting the majority of her service workload (accounting for 15%); this results in 75% of her time being devoted to the MPH Program (or 0.75 FTE).
c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

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

- A Manager (FTE: 100%) - functioning as the lead [administrative, operational and financial] in the development and implementation of the program;
- A 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 admission process 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
- A part-time Administrative Assistant (FTE: 70%) - administrative support and back up to other roles.

d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

The MPH Program is housed in a purpose-built new 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. In addition, there are student workstations for individual study. There are ten break-out rooms to facilitate learning team discussions consistent with case-method learning. There are eight faculty offices for the core faculty of the program, three swing offices, one boardroom, and one administrative meeting room along with six administrative offices. There is also a lounge and kitchen facilities for students to utilize.

e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

NOT APPLICABLE
f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

**Hardware:** All faculty and staff are provided a personal computer and an iPad. Each student is provided with an iPad upon entering the Program. While faculty and staff computers are hard wired, students can access the University Wi-Fi system through Western’s “eduroam”.

**Software:** All faculty, staff and 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 and faculty access to software packages (e.g., SAS, SPSS, Microsoft Office, Qualtrics, etc.). The University library provides students, staff and faculty with on- and off-campus access to online library resources and databases.

g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

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. Please see Resource File 1.7 FACULTY & OTHER RESOURCES – 1.7g Western Libraries Detailed Information for details on digital (and non-digital) content, access mechanisms, document delivery services and training opportunities.

h. A concise statement of any other resources not mentioned above, if applicable.

NOT APPLICABLE

i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

<table>
<thead>
<tr>
<th>Indicator/Target</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student: faculty ratio of 10:1</td>
<td>5:1</td>
<td>6:1</td>
<td>6:1</td>
</tr>
<tr>
<td>Have a fully staffed MPH Program office (3.5 staff)</td>
<td>3.7</td>
<td>3.7</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Space:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All MPH Faculty and Staff will have office space available to them</td>
<td>Met</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>The Program has a dedicated case-style tiered classroom for 60 students</td>
<td>Met</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>Ten Learning Team meeting rooms available for student teams</td>
<td>Met</td>
<td>Met</td>
<td>Met</td>
</tr>
</tbody>
</table>
### Computers:

<table>
<thead>
<tr>
<th>Indicator/Target</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>All MPH Faculty and Staff have up-to-date computers</td>
<td>Met</td>
<td>Met</td>
<td>Met</td>
</tr>
<tr>
<td>All faculty, staff and students have full access to Western Libraries and its collections, both off-and on-line</td>
<td>Met</td>
<td>Met</td>
<td>Met</td>
</tr>
</tbody>
</table>

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

This criterion is met.

The MPH Program has adequate personnel and other resources to fulfill its stated mission and goals.
1.8 Diversity. The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program.

The MPH Program is required to follow the policies established by Western University’s diversity and inclusion plan (Resource File 1.8 DIVERSITY – 1.8a 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.

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. Although Western’s diversity and inclusion plan is staff/faculty specific we have chosen to adopt it for all members of the MPH Program – students, staff and faculty.

i. Description of the program’s under-represented populations, including a rationale for the designation.

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. By the year 2016, women, visible minorities and Aboriginal people will together account for 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. Given these federal priorities, the MPH Program has designated women,
visible minorities, Aboriginal people and international students as our under-represented populations. The MPH Program has 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.

ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university’s mission, strategic plan and other initiatives on diversity, as applicable.

Our goals are:

- To maximize representation of our four under-represented groups (women, visible minorities, Aboriginal people 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’s 2014 Strategic Plan (“Achieving Excellence on the World Stage”) emphasizes diversity as a key initiative ("We are committed to welcoming the world to Western and will ensure that our enrolment, employment and advancement processes are open, unhindered and free of barriers"). A specific goal enunciated in the Strategic Plan pertaining to diversity is to “Increase diversity among our faculty and staff, including the recruitment and retention of designated employee groups (including women, visible minorities, and aboriginal persons) to lead or exceed the U-15 averages for representation.” Our aforementioned goals are thus aligned with the University’s imperatives.

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iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

The MPH Program abides by Western’s policies pertaining to equity, human rights, harassment and discrimination. Western’s policy on Non-Discrimination/Harassment Policy (see Resource File 1.8 DIVERSITY – 1.8a iii Western’s Non-Discrimination-Harassment Policy) clearly states:

"Western is committed to providing a working and learning environment that allows for full and free participation of all members of the community. Discrimination against and/or harassment of individuals, whether as members of any recognizable group or otherwise, undermine these objectives and violate the fundamental rights, personal dignity and integrity of individuals or groups of individuals."

To support these policies Western has established the Equity & Human Rights Services (EHRS) group which administers the University’s discrimination and harassment policies, employment equity and diversity and other human rights related issues. EHRS is available to students, staff or faculty members. EHRS is dedicated to making Western an equitable, safe and supportive environment for all members of the University community. Their service is confidential except in specific circumstances.

EHRS is responsible for:

- providing information, education and training on human rights and equity issues to all members of the Western community, individually or in groups;
- administering the University’s policies on harassment and discrimination;
- giving advice to people who feel they have been harassed or discriminated against, advising on University policies or non-discrimination/harassment clauses in collective and employment agreements, and facilitating alternate resolutions (where appropriate); and
- facilitating and overseeing Western’s employment equity policies and initiatives
iv. Policies that support a climate for working and learning in a diverse setting.

As multiculturalism is Canada’s leitmotif, Western University prides itself in providing culturally sensitive and inclusive services to all students, faculty and staff. A number of organizations, policies and services exist across campus to support working and learning in a diverse setting. These include:

- The President’s Standing Committee for Employment Equity (PSCEEE)
- 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
- Western’s Ontarians with Disabilities Act Committee (WODAC)

v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

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 behaviour. In the winter semester, the course on Aboriginal
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. The third class, Transforming Public Health (MPH 9015), integrates these concepts when current public health issues, including their etiology, and possible policy options are dissected in class.

- **Practicum (MPH 9016):** We actively seek to have practicums 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 Southwest Ontario Aboriginal Health Access Centre (SOAHAC – an agency working to improve access to health care for First Nations in Southwestern Ontario), First Nations Health Authority (based in Vancouver, BC and working to improve health care access to First Nations in British Columbia), Muslim Resource Center for Social Support and Integration (a community agency based in London that addresses the issue of violence in Muslim immigrants). In addition, we have practicums in international locations/organizations (Aga Khan Foundation, University of Ghana, University of Zimbabwe, Makerere University, Institute of Public Health in India, Healthbridge Foundation, etc.) during which students work with a variety of vulnerable populations in developing countries.

- **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.
Section 1.8 — Diversity

- **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, most of the junior faculty in the MPH Program are women. 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.

vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

The Program works under Western’s policies in this regard. To improve the recruitment and retention of outstanding faculty from diverse backgrounds, Western has created the Office of Faculty Recruitment and Retention (OFRR). Reporting directly to the Vice-Provost, the OFRR provides assistance with spousal/partner placement, housing, childcare, healthcare, ethno-cultural programs and immigration.

In addition, 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.
vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

Similar to the aforementioned section, the MPH Program falls under Western’s policies and plans. In order to recruit, develop, promote and retain a diverse staff, Western has implemented a number of innovative programs. These include:

- **Employment outreach initiatives**: Western advertises all positions in media targeted at members of diverse groups. Western is also developing relationships with external associations in order to introduce greater diversity to the University work environment.
- **Training sessions and information packages**: Training sessions and information packages on employment equity and diversity have been developed for appointment committees and those making hiring and promotion decisions on campus.
- **English as a second language courses**: English as a second language (ESL) courses are offered through Continuing Studies at Western.
- **Western’s Educational Assistance Plan**: This financial assistance program is available to regular full-time employees interested in obtaining additional education, which will enhance their career development.
- **Foundational Leadership Skills Program**: This leadership training program helps employees in positions of responsibility at Western to enhance the skills required by their leadership role.
- **Western’s Canadian Institute of Management (CIM) Program**: Western Continuing Studies offers a day-time version of the Canadian Institute of Management (CIM) Program for Western Leaders and Staff in administrative roles who are engaged in human resource, accounting or finance functions as part of their work (e.g. managers, directors, AO's, unit leaders, or other roles within a Faculty or a support unit).

viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

The MPH Program has set the following targets for admission for domestic and international applications.
Section 1.8 — Diversity

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic</td>
<td>25</td>
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<tr>
<td>International</td>
<td>5</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30</td>
<td>40</td>
<td>50</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

The Admissions Committee is charged with the responsibility of admitting a class that is as diverse and heterogeneous as possible. As described in Section 4.3a, the initial step in the processing of admission files includes coding all applicants as PH (public health professional – individuals who have studied a professional program [medicine, nursing or dentistry] and/or who have worked for at least two years in a public health and/or health professional area), IMG (international medical graduate – a Canadian Citizen or Permanent Resident who has studied medicine and/or dentistry outside of Canada), or UG (undergraduate – if the applicant graduated within the last two years then coded as UG unless they have graduated from a professional program like medicine, nursing or dentistry).

Our target audience is the public health professional, and files coded as ‘PH’ are reviewed first and offered priority admission if they meet the admission criteria. Should there be spots still available after the files coded ‘PH’ are reviewed, the Admissions Committee examines the ‘IMG’ files, as they are our second preference of candidates. The last batch of applicant files to be reviewed are the ‘UG’ files, who may be offered admission if they meet the criteria for admission, have significant public health and/or leadership experience, and the Admissions Committee feels will bring this valuable experience and diversity to the class.

In these deliberations, special attention is given to gender, experience and educational background, country of origin and whether the applicant is domestic or international, to achieve maximum diversity in the incoming class. In addition, significant consideration is also given to First Nation applicants. All First Nation applicants are carefully considered and only ruled out if there is a significant concern for successfully completing the MPH Program.
Section 1.8 — Diversity

ix. **Regular evaluation of the effectiveness of the above-listed measures.**

We cannot monitor faculty and staff diversity as that is conducted at the University level. For example, Western conducts an annual Employment Equity Survey that aims to provide an accurate picture of Western’s workforce, including faculty and staff (http://www.uwo.ca/equity/diversity/employment/survey.html). These data are released annually in the form of Employment Equity Reports (http://www.uwo.ca/equity/diversity/employment/reports.html).

However, student diversity is a measurable objective for the MPH Program and is tracked as described in Section 1.2a. On an annual basis, the admission data is compiled and reviewed by the Admissions Committee to ensure we are meeting not only our domestic and international targets but also succeeding in our commitment to a diverse cohort. This data is also reviewed at the Annual Retreat.

x. **Evidence that shows that the plan or policies are being implemented.**

Our commitment to diversity reflects a core value of the MPH Program (see Section 1.1b), and is exemplified by the fact that our very first measurable objective is to attract a diverse student cohort (see Section 1.2c).

Our MPH Program has a special focus on Aboriginal populations, and our students get in-depth exposure to these vulnerable population groups didactically via three courses – Social Cultural Determinants of Health (MPH 9005), Aboriginal Health (MPH 9008), and Transforming Public Health (MPH 9015). In addition, diversity is a topic that is addressed in other courses such as Health Promotion (MPH 9004) and Health Communications (MPH 9013). (See Section 1.8a v above).

Student practicum experiences also provide an opportunity to work with an organization that works to foster diversity and cultural competence as described in Section 1.8a v.
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 54% of the faculty, and a third of the faculty are involved in research on Aboriginal communities and/or vulnerable populations. In terms of our students, the Class of 2015 was composed of 78% women, 75% visible minorities, 22% international and 7% Aboriginals.

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

b. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The Program’s diversity plans arose out of the extensive stakeholder consultations held when the program was being developed. The decision to designate women, visible minorities, Aboriginal people and immigrants as our under-represented populations was made at this early stage. In addition, feedback from the public health community was instrumental in our program having a focus on First Nations, both didactically and in making special recruitment efforts for Aboriginal students.

Western’s formal commitment to diversity dates back to 1988 when the University became a signatory to the Federal Contractors Program (FCP). The FCP applies to provincially regulated employers with a workforce in Canada of 100 or more employees who receive federal government goods or services contracts of $200,000 or more. It requires organizations to conduct regular workforce analyses, employment systems reviews and develop and monitor equity plans. Employment equity under the FCP is defined as the hiring of the candidate best suited for a position from an appropriately diverse applicant pool in a manner that avoids conscious and unconscious biases and barriers that disadvantage designated groups and minorities. This definition was the basis for a wide ranging consultation process with the Western community that ultimately resulted in the development of Western’s diversity and inclusion strategic priorities. This Diversity and Inclusion Strategic Plan is guided by the offices of Equity & Human Rights Services, Human Resources, Faculty Relations and the Vice-Provost (Academic Planning, Policy and Faculty), and is monitored annually by the Employment Equity Survey and the
c. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

At the MPH Program level, we monitor the diversity of the student body and (as described in Section 1.8a v above) our curriculum and service learning opportunities that address and build competency in diversity and cultural considerations (as described in Section 1.8a v above).

The faculty and staff diversity is monitored at the University level. As noted, Western conducts an annual Employment Equity Survey that aims to provide an accurate picture of Western’s workforce, including faculty and staff (http://www.uwo.ca/equity/diversity/employment/survey.html). These data are released annually in the form of Employment Equity Reports (http://www.uwo.ca/equity/diversity/employment/reports.html). For example, the latest Workforce Analysis Summary Report (for 2013) shows that women comprise 64%, visible minorities represent 8%, and Aboriginal persons account for 0.7%, of all administrative staff on campus. Among faculty, women comprise 32%, visible minorities represent 16% and Aboriginal persons comprise 0.6% (see Resource File 1.8 DIVERSITY – 1.8c Workforce Analysis 2013 Summary Report).

This publicly available report is of special interest to the offices of Equity & Human Rights Services, Human Resources, Faculty Relations and the Vice-Provost (Academic Planning, Policy and Faculty) who use it for monitoring.
d. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years.

Template 1.8.1. Summary Data for Faculty, Students and/or Staff

<table>
<thead>
<tr>
<th>Category/Definition</th>
<th>Method of Collection</th>
<th>Data Source</th>
<th>Target</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Self-Report</td>
<td>Admissions Application</td>
<td>50% or more of incoming class</td>
<td>72%</td>
<td>78%</td>
<td>76%</td>
</tr>
<tr>
<td>Visible Minorities</td>
<td>Self-Report</td>
<td>Pre-entry survey</td>
<td>30% or more of incoming class</td>
<td>47%</td>
<td>75%</td>
<td>40%</td>
</tr>
<tr>
<td>International students</td>
<td>Self-Report</td>
<td>Admissions Application</td>
<td>15% or more of incoming class</td>
<td>6%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>Self-Report</td>
<td>Admissions Application</td>
<td>5% or more of incoming class</td>
<td>3%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Core Faculty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Self-Report</td>
<td>Human Resources</td>
<td>At least 50%</td>
<td>66%</td>
<td>66%</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Self-Report</td>
<td>Departmental Data</td>
<td>At least 50%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

This criterion is met.

The strength is that 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 Data Template 1.8.1 above. The Program’s focus on Aboriginal populations has engendered an ongoing practice of cultural competence in learning, research and service practices, as evidenced by Section 1.8a v above.

A weakness is that monitoring of some diversity parameters (faculty and staff) is done at the University level (and is also actionable at that level). While this is not a concern at the present moment, especially given that we are a small program and have met/exceeded our goals in these areas, it may become an issue as the Program expands in the future with a concomitant increase in staff and faculty. In a similar vein, we need to ensure that we have adequate service learning opportunities.
Section 1.8 — Diversity

for cultural competency as the student intake reaches our planned capacity of 60. We plan to closely monitor these issues in the future.
2.0 INSTRUCTIONAL PROGRAMS

2.1 Degree Offerings. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

a. An instructional matrix presenting all of the program’s degree programs and areas of specialization, including bachelor’s, master’s and doctoral degrees, as appropriate.

<table>
<thead>
<tr>
<th>Masters Degrees</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH Generalist</td>
<td></td>
<td>MPH</td>
</tr>
</tbody>
</table>

The MPH Program uses the case method learning approach. The case method of learning is not about the traditional lecture-style classroom setting; it is about the student being an active part of the learning experience; that means learning by doing. It introduces complex and often ambiguous real-world scenarios into the classroom, forcing students to think and make decisions often with incomplete and inaccurate data. Case method is a three stage process which builds on each subsequent step. It starts with individual case preparation, followed by a small group discussion (in the student’s Learning Team), concluding with a large group discussion (in the full class) so that the learning objectives are met (see Exhibit 2-3 below). This approach allows the students to increase their knowledge and understanding from different perspectives on all courses topics. On average, students are expected to work in their learning teams in the afternoons Monday to Friday of each week.
b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

- Main website: https://www.schulich.uwo.ca/publichealth/
- Program brochure: http://web.schulich.uwo.ca/affiliates/publichealth/
- Course list: https://www.schulich.uwo.ca/publichealth/future_students/courses.html
- See Resource File 2.1 DEGREE OFFERINGS for course outlines and course line up for academic years 2013-14, 2014-15 and 2015-16.

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

This criterion is met.

---

2.2 Program Length. An MPH degree program or equivalent professional master’s degree must be at least 42 semester-credit units in length.

a. Definition of 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 1 quarter course) for a total of 49.5 credits (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.

b. Information about the minimum degree requirements for all professional public health master’s degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

Every student who graduates from the MPH Program completes 49.5 credits.

c. Information about the number of professional public health master’s degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

NOT APPLICABLE
d. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

The criterion is met.
2.3 **Public Health Core Knowledge.** All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

It is primarily through the foundational courses listed below (Table 2.3.1) which are taken by all students in their first (fall) semester, that we ensure that all our graduates have fundamental competence in the areas of knowledge basic to public health. These foundational courses are Principles of Epidemiology (MPH 9001), Statistical Methods in Health (MPH 9002), Sustaining Environmental Health (MPH 9003), Social Cultural Determinants of Health (MPH 9005) and Developing Healthy Communities (MPH 9006).

In addition, many of the generalist courses taken subsequently reiterate, augment, and significantly build upon this core knowledge base, thus ensuring our students graduate with an in-depth knowledge of the foundations of public health. These courses include Health Promotion (MPH 9004), Health Policy, Law and Equity (MPH 9009), Managing Health Services (MPH 9010), and Community Health Assessment and Evaluation (MPH 9011).

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology</td>
<td>MPH 9001 Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>MPH 9002 Statistical Methods in Health</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>MPH 9003 Sustaining Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>MPH 9005 Social Cultural Determinants of Health</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>MPH 9006 Developing Healthy Communities</td>
<td>3</td>
</tr>
</tbody>
</table>
b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is met.

A strength is the degree of integration that occurs across these courses. For example, the Epidemiology (MPH 9001) and Statistical Methods for Health (MPH 9002) are taught by the same individual, enabling a seamless integration of concepts. Faculty in other courses are starting to coordinate their didactic sessions and integrate the deliverables. Our future plan is to continue this cross-course integration.
2.4 Practical Skills. All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students’ areas of specialization.

a. Description of the program’s policies and procedures regarding practice placements, including the following:

Students are asked to complete a practicum survey prior to the start of the Program (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Practicum Questionnaire (pre-arrival)). In addition, the Career Development Coordinator meets with every student early in the fall semester to gain a better understanding of where s/he would like to complete their practicum. The MPH Program maintains a database of organizations and practicum projects. If a student expresses interest in an organization that is not in our database, the Career Development Coordinator contacts the organization to explore the possibility of developing an acceptable practicum project, and completing the necessary formalities.

The practicum is for 12 weeks during the months of May – July; students are expected to complete 420 hours of practical experience (12 weeks x 35 hours) during this period.

– selection of sites

The MPH Program has a three step procedure for practicum site selection.

1. **Search:** The Career Development Coordinator is the prime departure point for locating appropriate placement sites for student practicums. Potential sites are identified through pre-existing partners, faculty and community partner contacts, networking at conferences and public health events, internet research, and through student identification of sites of interest. Sites are sent a package describing the MPH Program, including a call for Practicum Placements and Concept Note that describes the practicum and its expected outputs (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Call for Practicum Placements and Concept Note).

2. **Suitability:** Through telephone conversations and in-person meetings with potential sites/preceptors, it is determined whether or not each site will be a fit with the Program’s objectives and goals for the practicum. Suitability is
assessed based on the site’s interest in hosting students in the May-July period, availability of appropriately qualified preceptors and availability of projects which allow students to apply and augment their public health knowledge. If approved, Western signs an official Placement Agreement with the organization, which is akin to a memorandum of understanding (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Sample Placement Agreement).

3. **Selection:** In early fall, project proposals are solicited from organizations and reviewed before placing the site in the practicum site pool. Our goal is to develop stable, long term relationships with practicum sites, so that it is a win-win proposition for the student, site and the MPH Program.

- **methods for approving preceptors**

  During phone conversations and in-person meetings prior to selecting appropriate placement sites, the Career Development Coordinator reviews with the proposed preceptor his or her education and experience. The Program approves preceptors who are in a leadership role in the organization and who have one or more graduate degrees and experience in the field or the equivalent of undergraduate education with significant training and experience in the field. It is also desired, though, not required, that a proposed preceptor has had experience in supervising students. The proposed preceptor’s availability to supervise a student during the length of the practicum is also an important consideration.

- **opportunities for orientation and support for preceptors**

  Orientation for preceptors is provided at two times. At the initial stage of suitability assessment, the Career Development Coordinator orients the preceptors to the MPH Program and practicum goals and requirements, prior to a commitment being made by either party. Roles and expectations are discussed and questions that the preceptors may have are answered.

  The second point where more specific orientation is provided is when the student(s) are matched to the site. An initial three way conversation is held
between the student, the Faculty Advisor and the preceptor; this usually occurs mid to late in the winter semester. At this call, the student’s project is discussed and learning objectives finalized. In addition, practical matters such as the interim and final evaluations, roles and expectations, and student deliverables are discussed and agreed upon. Preceptors are also sent a copy of the Practicum syllabus (MPH 9016) which has details about the aforementioned topics.

Throughout the practicum, the Career Development Coordinator remains the touch point for logistical support. Faculty Advisors continue to provide academic guidance and preceptors are encouraged to contact the Program to discuss any concerns.

- **approaches for faculty supervision of students**

  Faculty Advisors are involved with the practicum process in the months leading up to, during, and after the placement. Prior to the start of the practicum, the Faculty Advisor works with the student and preceptor to guide the preparation of a Learning Contract (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Learning Contract), which further defines the project and outlines the student’s learning objectives. During the practicum, the Faculty Advisor is the academic support for the student and preceptor to discuss the student’s project, teaching case, student performance, etc.

- **means of evaluating student performance**

  Student performance is evaluated:

  1. **Practicum site deliverable**: The nature of this deliverable is dependent on the specific project and is decided primarily between the student and preceptor. It can encompass a report, presentation, publication, audio-visual materials, etc. This is evaluated by the preceptor; students often ask their faculty advisors for feedback as they are developing this deliverable.

  2. **Preceptor assessment**: Preceptors assess student performance twice during the practicum. An Interim Evaluation (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Class of 2015 Practicum Interim Evaluations) is completed at the mid-point of the placement and a Final
Evaluation (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Class of 2015 Practicum Final Evaluations) is completed by the final day of the practicum. The preceptor reports on whether the student is meeting/has met his/her learning objectives, fulfilled practicums site deliverables, met professional expectations and is demonstrating the necessary competencies. Space is also provided for additional comments/recommendations both to the student and the MPH Program. The completed evaluation is then circulated to all parties (the preceptor, student and Faculty Advisor).

3. **Poster**: Students are expected to present a poster at the annual Practicum Showcase about their practicum, which is evaluated by the faculty. The Practicum Showcase is an event open to the public health community where students get a chance to share and discuss their practicum experiences (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Best Poster Winners for 2014 and 2015).

The students are graded on a Pass/Fail metric for the Practicum. This grade is awarded by the Faculty Advisor after reviewing the interim and final evaluations and the poster. If the evaluations are equivocal, the Faculty Advisor may discuss the student’s performance with the preceptor prior to awarding the grade. The students must follow the recommended course sequence and take their practicum in the final (summer) semester.

— *means of evaluating practice placement sites and preceptor qualifications*

Placement sites are evaluated through two post-practicum mechanisms.

1. **Student questionnaire**: Feedback is gathered from the students in the form of a questionnaire regarding the placement site as an appropriate public health organization and the preceptor as an appropriate supervisor for an MPH practicum. Students are asked to comment on the breadth of experience offered, the quality of guidance and supervision received from the preceptor, and the suitability of the organization as a placement site (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Student Practicum Survey).

2. **Year-end debrief**: As described in Section 1.5e vi, an in-camera debrief is held with the students, facilitated by a neutral reviewer who is not affiliated with the MPH Program. Students are asked for feedback on all aspects of
their program, including the practicum. The reviewer then provides a written report to the Director synopsizing his findings and highlighting actionable items.

3. **Preceptor Qualifications:** Practicum preceptors are asked to submit copies of their resumes, which are reviewed by the Career Development Coordinator and the Director to assess their suitability to be a preceptor for a Master’s level student.

   - **criteria for waiving, altering or reducing the experience, if applicable**
     
     To date, this has not happened. But if we were required to alter the experience, our goal would be to ensure that students have a commensurate learning experience and be able to demonstrate adequate skills and knowledge during the altered experience. Ideally, the student would be asked to stay an extra semester and complete the practicum to ensure s/he meets the competency requirements.

b. **Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.**

   See Resource File 2.4 PRACTICAL SKILLS – 2.4a Preceptor List for 2014 and 2015.

c. **Data on the number of students receiving a waiver of the practice experience for each of the last three years.**

   **NOT APPLICABLE**

d. **Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.**

   **NOT APPLICABLE**

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

   The criterion is met.
A strength of our practicum placement is the wide variety of domestic and international agencies and organizations (local public health units, non-government organizations, Provincial and Federal government agencies, research centers, hospitals, non-profit organizations, public health associations, etc.). Most of these organizations are continuing to submit practicum proposals every year, and we are confident that we can develop stable, long term partnerships with them. At this time, we are able to offer more placement sites than the number of students we have, thus affording students a wide choice. For example, for the first cohort, 52 project proposals were received which were offered to 32 students. The second cohort of 40 students had 70 project proposals to choose from. The third cohort of 42 students had 86 project proposals to choose from (see Resource File 2.4 Practical Skills – 2.4e Practicum Project Proposals 2016). Additional placement sites that were not used in 2015 were located in Charlottetown (Prince Edward Island, Canada), Regina (Saskatchewan, Canada), Winnipeg (Manitoba, Canada), Prince George (British Columbia, Canada) and Fredericton (New Brunswick, Canada). Last, but certainly not the least, the majority of students received their top ranked practicum choice.

A weakness of the practicum is that some public health agencies have well-established internship programs. These agencies are not able to deviate from their set procedures (including timelines) for accommodating our students. Another challenge is the very specific legal requirements that some sites have (e.g. liability insurance, etc.), that if the University is not able to meet, precludes that organization from signing an agreement with us for practicum placements.

Our plan for the future is to continue expanding the pool of quality practicum sites, and to continue working with Western and its legal counsel to meet the particular requirements of sites.
a. **Identification of the culminating experience required for each professional public health degree program.** If this is common across the program’s professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

The culminating experience of our program is structured as a course called “Transforming Public Health” (MPH 9015Y).

Designed to address the intersection of leadership, sustainability, and policy, our MPH program weaves these elements throughout most courses in the curriculum. However, each course has a strong theoretical basis in a particular discipline. The synthesis and integration of this disciplinary knowledge and practice is the purpose of this culminating experience course.

Rather than waiting until all the courses have been completed, we begin the integration and synthesis process several weeks into the program in the first semester and continue throughout the program with the final deliverable after the practicum.

The objective of this course is to synthesize and integrate the didactic learning across courses. We achieve these objectives by three sequential activities that build upon each other, and whose rigor increases as the students gain more knowledge.

1. **CURRENT EVENTS DISCUSSION**

   It is vital that students stay abreast of current events and latest developments in public health and related fields. Throughout the two semesters, sessions are scheduled where we discuss such events and developments. Prior to a scheduled session, each student submits a one page brief of an article of interest they have read in the past week. This could be from the newspaper, a peer-reviewed journal, website/blog or any media. The one page brief contains:

   a) a synopsis of the article including its salient point(s), and b) the student’s
commentary on it. This brief is due 48 hours before the session. The instructor then uses these briefs as a starting point for the class. Students are selected at random to present their briefs and commentary, and the instructor leads the discussion.

This exercise enables students to apply and view their learning through a real world prism, and is an exercise that integrates their entire learning till date in the MPH Program.

2. INTEGRATIVE WORKSHOPS

Three to four times a year, we schedule a full day Integrative Workshop. The objective of these workshops is to pause to reflect on the learning in the past six to eight weeks, to integrate and synthesize interdisciplinary knowledge and practices learned in the various courses, and to apply them to a particular issue in public health. Topics are chosen to complement rather than duplicate the materials being used in the courses, and reflect the expanded expertise available on campus beyond the course faculty members as well as practice experts and community members. Topics chosen include wind turbines, safe injection sites and disaster planning. (Ironically the day we did the integrative workshop on disaster planning, April 23, 2014, was the same day an unprecedented fire broke out in a warehouse near Toronto’s Pearson Airport. CTV News Toronto noted that the warehouse was storing butane lighters and aerosol cans.6) This is a team exercise, where students apply the materials and insights from their courses (in addition to the presentations by experts at the workshop) to answer the question(s) posed. Deliverables may vary with the integrated workshop and include short reports, presentations to a panel of experts, letters to the editor, blog postings, policy briefs, etc. (see Resource File 2.5 CULMINATING EXPERIENCE – 2.5a Integrative Workshops for 2014-15 for examples of recent workshops).

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6 http://toronto.ctvnews.ca/4-firefighters-injured-one-critically-in-ontario-fire-1.1788172
3. TEACHING CASE

The final deliverable of the course (due in mid-August) is a complete teaching case (comprising of three parts – a case note, teaching note and instructor guidance) which is based on the public health issue the student worked on during his/her practicum (12 weeks during May – July). This demonstrates the synthesis and integration of knowledge acquired in courses, brought to bear to solve the particular problem of the case. The teaching case is the apex deliverable of the Transforming Public Health (MPH 9015Y) course (see Resource File 2.5 CULMINATING EXPERIENCE – 2.5a Sample Teaching Cases).

Each of the three components above is graded on a pass/fail basis. The student has to pass in all three components to pass the culminating experience (or the Transforming Public Health (MPH 9015Y)) course. For the Current Events Discussion, the student needs to submit a brief prior to each class session to pass. Participation in all Integrated Workshops, and completion of all deliverables, is required to pass this component. Each student must submit a Teaching Case; this must contain the three parts described above, and must demonstrate the synthesis and integration of knowledge, brought to bear on a particular public health problem. The Teaching Case is evaluated by the student’s Faculty Advisor and the grade is submitted to the Director for final approval.

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

The criterion is met.

The strength of the Program in this area is that we start the process of synthesis and integration early in the first semester itself, and sequentially build upon it through class discussion and the Integrated Workshops, leading to the Teaching Case that arises out of the public health problem solving exercise during their practicum. Another strength is that the Teaching Case arising out of this process is publishable and usable for pedagogical purposes. We have used such cases in our
curriculum, and invited back our alumni to co-teach their cases in concert with faculty members.

Our plan is to annually publish the best Teaching Cases arising out of the culminating experience in a book, and make them freely available on or website for public health schools across the globe to use for pedagogical purposes. We have enclosed an electronic copy of the Western Public Health Casebook 2015, which contains the teaching cases selected from the practicum experiences of the first cohort of students (who graduated in Fall 2014, see Resource File 2.5 CULMINATING EXPERIENCE – 2.5b Western MPH Casebook 2015 e-version).
2.6 *Required Competencies.* For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs.

a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain.

**Core Competencies:**

1. Demonstrate knowledge of the systems in which public health functions, including current public health challenges. (Health Services Administration)
2. Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups. (Social and Behavioural Sciences)
3. Perform a community needs assessment taking into account the unique social, environmental, economic, historical and cultural characteristics of the community. (Social and Behavioural Sciences)
4. Establish observable relationships between the present level of environmental stresses and human health. (Environmental Health Sciences)
5. Critically appraise the literature to understand patterns of health and ill health, establish causal associations, and recommend courses of actions. (Epidemiology and Biostatistics)
6. Demonstrate a professional appreciation of the ethical, legal and social issues in public health policy & practice. (Health Services Administration)
7. Identify participatory relationships to foster community collaboration. (Social and Behavioural Sciences)
8. Develop and implement a sustainable plan to address public health challenge(s). (Health Services Administration)
b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

**Competencies for Concentration (generalist):**

9. Recognize and apply effective leadership practices in the public health context.

10. Promote leadership development by incorporating learning from self-reflection into professional development and public health practice.

11. Formulate, for Aboriginal and other communities at risk, culturally-relevant and appropriate strategies when planning, implementing, adapting and evaluating public health programs and policies.

12. Discuss the legal framework of public health practice including legislative authority, rights, obligations and risks, at the federal, provincial and municipal levels.


14. Design appropriate program evaluations for public health interventions.

15. Critically assess research designs that are appropriate for public health practice.

16. Write a basic research proposal for application in public health practice.

17. Formulate effective public health communications with measurable objectives.

18. Apply health economics to advance decision making in public health policy & practice.

19. Apply theories, strategies and methods of health promotion and protection.
c. A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

Table 2.6.1. Courses and other learning experiences by which the competencies are met

<table>
<thead>
<tr>
<th>Competencies</th>
<th>9001 Principles of Epidemiology</th>
<th>9002 Statistical Methods in Health</th>
<th>9003 Sustaining Environmental Health</th>
<th>9004 Health Promotion</th>
<th>9005 Social Cultural Determinants of Health</th>
<th>9006 Developing Healthy Communities</th>
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<th>9008 Aboriginal Health Services</th>
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<th>9010 Managing Health Services</th>
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<th>9012 Research for Health</th>
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<td>1. Demonstrate knowledge of the systems in which public health functions, including current public health challenges.</td>
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<td>2. Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.</td>
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<td>3. Perform a community needs assessment taking into account the unique social, environmental, economic, historical and cultural characteristics of the community.</td>
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<td>4. Establish observable relationships between the present level of environmental stresses and human health.</td>
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<td>5. Critically appraise the literature to understand patterns of health and ill health, establish causal associations, and recommend courses of actions.</td>
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<td>6. Demonstrate a professional appreciation of the ethical, legal and social issues in public health policy &amp; practice.</td>
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<td>7. Identify participatory relationships to foster community collaboration.</td>
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<td>8. Develop and implement a sustainable plan to address public health challenge(s).</td>
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<td>Competencies for Concentration (generalist)</td>
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<td>9. Recognize and apply effective leadership practices in the public health context.</td>
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<td>10. Promote leadership development by incorporating learnings from self-reflection into professional development and public health practice.</td>
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<td>11. Formulate, for Aboriginal and other communities at risk, culturally-relevant and appropriate strategies when planning, implementing, adapting and evaluating public health programs and policies.</td>
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### Section 2.6 — Required Competencies

<table>
<thead>
<tr>
<th>Competencies</th>
<th>9001 Principles of Epidemiology</th>
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<tr>
<td>12. Discuss the legal framework of public health practice including legislative authority, rights, obligations and risks, at the federal, provincial and municipal levels.</td>
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<td>14. Design appropriate program evaluations for public health interventions.</td>
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<td>15. Critically assess research designs that are appropriate for public health practice.</td>
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<td>16. Write a basic research proposal for application in public health practice.</td>
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<td>17. Formulate effective public health communications with measurable objectives.</td>
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<td>18. Apply health economics to advance decision making in public health policy &amp; practice.</td>
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<td>19. Apply theories, strategies and methods of health promotion and protection.</td>
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P=Primary, R=Reinforcing
Section 2.6 — Required Competencies

d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The matrix indicates that there are no gaps in the curriculum. The foundational courses provide a solid base for the core competencies, which are built upon in the later generalist courses. There is thus a flow from the core to generalist competencies in the program curriculum. Another observation is that our competencies are well dispersed in the courses, indicating curricular integration.

e. Description of the manner in which competencies are developed, used and made available to students.

The starting points for the development of our competencies were the core competencies for public health professionals outlined by the Public Health Agency of Canada (PHAC) and the Association for Schools and Programs in Public Health (ASPPH). When the MPH Program was in the development phase, we used these two sources as the guiding principles of what the program/courses should impart. Keeping these in mind, the teaching faculty developed learning objectives and course content for their individual courses.

Once the course syllabi (including course learning objectives and course competencies) had been developed, a team of senior faculty reviewed these and distilled 19 over-arching competencies that characterize the program. These 19 competencies were discussed in depth by the entire MPH Program faculty, revised, finalized and adopted on October 15, 2014; they were subsequently ratified by the Curriculum Committee on November 10, 2014.

The final set of 19 competencies is used to guide curriculum review and course development. It informs students about the skill sets they will acquire, and their learning and evaluation experiences.

The 19 competencies are made available widely to students through course syllabi (including evaluation and course deliverables), the Program website, and faculty emphasize them in their didactic sessions.
f. **Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.**

As we are a new program, the bulk of the effort to date has been on developing and finalizing the competencies.

Nonetheless, we plan on periodical assessment – both formal and informal – in the future to assess our competencies and their relevance to current public health practice.

The mechanisms we plan are:
- Formal mechanisms include employer and alumni surveys. We plan on surveying our alumni and employers to evaluate whether they have acquired mastery of the competencies. In addition, we will ask for feedback on modifying our competencies and/or developing new ones to reflect the reality of public health practice.
- Informal mechanisms include feedback from the Curriculum Committee, practicum preceptors, and public health professionals who teach in our Program.

Feedback obtained by the aforementioned formal and informal means will be discussed at the Annual Retreat, and our current competencies will be evaluated in light of the employer and alumni survey findings.

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

This criterion is met.

The strengths of our competencies are that they reflect the Canadian public health landscape, are well rounded and reflect the strengths of the MPH Program.

We have not yet had an opportunity to periodically assess our competencies in light of new information, but our future plans are to review them in light of the feedback we obtain from both formal and informal means.
2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

Student progress through the Program (and beyond), especially their attainment of the expected competencies, is comprehensively evaluated by both direct and indirect means.

A) Direct measures:
1. Student self-reports: Starting in Fall 2015, student abilities on the 19 competencies are assessed by a survey that is repeated at three time points.
   i. upon entry to the program – this forms the baseline or the “pre” assessment (see Resource File 2.7 ASSESSMENT PROCEDURES – 2.7a MPH Competencies – Pre-Arrival);
   ii. upon completion of the program – this forms “post” assessment (see Resource File 2.7 ASSESSMENT PROCEDURES – 2.7a MPH Competencies – Post Graduation); and
   iii. 12 months after graduation – i.e. when they have entered the workforce – which highlights and confirms their competency acquisition in light of their real world experience (see Resource File 2.7 ASSESSMENT PROCEDURES – 2.7a MPH Competencies – 12 Months Post Graduation). The Career Development Coordinator tracks student employment after graduation by indirect and direct measure (see 2.7c for information on the mechanisms to collect employment data).

The MPH Program uses a survey tool called Qualtrics to administer all of the surveys and the Program Staff send the requests for the surveys to be completed. This software collects the responses and aggregates the data. The Graduate Chair is responsible for assessing the data and reporting back to the faculty members on the results.
2. **During courses:** Our curriculum and courses are undergird by our 19 competencies, and each deliverable in our courses assesses specific competencies. While the earlier course deliverables assess the students’ ability to select methods, theories and techniques from the content matter, later course deliverables test the ability to integrate and synthesize knowledge and to apply it to the solution of public health problems. These course deliverables are evaluated by the respective course faculty, and are conducted throughout the fall and winter semesters. The table below depicts in detail the assignments throughout the two semesters and the competencies they assess.

The School of Graduate and Postdoctoral Studies’ regulations indicate that in order to graduate, students must maintain a cumulative average of at least 70% calculated each term over all courses taken for credit with no grade less than 60% (http://grad.uwo.ca/current_students/regulations/3.html). The following outlines the grade range set out for graduate courses:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>80-100%</td>
</tr>
<tr>
<td>B</td>
<td>70-79%</td>
</tr>
<tr>
<td>C</td>
<td>60-69%</td>
</tr>
<tr>
<td>F</td>
<td>00-59%</td>
</tr>
<tr>
<td>AUD</td>
<td>Audit</td>
</tr>
<tr>
<td>COM</td>
<td>Complete</td>
</tr>
<tr>
<td>INC</td>
<td>Incomplete</td>
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<tr>
<td>IPR</td>
<td>In Progress</td>
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<tr>
<td>PAS</td>
<td>Pass</td>
</tr>
<tr>
<td>SAT</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>WDN</td>
<td>Withdrew (no penalty)</td>
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</tbody>
</table>


### Fall 2015 and Winter 2016 Assignments and Assessed Competencies

<table>
<thead>
<tr>
<th>Course</th>
<th>Assignment</th>
<th>Competencies Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall 2015</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemiology - 9001</td>
<td>Midterm</td>
<td>2, 5, 15</td>
</tr>
<tr>
<td>Epidemiology - 9001</td>
<td>Critical Appraisal Exercise</td>
<td>5, 15</td>
</tr>
<tr>
<td>Epidemiology - 9001</td>
<td>Public Presentations</td>
<td>1, 5, 6, 15</td>
</tr>
<tr>
<td>Statistical Methods - 9002</td>
<td>Weekly assignments</td>
<td>2, 5, 15</td>
</tr>
<tr>
<td>Statistical Methods - 9002</td>
<td>Critical Appraisal Exercise</td>
<td>5, 15</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Course</th>
<th>Assignment</th>
<th>Competencies Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistical Methods - 9002</td>
<td>Public Presentations</td>
<td>1, 5, 6, 15</td>
</tr>
<tr>
<td>Sustaining Environment Health - 9003</td>
<td>Reflection Papers</td>
<td>1, 2, 4, 5</td>
</tr>
<tr>
<td>Sustaining Environment Health - 9003</td>
<td>Group Presentation</td>
<td>1-5, 8-10, 13</td>
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<tr>
<td>Sustaining Environment Health - 9003</td>
<td>Final Exam</td>
<td>1, 2, 4, 5, 8, 13, 19</td>
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<tr>
<td>Social Cultural Determinants of Health - 9005</td>
<td>Final Exam</td>
<td>1-7, 9-15, 17-19</td>
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<tr>
<td>Developing Healthy Communities – 9006</td>
<td>Module 1</td>
<td>1, 5</td>
</tr>
<tr>
<td>Developing Healthy Communities - 9006</td>
<td>Module 3</td>
<td>1, 2, 3</td>
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<tr>
<td>Developing Healthy Communities - 9006</td>
<td>Module 4</td>
<td>1, 2, 3, 5</td>
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<tr>
<td>Leading People &amp; Organizations in Public Health - 9007</td>
<td>Analysis of Interviews with Leaders (Group Presentations &amp; Short Report)</td>
<td>9</td>
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<tr>
<td>Leading People &amp; Organizations in Public Health - 9007</td>
<td>Reflected Best Self-Report (Individual)</td>
<td>10</td>
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<tr>
<td>Leading People &amp; Organizations in Public Health - 9007</td>
<td>Scenario Planning (Group Presentations &amp; Short Report)</td>
<td>9</td>
</tr>
<tr>
<td>Research for Health - 9012</td>
<td>Secondary Information Exercise (Learning Team Short Report &amp; Presentation)</td>
<td>1, 8, 15</td>
</tr>
<tr>
<td>Research for Health - 9012</td>
<td>Qualitative Data Collection Exercise (Learning Team Short Report &amp; Presentation)</td>
<td>9, 15</td>
</tr>
<tr>
<td>Research for Health - 9012</td>
<td>Research Report to Stakeholder Group Individual (Written Report with Specified Format and Appendices)</td>
<td>1, 5, 6, 8, 11, 14, 17</td>
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<tr>
<td>Research for Health - 9012</td>
<td>In-Class Exercise: Critiquing a systematic review</td>
<td>5, 14</td>
</tr>
<tr>
<td>Research for Health - 9012</td>
<td>In-Class Exercise: Develop a Survey</td>
<td>15</td>
</tr>
<tr>
<td>Research for Health - 9012</td>
<td>In-Class Exercise: Working in teams to draft outline for grant proposal</td>
<td>1, 16</td>
</tr>
</tbody>
</table>

**Winter 2016**

<table>
<thead>
<tr>
<th>Course</th>
<th>Assignment</th>
<th>Competencies Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health - 9008</td>
<td>Scoping Review</td>
<td>1-7, 9, 11, 13, 15, 18, 19</td>
</tr>
<tr>
<td>Aboriginal Health - 9008</td>
<td>Public Health Intervention Group Written Project</td>
<td>1-7, 9, 11, 13-15, 17, 19</td>
</tr>
<tr>
<td>Aboriginal Health - 9008</td>
<td>Public Health Intervention Group Presentation</td>
<td>1-7, 10, 11, 13-15, 18, 19</td>
</tr>
<tr>
<td>Aboriginal Health - 9008</td>
<td>Reflection Paper</td>
<td>1, 2, 6, 9, 10, 19</td>
</tr>
<tr>
<td>Community Health Assessment and Program Evaluation – MPH 9011</td>
<td>Community Project Presentation</td>
<td>4, 7</td>
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<tr>
<td>Course</td>
<td>Assignment</td>
<td>Competencies Assessed</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
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<tr>
<td>Community Health Assessment and Program Evaluation – MPH 9011</td>
<td>Needs Assessment Plan</td>
<td>2, 3, 4, 5, 7, 9, 11, 13, 19</td>
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<tr>
<td>Community Health Assessment and Program Evaluation – MPH 9011</td>
<td>Logic Model</td>
<td>3, 5, 13, 14, 19</td>
</tr>
<tr>
<td>Community Health Assessment and Program Evaluation – MPH 9011</td>
<td>Priority Setting</td>
<td>8, 18</td>
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<tr>
<td>Community Health Assessment and Program Evaluation – MPH 9011</td>
<td>Presentations</td>
<td>5, 7, 19</td>
</tr>
<tr>
<td>Community Health Assessment and Program Evaluation – MPH 9011</td>
<td>Program Proposal</td>
<td>3, 5, 7, 8, 9, 11, 13, 14, 19</td>
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<td>Health Communications – MPH 9013</td>
<td>Communication Up-Skill Presentation and Report</td>
<td>1, 10</td>
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<tr>
<td>Health Communications – MPH 9013</td>
<td>Reflective Journal</td>
<td>1, 6, 8, 10</td>
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<td>Health Communications – MPH 9013</td>
<td>Communication Analysis</td>
<td>2, 3, 5, 7, 11, 14, 17, 19</td>
</tr>
<tr>
<td>Health Economics – MPH 9014</td>
<td>Short Essay</td>
<td>2, 6, 11, 18</td>
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<td>Health Economics – MPH 9014</td>
<td>Test 1</td>
<td>1, 2, 5, 6, 8, 11, 14, 15, 18</td>
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<td>Health Economics – MPH 9014</td>
<td>Economic Evaluation</td>
<td>2, 6, 14, 18</td>
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<td>Health Economics – MPH 9014</td>
<td>Return on Investment Report</td>
<td>1, 5, 8, 14, 15, 18</td>
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<td>Health Economics – MPH 9014</td>
<td>Test 2</td>
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<td>Health Policy, Law and Equity – MPH 9009</td>
<td>Personal Reflection</td>
<td>1, 2, 6, 10, 12</td>
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<td>Health Policy, Law and Equity – MPH 9009</td>
<td>Outline</td>
<td>1, 2, 5, 6, 8, 12, 12</td>
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<td>Health Policy, Law and Equity – MPH 9009</td>
<td>Brief</td>
<td>1, 2, 5, 6, 8, 12, 19</td>
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<td>Health Policy, Law and Equity – MPH 9009</td>
<td>Presentation</td>
<td>1, 2, 5, 6, 8, 12, 12</td>
</tr>
<tr>
<td>Health Policy, Law and Equity – MPH 9009</td>
<td>Research Report</td>
<td>1, 2, 5, 6, 8, 10, 12, 19</td>
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<td>Health Promotion – MPH 9004</td>
<td>Midterm Exam</td>
<td>1, 2, 5, 13, 19</td>
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<tr>
<td>Health Promotion – MPH 9004</td>
<td>Health Promotion Plan</td>
<td>2, 3, 6, 7, 8, 9, 10, 11, 14, 17, 19</td>
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<tr>
<td>Managing Health Services – MPH 9010</td>
<td>Budget Exercise</td>
<td>8, 18</td>
</tr>
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<td>Managing Health Services – MPH 9010</td>
<td>Exam</td>
<td>6, 8, 9, 10, 11, 13, 18</td>
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<td>Managing Health Services – MPH 9010</td>
<td>Health Systems Overview</td>
<td>1, 12</td>
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<td>Managing Health Services – MPH 9010</td>
<td>Health Equity</td>
<td>1, 2, 3, 5, 6, 7, 11</td>
</tr>
<tr>
<td>Managing Health Services – MPH 9010</td>
<td>Report</td>
<td>9, 10, 11, 13</td>
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<tr>
<td>Culminating Experience – MPH 9015</td>
<td>Integrative Workshops</td>
<td>(specific to practicum project)</td>
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<tr>
<td></td>
<td>Teaching Case</td>
<td>(specific to practicum project)</td>
</tr>
<tr>
<td>Practicum – MPH 9016</td>
<td>Deliverable to organization</td>
<td>(specific to practicum project)</td>
</tr>
<tr>
<td></td>
<td>Poster</td>
<td>(specific to practicum project)</td>
</tr>
</tbody>
</table>

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3. **During the practicum:** The practicum is evaluated by the preceptor and Faculty Advisor as described in Section 2.4 a. Learning objectives are jointly developed by the student, preceptor and the Faculty Advisor prior to the start of the practicum, at which time the preceptor also indicates which of the 19 competencies the practicum will focus on developing. The student’s progress in achieving these competencies is evaluated during the midpoint and at the end of the practicum, by a survey filled out by the preceptor (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Class of 2015 Practicum Interim Evaluations and 2.4a Class of 2015 Practicum Final Evaluations).

4. **The culminating experience:** This is evaluated by the student’s participation in the Integrative Workshops throughout the two semesters, and the Teaching Case written towards the end of the summer semester. Deliverables of the Integrative Workshop vary with the topic and include short reports, presentations to a panel of experts, letters to the editor, blog postings, policy briefs, etc. The Teaching Case is a document that integrates and synthesizes the student’s knowledge gained in the program and brings it to bear in addressing a specific public health problem. This is reviewed and revised in consultation with the faculty advisor (see Resource File 2.5 CULMINATING EXPERIENCE – 2.5a Sample Teaching Cases). The Integrative Workshop deliverables and the exercise of writing the Teaching Case forces the student to think critically about the knowledge gained and showcase the competencies they have acquired in the program.

5. **During employment:** The final objective evaluation of the student’s achievement of our 19 competencies is via the employer survey, which is administered 12 months post graduation (see Resource File 2.7 ASSESSMENT PROCEDURES – 2.7a MPH Competencies – Employer).
B) **Indirect measures:**

1. **Graduation rate:** This is measured at the end of the academic year and represents the number of students who have successfully graduated from the Program.

2. **Employment rate:** This is assessed as per the CEPH guidelines, at 12 months post-graduation. However, informal monitoring is done by the Career Development Coordinator as the Program finds out about employment changes on a continual basis.
Section 2.7 — Assessment Procedures

Competency Assessment

MPH Program

Work

Program Entry

Fall

Winter

Summer (Practicum)

Summer (Culminating Experience)

Graduation

Employment Rates (12 months)

Self-Assessment (pre)

Course Deliverables (faculty)

Course Deliverables (faculty)

Interim & Final Practicum Evaluations (preceptor)

Project for Organization (preceptor)

Teaching Case (faculty)

Self-Assessment (post)

Graduation Rates

Post-graduation Self-Assessment (alumni @ 12 months)

Employer Assessment (12 months)

Red – student/alumni complete
Green – faculty/preceptor complete
b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program’s performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor’s, masters and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion’s interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.

Template 2.7.1 Degree completion

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students entered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students withdrew, dropped, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students graduated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td></td>
<td>94%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014-15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students entered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students withdrew, dropped, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students graduated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-16</td>
<td></td>
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</tr>
<tr>
<td># Students entered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students withdrew, dropped, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students graduated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative graduation rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Template 2.7.2 Graduates by Employment Type in 2013-14 and 2014-15 – informal measure

<table>
<thead>
<tr>
<th>Employment Type</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>25*</td>
<td>27</td>
</tr>
<tr>
<td>Continuing education/training (not employed)</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Actively seeking employment</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Not seeking employment (not employed and not continuing education/training, by choice)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>40</td>
</tr>
</tbody>
</table>

*One self-employed.
c. An explanation of the methods used to collect job placement data and of graduates’ response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

Job placement data will be collected formally 12 months after graduation. Just prior to distributing the 12 month post-graduation competency assessment survey we will survey the alumni on their employment status within the last 12 months and request e-mail addresses for employers in order to distribute the Employer Assessment on Competency survey (see Resource File 2.7 ASSESSMENT PROCEDURES – 2.7c Alumni Employment Survey). This survey asks graduates about their employment status (employed, continuing education/training (not employed), actively seeking employment, not seeking employment and self-employed). In addition to this formal survey, the Career Placement Coordinator keeps track of graduates’ activities through solicited or unsolicited email and verbal communications, updates to graduates’ LinkedIn profiles, and reports from third parties on graduates’ activities. Information received from third party sources is verified with the graduate.

For the first cohort (2013-14) we only used informal measures to track employment. The Career Development Coordinator kept in contact with the alumni and followed them closely on LinkedIn. For the second cohort, we have been able to gather informal data as students share their employment status with the Program. Our plan moving forward is to use both the informal and a formal survey 12 months after graduation (when we survey them on employment and competencies) to track employment.

d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program’s graduates on these national examinations for each of the last three years.

NOT APPLICABLE
e. Data and analysis regarding the ability of the program’s graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

Our inaugural class of 32 students (Class of 2014) graduated in August 2014, and we surveyed them (and their employers) six months after graduation to assess their competencies. Response rates to the alumni survey are 31% (10 out of 32 students) and 7 employers responded to the survey. Results show that more than 75% of the respondents felt that the MPH Program contributed to improvement in all 19 competencies. Respondents also provided some written comments which were useful in improving program quality. One of the comments that we were able to implement was better use of a TA for the Epidemiology and Biostatistics courses (see Resource File 2.7 ASSESSMENT PROCEDURES – 2.7e Alumni Competency Survey – Class of 2014 and 2.7e Employer Competency Survey – Class of 2014).

From the second cohort onwards (Class of 2015), we will survey alumni and employers 12 months after graduation, so that we obtain accurate and systematic data on competencies (both from employers and alumni) and employment rates, which can then be tracked annually going forward (see Resource File 2.7 ASSESSMENT PROCEDURES - 2.7a MPH Competencies – 12 Months Post Graduation and 2.7a MPH Competencies – Employer).

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

This criterion is met with commentary.

While the Program has well established processes and procedures to assess the student’s mastery of required competencies whilst they are in the Program (through exams, course deliverables, practicum preceptor evaluations, etc.) our methods for assessing competencies after graduation need to be battle tested. As described above, we have data on employer and alumni self-assessment of competencies for the first cohort (Class of 2014); data for the second cohort (Class of 2015) will
become available only after August 2016 (as we conduct the alumni and employer survey 12 months after graduation). Our plan is to continue refining our policies and procedures based on our experience going forward.
2.8 Bachelor's Degrees in Public Health. If the program offers baccalaureate public health degrees, they shall include the following elements.

NOT APPLICABLE
2.9 *Academic Degrees.* If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

NOT APPLICABLE
Doctoral Degrees. The program may offer doctoral degree programs, if consistent with its mission and resources.

NOT APPLICABLE
2.11 *Joint Degrees.* If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

NOT APPLICABLE
2.12 *Distance Education or Executive Degree Programs.*

NOT APPLICABLE
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

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

a. Description of the program’s research activities, including policies, procedures and practices that support research and scholarly activities.

The Program faculty engage in broad interdisciplinary public health focused research, and are supported by formal and informal mechanisms at the Program, Faculty and University level.

**MPH Program:** At the Program level, the faculty work collaboratively to pursue funding for research opportunities. Pursuing such interdisciplinary collaboration has strong support at the decanal level; for example, the Dean of the Schulich School of Medicine & Dentistry has provided a seed grant to facilitate joint Public Health – Family Medicine seminars, which aim to bring together faculty to pursue research projects of mutual interest. Another example is the set of proposals submitted to the Canadian Institutes of Health Research jointly by all public health faculty members to further the case-based pedagogy. Dr. Amardeep Thind pledged monies from his Canada Research Chair to support this proposal; this is an example of senior faculty providing seed funding to establish grants. Interdisciplinary research is further facilitated by faculty having cross appointments in other departments. Likewise, as noted in Section 1.4b the joint and cross appointments with the Faculties across campus strengthens the interdisciplinary and collaborative research within the MPH Program.

The formal policies, procedures and practices that support our research and scholarly activities are those of the Schulich School of Medicine & Dentistry and of Western University.

**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
• 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 28 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 32 research Groups, Centers & 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 will be starting a two year training program as an ICES Scholar in the coming academic year.

Non-clinical faculty are members of the University of Western Ontario Faculty Association (UWOFA), and work under the terms of a Collective Agreement (CA) negotiated with the University. The CA provides a unifying framework for key conditions of employment including workload, annual performance evaluation, and promotion and tenure. Under this framework, faculty research is supported through dedicated time for research activities – normally 40 percent – that is formally specified in each professor’s employment agreement. The portion of time allotted to research activities is higher with faculty who hold, for example, Canada Research Chairs. The Director of the MPH Program, Dr. Amardeep Thind is a Canada
Research Chair in Health Services Research, and devotes 60% of his time to research activities.

**Western University:** Research at Western is strategically guided by five core priorities:

- **Going Global:** Recognizing that knowledge generation and mobilization increasingly are global endeavors, Western seeks to produce research that has global impact.

- **Mobilizing Knowledge:** Western actively assists its researchers to maximize the impact of their work – be it new knowledge, strategies, policies and technologies – by supporting the dissemination and translation of knowledge for societal benefit.

- **Preparing Global-Ready Graduates:** Western strives to create global leaders from its unique advanced educational programs, by combining state-of-the-art infrastructure, laboratories, libraries and facilities with leading teachers and researchers.

- **Partnerships with Impact:** Western is committed to strengthening its record of leadership with key partners in the university governmental, businesses and community sector, as well as to establishing new models of local, national and international research cooperation to address some of society’s most pressing challenges.

- **Leadership through Interdisciplinary Research:** Western researchers are increasingly engaged in a wide variety of collaborative – and interdisciplinary – research projects and programs in an effort to find solutions to progressively complex questions.

Western supports its research mandate through Research Western, which directly supports research with three core units:

- **Research Development & Services (RD&S)** 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.

- **Contract Research Team** provides assistance by facilitating negotiation of Technical Service Agreements, Confidentiality Agreements, Material Transfer Agreements, Research Contracts, Grant Agreements, Sub-grants, Subcontracts, and Inter-Institutional 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.

Research Western has comprehensive policies that govern research at Western. These are described in detail at [http://www.uwo.ca/research/services/resources/policies/index.html](http://www.uwo.ca/research/services/resources/policies/index.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 $6,000 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

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.

b. **Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations.** Formal research agreements with such agencies should be identified.

All MPH faculty have active independent research programs, and select examples of collaborations with local, state, national and international agencies and community-based organizations are briefly outlined below.
Local: Local agencies with whom public health faculty work include the RBC Centre for At Risk Children and Families, CALA (Canadian Latin American Association), Canadian Mental Health Association of Elgin County, Children's Aid Society of London and Middlesex, Cross Cultural Learner Center, Muslim Resource Centre for Social Support and Integration (MRCSSI), Southwestern Aboriginal Health Access Centre, Anishnawbe Health Toronto, Ts’ewulthun Health Centre, the London Intercommunity Health Centre, the South London Community Resource Centre, and the public and Catholic district school boards.

Provincial and Regional: The Director holds the prestigious Canada Research Chair in Health Services Research. This Chair provides funding for his provincial and national level research activities. He is working with ICES in analyzing data to improve population health across the province of Ontario. For example, in collaboration with colleagues from the Department of Otolaryngology he is analyzing secular trends in laryngeal cancers in Ontario; and is working with others from the Department of Epidemiology & Biostatistics on projects to understand the impact of the built environment on obesity in the province, and on the impact of financial incentives for improving cervical cancer screening.

Other public health faculty are working on projects with Community Health Centers in British Columbia and with the Indigenous Physicians Association of Canada to develop culturally appropriate learning tools; with the First Nations Health Authority, the Centre for Aboriginal Health Research, on improving health governance; and with various First Nations, Métis and Inuit communities across Canada to improve cancer preventive care.

National: Public health faculty are working with the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) to assess multi-morbidity in a pan-Canadian electronic medical record dataset, and on identifying patient referral patterns in this dataset. Other faculty are collaborating with First Nations communities across Canada to improve primary health care delivery on reserves. Faculty are also collaborating with the Canadian Public Health Association (CPHA) in developing plans to facilitate the spread of case-based pedagogy in Canada and internationally.
**International:** The Director is working on the Disease Control Priorities Project – 3 (DCPP-3) which is jointly funded by the Gates Foundation, World Bank and the World Health Organization. He is working on assessing the cost-effectiveness of surgery, pre-hospital and emergency care; this work has been published in The Lancet, World Journal of Surgery and in the first volume of the DCP-3 series. In addition, he has just completed work on a monograph with the World Health Organization’s Safer Primary Care for All Working Group. He is also working with the UK Department of International Development (DFID) in developing a mechanism to assess quality in primary care facilities in Somalia; a manuscript describing this work is under review for publication.

These are a few examples of research activities undertaken by the public health faculty in collaboration with local, national and international agencies and community based organizations. More details can be found in Table 3.1.1 below and faculty CVs in Resource File **CVs – Primary & Secondary Faculty**.
c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member’s role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year’s award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

The MPH Program defines community based research as community situated, collaborative and action oriented.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator</th>
<th>Funding Source</th>
<th>Funding Period Start/ End</th>
<th>Amount Total Award</th>
<th>Amount 2013</th>
<th>Amount 2014</th>
<th>Amount 2015</th>
<th>Community- Based Y/N</th>
<th>Student Participation Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN-BAPTISTE, Ava</td>
<td>PI: Elizabeth A. Osuch (Western) Co-I: A. John-Baptiste (with one other)</td>
<td>Academic Health Science Centres (AHSCs) Academic Funding Plan (AFP) Innovation Fund</td>
<td>4/2015 3/2017</td>
<td>99,769.60</td>
<td>0</td>
<td>0</td>
<td>49,884.80</td>
<td>Y</td>
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<tr>
<td>Estimating the risk of adverse drug events using Bayesian evidence synthesis</td>
<td>PI: A. John-Baptiste P. Austin, G. Anderson, L. Lipscomb, Taryn Becker (Western)</td>
<td>Canadian Institutes of Health Research (CIHR) Drug Safety and Effectiveness Network (DSEN)</td>
<td>9/2012 3/2014</td>
<td>72,000</td>
<td>36,000</td>
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<td>MCKINLEY, Gerald</td>
<td>PI: G. McKinley</td>
<td>Centre of Addiction and Mental Health</td>
<td>09/2014 08/2015</td>
<td>40,000</td>
<td>0</td>
<td>40,000</td>
<td>0</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>SIBBALD, Shannon</td>
<td>PI: C. Crooks (Western), Hughes, R. et al (Toronto) Collaborator: S. Sibbald</td>
<td>Public Health Agency of Canada</td>
<td>04/2014 03/2018</td>
<td>975,000</td>
<td>0</td>
<td>325,000</td>
<td>325,000</td>
<td>Y</td>
<td>Y</td>
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<td>Chronic Disease Management Initiative: Using smart technologies to manage patients with multi-morbidity in primary care</td>
<td>PI: P. Links (Western) Co-I: S. Sibbald (with 7 others)</td>
<td>Schulich School of Medicine &amp; Dentistry, Western University, Dean’s Research Imitative Grant</td>
<td>05/2014 04/2016</td>
<td>359,000</td>
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<td>235,000</td>
<td>124,000</td>
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<td>Project Name</td>
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<td>Funding Source</td>
<td>Funding Period Start/End</td>
<td>Amount Total Award</td>
<td>Amount 2013</td>
<td>Amount 2014</td>
<td>Amount 2015</td>
<td>Community-Based Y/N</td>
<td>Student Participation Y/N</td>
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<tr>
<td>Development and Evaluation of a Regional Ethics Network</td>
<td>PI: S. Sibbald Co-I: L. Charland, A. Kothari, A. Terry, A. Zecevic</td>
<td>Faculty Research Development Fund, Western University</td>
<td>9/2014 9/2015</td>
<td>$2,768</td>
<td>0</td>
<td>$2,768</td>
<td>0</td>
<td>Y</td>
<td>Y</td>
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<td>SPEECHLEY, Mark</td>
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<td>Poverty and Social Inclusion</td>
<td>PI: C. Forchuk (Western) Co-I: M. Speechley (with 10 others)</td>
<td>Social Sciences &amp; Humanities Research Council (SSHRC)</td>
<td>3/2011 2/2016</td>
<td>$1,000,000</td>
<td>$200,000</td>
<td>$200,000</td>
<td>$200,000</td>
<td>Y – CURA Community University Research Alliance</td>
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<tr>
<td>Quantifying, charactering and modeling the whole-body mobility of individuals in their natural environment</td>
<td>Co-PI: M. Speechley</td>
<td>Canadian Institutes of Health Research (CIHR)</td>
<td>10/2010 9/2015</td>
<td>$1,238,109</td>
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<td>$247,621.80</td>
<td>$247,621.80</td>
<td>N</td>
<td>Y</td>
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<tr>
<td>Stroke Rehabilitation Evidence-Based Review (Renewal)</td>
<td>PI: R. Teasell (Western) Co-I: M. Speechley (with 3 others)</td>
<td>Canadian Stroke Network</td>
<td>08/2010 7/2013</td>
<td>$549,641</td>
<td>$183,213.67</td>
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<td>TERRY, Amanda</td>
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<tr>
<td>Primary Health Care Program</td>
<td>PI: M. Stewart (Western) Co-I: A. Terry (with 10 others)</td>
<td>Health System Research Fund, Ontario Ministry of Health and Long-Term Care</td>
<td>4/2013 3/2016</td>
<td>$3,720,000</td>
<td>$1,240,000</td>
<td>$1,240,000</td>
<td>$1,240,000</td>
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<tr>
<td>Exploring Optimal Electronic Medical Record Use Among Practitioners in the Primary Health Care Setting</td>
<td>PI: A. Terry Co-Investigators: S. McKay, B. Ryan, A. Thind</td>
<td>Health System Research Fund, Ontario Ministry of Health and Long-Term Care, Primary Health Care Program (INSPIRE)</td>
<td>4/2015 3/2016</td>
<td>$26,733</td>
<td>0</td>
<td>0</td>
<td>$26,733</td>
<td>N</td>
<td>N</td>
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<tr>
<td>Transdisciplinary Understanding and Training on Research - Primary Health Care (TUTOR-PHC)</td>
<td>PI: M. Stewart (Western) Co-I: A. Terry (with 21 others)</td>
<td>Canadian Institutes of Health Research, Strategic Training Initiative in Health Research (STIHR) Programme</td>
<td>4/2009 3/2015</td>
<td>$1,950,000</td>
<td>$325,000</td>
<td>$325,000</td>
<td>$325,000</td>
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<tr>
<td>Development and Evaluation of a Regional Ethics Network</td>
<td>PI: S. Sibbald Co-I: A. Terry (with 3 others)</td>
<td>Faculty Research Development Fund, Western University</td>
<td>9/2014 9/2015</td>
<td>$2,768</td>
<td>0</td>
<td>$2,678</td>
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<tr>
<td>Project Name</td>
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<td>Funding Period Start/End</td>
<td>Amount Total Award</td>
<td>Amount 2013</td>
<td>Amount 2014</td>
<td>Amount 2015</td>
<td>Community-Based Y/N</td>
<td>Student Participation Y/N</td>
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<tr>
<td>Catalyzing, Synergizing, and Mobilizing Primary Health Care Research: Transdisciplinary Understanding and Training on Research in Primary Health Care (TUTOR-PHC) Knowledge Translation Symposium.</td>
<td>PI: M. Stewart (Western) Co-I: A. Terry (with 6 others)</td>
<td>Canadian Institutes of Health Research</td>
<td>11/2012 - 11/2013</td>
<td>$25,000</td>
<td>$25,000</td>
<td>0</td>
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<tr>
<td>Engaging Patients in the Development of a Personal Health Record (PHR) Innovation to Manage Chronic Conditions in Primary Care: Exploration of Patients’ Perspectives</td>
<td>Co-PI: A. Thind, B. Ryan Co-I: A. Terry (with 3 others)</td>
<td>Ontario Primary Health Care System Program – System Integration and Innovation Research Network, Applied Health Research Network Initiative</td>
<td>10/2012 - 3/2013</td>
<td>$8,094.74</td>
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<td>THIND, Amardeep</td>
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<td>Canada Research Chair (Tier – 2)</td>
<td>A. Thind</td>
<td>Canadian Institutes of Health Research (CIHR)</td>
<td>3/2008 - 2/2018</td>
<td>$1,000,000</td>
<td>$100,000</td>
<td>$100,000</td>
<td>$100,000</td>
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<tr>
<td>Patient-Centred Innovations for Persons with Multimorbidity.</td>
<td>Co-PI: M. Stewart, M. Fortin (Western) Co-I: A. Thind (with 18 others)</td>
<td>Canadian Institutes of Health Research (CIHR)</td>
<td>4/2013 - 3/2018</td>
<td>$2.5 million</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
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<tr>
<td>Transformation of Indigenous Primary Healthcare Delivery (FORGE AHEAD): Community-driven Innovations and Strategic Scale-up Toolkits.</td>
<td>PI: S. Harris (Western) Co-I: A. Thind (with 30 others)</td>
<td>Canadian Institutes of Health Research (CIHR)</td>
<td>4/2013 - 3/2018</td>
<td>$2.5 million</td>
<td>$500,000</td>
<td>$500,000</td>
<td>$500,000</td>
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<td>Do Primary Care Reforms Influence Physician Performance and Patient Outcomes? Econometric Analyses of Ontario’s Primary Healthcare Delivery Models.</td>
<td>PI: S. Sarma (Western) Co-I: A. Thind (with 4 others)</td>
<td>Canadian Institutes of Health Research (CIHR)</td>
<td>10/2012 - 9/2017</td>
<td>$467,528</td>
<td>$93,505.60</td>
<td>$93,505.60</td>
<td>$93,505.60</td>
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<tr>
<td>Project Name</td>
<td>Principal Investigator</td>
<td>Funding Source</td>
<td>Funding Period Start/End</td>
<td>Amount Total Award</td>
<td>Amount 2013</td>
<td>Amount 2014</td>
<td>Amount 2015</td>
<td>Community-Based Y/N</td>
<td>Student Participation Y/N</td>
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</tr>
</tbody>
</table>
| Exploring Optimal Electronic Medical Record Use Among Practitioners in the Primary Health Care Setting | PI: A. Terry  
Co-I: A. Thind | Health System Research Fund, Ontario Ministry of Health and Long-Term Care. Primary Health Care Program (INSPIRE) | 4/2015  
3/2016 | $26,733 | 0 | 0 | $26,733 | N | N |
| Evaluation of the Quality Improvement and Innovation Partnership Learning Collaboratives (QIIP) | Co-PI: S. Harris, M. Stewart (Western)  
Co-PI: R. Birtwhistle, M. Green (Queen’s)  
Co-I: A. Thind (with 5 others) | Ontario Ministry of Health and Long-Term Care | 6/2010  
5/2015 | $475,809 | $95,161.80 | $95,161.80 | $95,161.80 | N | N |
| Transdisciplinary Understanding & Training on Research – Primary Health Care (TUTOR – PHC) | PI: M. Stewart (Western)  
Co-I: A. Thind (with 15 others) | Canadian Institutes of Health Research (CIHR) | 3/2009  
2/2015 | $1.95 million | $325,000 | $325,000 | $325,000 | N | N |
| Strategic Planning to Support First Nations Communities Participating in the FORGE AHEAD Program | PI: S. Harris (Western)  
Co-I: A. Thind (with 25 others) | Canadian Institutes of Health Research (CIHR) | 7/2014  
6/2015 | $24,997 | 0 | 0 | $24,997 | N | N |
| Dr. James Rossiter MPH Practicum Award | PI: A. Thind | Canadian Institutes of Health Research (CIHR) | 5/2014  
4/2016 | $23,958 | 0 | $11,958 | $12,000 | Y | Y |
| Health Quality Ontario (HQO) Primary Care Learning Collaboratives: Lessons Learned from a Mixed Method Evaluation of a Provincial QI Program | PI: R. Birtwhistle (Queen’s), Stacey Pollock, Health Quality Ontario, M. Green (Queen’s), J. Kotecha (Queen’s) S. Reichert (Western), S. Roberts, (Waterloo)  
Co-I: A. Thind (with 3 others) | Canadian Institutes of Health Research (CIHR) | 4/2013  
3/2014 | $24,958 | 0 | $24,958 | 0 | N | N |
| Engaging Patients in the Development of a Personal Health Record (PHR) Innovation to Manage Chronic Conditions in Primary Care: Exploration of Patients’ Perspectives. | Co-PI: A. Thind, B. Ryan  
Co-I: S. Cejic, J. Brown, M. Stewart, A. Terry | Ontario Ministry of Health and Long-Term Care. | 10/2012  
3/2013 | $8,094 | $8,094 | 0 | 0 | N | N |
| WYLIE, Lloyd Engaging for Change: Coordinated Strategies for Improving Health Services for Aboriginal Peoples | PI: L. Wylie | AMS Phoenix Project, Fellowship Award | 7/2014  
6/2015 | $25,000 | 0 | 0 | $25,000 | N | N |
# Section 3.1 — Research

## 3.1.2 Secondary Faculty Research Activity from 2013 to 2015

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator</th>
<th>Funding Source</th>
<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2013</th>
<th>Amount 2014</th>
<th>Amount 2015</th>
<th>Community-Based Y/N</th>
<th>Student Participation Y/N</th>
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<td><strong>Darnell, Regna</strong></td>
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<tr>
<td>SSHRC Partnership Grant, Franz Boas Papers: Documentary Edition</td>
<td>PI: R. Darnell</td>
<td>SSHRC</td>
<td>04/2013 - 03/2020</td>
<td>2.5 million</td>
<td>$357,143</td>
<td>$357,143</td>
<td>$357,143</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Dean’s Grant for Research and Curriculum Development in Public Health</td>
<td>PI: R. Darnell</td>
<td>Western</td>
<td>09/2013 - 05/2015</td>
<td>$40,000</td>
<td>$20,000</td>
<td>$20,000</td>
<td>0</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Generational Parameters of Narratives of Revitalization</td>
<td>PI: R. Darnell</td>
<td>SSHRC</td>
<td>04/2011 - 03/2014</td>
<td>$125,000</td>
<td>$41,667</td>
<td>$41,667</td>
<td>0</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Ryan, Bridget</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Research Culture and Capacity in Family Medicine – A Literature Review.</td>
<td>PI: B.L. Ryan Co-I: Wetmore SJ, Thorpe C, Zwarenstein M, Wickett J, Boisvert L.</td>
<td>Western University Department of Family Medicine Research Trust Fund competition.</td>
<td>June 2015- Dec 2015</td>
<td>$4,993.00</td>
<td>0</td>
<td>0</td>
<td>$4,993.00</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Exploring Optimal Electronic Medical Record Use Among Practitioners in the Primary Health Care Setting</td>
<td>PI: A. Terry Co-I: B.L. Ryan (with 2 others)</td>
<td>Health System Research Fund, Ontario Ministry of Health and Long-Term Care. Primary Health Care Program (INSPIRE)</td>
<td>04/2015 - 03/2016</td>
<td>$26,733</td>
<td>0</td>
<td>0</td>
<td>$13,366</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>A multiperspective study on transition to adult care for youth with mental health issues</td>
<td>PI: G.J. Reid Co-I: B.L. Ryan (with 7 others)</td>
<td>Lawson Health Research Institute Internal Research Fund</td>
<td>4/2011 - 3/2014</td>
<td>$14,868</td>
<td>$7,434</td>
<td>$7,434</td>
<td>0</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

### TOTALS

| | | | | | | | | | |
|---|---|---|---|---|---|---|
| First Nations Health Governance in BC | PI: J. O’Neil (SFU), J. Gallagher (CEO, FNHA) Co-I: J. Lavoie (University of Manitoba), L. Wylie | CIHR – Policy Workshop Grant | 6/2013 - 12/2015 | $150,000 | $50,000 | $50,000 | $50,000 | N | N |
| Aboriginal Cancer Care | PI: First Nations Health Authority Co-I: N. Caron (UBC and John Hopkins), L. Wylie | CIHR – Planning Grant | 11/2013 - 3/2016 | $25,000 | $8,333.33 | $8,333.33 | $8,333.33 | N | N |
| **TOTALS** | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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### PHC linking with Community Agencies:
Keeping patients with multiple complex conditions healthy and at home

- **Principal Investigator:** L. Dolovich
- **Co-PI:** G. Agarwal G
- **Co-I:** B.L. Ryan (with 7 others)
- **Funding Source:** Ontario Ministry of Health and Long-Term Care, Health System Research Fund
- **Funding Period:** 4/2013 to 3/2016
- **Funding Amounts:**
  - 2013: $445,194
  - 2014: $148,398
  - 2015: $148,398
- **Community-Based Y/N:** Y
- **Student Participation Y/N:** N

### Rates of Referral from Family Physicians to Specialist Physicians in a National Primary Care Electronic Medical Record Database

- **Principal Investigator:** J.D. Shadd
- **Co-PI:** B.L. Ryan
- **Funding Source:** Lawson Health Research Institute Internal Research Fund
- **Funding Period:** 11/2011 to 12/2014
- **Funding Amounts:**
  - 2011: $14,910
  - 2012: $3,727
  - 2013: $3,727
- **Community-Based Y/N:** N
- **Student Participation Y/N:** N

### Engaging patients in the development of a Personal Health Record (PHR) innovation to manage chronic conditions in primary health care: Exploration of patient perspectives

- **Principal Investigator:** A. Thind
- **Co-PI:** B.L. Ryan
- **Funding Source:** Ontario Ministry of Health and Long-term Care, Primary Health Care System Program
- **Funding Period:** 10/2012 to 3/2013
- **Funding Amounts:**
  - 2012: $8,094
  - 2013: $8,094
- **Community-Based Y/N:** N
- **Student Participation Y/N:** N

### Catalyzing, Synergizing, and Mobilizing Primary Health Care Research: Transdisciplinary Understanding and Training on Research in Primary Health Care (TUTOR-PHC) Knowledge Translation Symposium

- **Principal Investigator:** M. Stewart
- **Co-I:** B.L. Ryan (6 others)
- **Funding Source:** Canadian Institutes of Health Research
- **Funding Period:** 11/2012 to 11/2013
- **Funding Amounts:**
  - 2012: $25,000
  - 2013: $25,000
- **Community-Based Y/N:** N
- **Student Participation Y/N:** N

### Chronic Disease Prevention Initiative – seed funding

- **Principal Investigator:** L. Minaker
- **Co-PI:** D. Hammond
- **Co-I:** J. Shelley (with 4 others)
- **Funding Source:** Propel Center for Population Health Impact, University of Waterloo
- **Funding Period:** 05/2013 to 06/2015
- **Funding Amounts:**
  - 2013: $10,000
  - 2014: $5,000
  - 2015: $5,000
- **Community-Based Y/N:** N
- **Student Participation Y/N:** N

### Vanier Canada Graduate

- **Principal Investigator:** J. Shelley
- **Funding Source:** Faculty of Law, University of Toronto
- **Funding Period:** 05/2012 to 04/2015
- **Funding Amounts:**
  - 2012: $150,000
  - 2013: $50,000
  - 2014: $50,000
  - 2015: $50,000
- **Community-Based Y/N:** N
- **Student Participation Y/N:** N
## Section 3.1 — Research

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator</th>
<th>Funding Source</th>
<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2013</th>
<th>Amount 2014</th>
<th>Amount 2015</th>
<th>Community-Based Y/N</th>
<th>Student Participation Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>US-CHINA Mesocosm study: ocean acidification – Planning visit</td>
<td>Trick, Charles</td>
<td>National Science Foundation – International Collaboration</td>
<td>07/2014-06/2015</td>
<td>$41,202</td>
<td>0</td>
<td>$41,202</td>
<td>0</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>NSERC CREATE for freshwater Harmful Algal Blooms (fHABs): Algal Bloom Assessment through Science, Technology and Education (ABATE)</td>
<td>Trick, Charles</td>
<td>NSERC - CREATE</td>
<td>04/2014-03/2019</td>
<td>$1,650,000</td>
<td>$330,000</td>
<td>$330,000</td>
<td>$330,000</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Multiple stressors and cumulative effects in the Great Lakes: An NSERC CREATE program to develop innovative solutions through international training partnerships.</td>
<td>Trick, Charles</td>
<td>NSERC - CREATE</td>
<td>04/2013-03/2018</td>
<td>$1,650,000</td>
<td>$330,000</td>
<td>$330,000</td>
<td>$330,000</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Toxicity of fish-killing flagellates</td>
<td>Trick, Charles</td>
<td>NSERC – Discovery</td>
<td>04/2011-03/2016</td>
<td>$185,000</td>
<td>$37,000</td>
<td>$37,000</td>
<td>$37,000</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Ocean acidification and phytoplankton food quality</td>
<td>Trick, Charles</td>
<td>National Science Foundation– Biological Oceanography</td>
<td>04/2011-03/2014</td>
<td>$920,000</td>
<td>$184,000</td>
<td>$184,000</td>
<td>0</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>The ecophysiology and toxicity of Heterosigma akashiwo Puget Sound: a living laboratory ecosystem approach</td>
<td>Trick, Charles</td>
<td>National Science Foundation – Ecohab</td>
<td>07/2010-06/2013</td>
<td>$700,000</td>
<td>$175,000</td>
<td>0</td>
<td>0</td>
<td>N</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$8,955,994</strong></td>
<td><strong>$1,833,713</strong></td>
<td><strong>$1,666,821</strong></td>
<td><strong>$1,382,150</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3.1 — Research

d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years.

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Target</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Number of grant applications as Principal/Co-Principal Investigator to external agencies</td>
<td>80% of core faculty will have at least two grant applications submitted per year</td>
<td>14%</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>a. Submitted</td>
<td>80% of core faculty will have at least two grant applications submitted per year</td>
<td>14%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>b. Funded</td>
<td>80% of core faculty will have at least one funded grant per year</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>6. Number of grant applications as Co-Investigator to external agencies</td>
<td>80% of core faculty will have submitted at least two applications per year</td>
<td>57%</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>a. Submitted</td>
<td>80% of core faculty will have submitted at least two applications per year</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>b. Funded</td>
<td>80% of core faculty will have at least one funded grant per year</td>
<td>57%</td>
<td>71%</td>
</tr>
<tr>
<td>7. Number of publications in peer reviewed journals</td>
<td>80% of core faculty will have at least three publications in peer reviewed journals per year</td>
<td>29%</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>8. Number of presentations at national/international conferences</td>
<td>80% of core faculty will have at least two presentations at national/international conferences per year</td>
<td>71%</td>
<td>57%</td>
<td>71%</td>
</tr>
</tbody>
</table>

See Resource File 3.1 RESEARCH & SERVICE – 3.1d Individual Faculty Data tables for a breakdown by faculty member for the Research Outcome Measures 5-8 list above. Please note, the tables also include Service Outcome Measures 9-10 for Section 3.2d.
e. **Description of student involvement in research.**

Although our MPH Program focuses on producing practitioners who are consumers of research, our students are involved in research through their classroom activities and on an ad hoc basis.

Examples of student research involvement through classroom activities include:

- **Research for Health course:** this class is focused on providing students with knowledge concerning research design and methods. Skills development occurs in the following areas: 1) developing both quantitative and qualitative research questions; 2) accessing appropriate secondary data sources; 3) conducting qualitative data collection and analysis; 4) constructing a survey; 5) conducting and synthesizing a review of the literature to inform policy; and 6) critical appraisal of research findings.

- **Integrative Workshops:** students develop their critical appraisal skills as they work through the specific problem which is the focus of the workshop, especially the workshop requirement to use research to help inform and develop policy recommendations.

- **Practicum:** Students often generate a written report for their practicum organization of their findings during their practicum placement. These reports are based on a thorough literature review, often with data analyses and policy recommendations; this research is valued highly by the practicum organizations.

- **Showcase:** Students present this information in poster format in August at the end-of-year Practicum Showcase, to which the public health community at large is invited, ensuring wide dissemination of their findings.

- **Culminating experience:** Students develop a Teaching Case for their culminating experience, which is based on the synthesis and integration of their research and knowledge; selected examples are published in the Western Public Health Casebook.

On an ad hoc basis, students work with faculty members on their research projects and/or publications. Some examples are:
Abraham Kunnilathu (MPH 2014) has worked with Dr. Mark Speechley on a study of dental-related quality of life in people receiving free dental care in Kerala, India.

Delaney Hines (MPH 2014) published an article with Dr. Shannon Sibbald titled “Citizen science: Exploring its application as a tool for prodromic surveillance of vector-borne disease” in Canada Communicable Disease Report, Volume 41-03, March 5, 2015.

Molly Dion (MPH 2015) published an article from her practicum with P. AbdelMalik and A. Mawudeku titled “Big Data and the Global Public Health Intelligence Network (GPHIN)” in the Canada Communicable Disease Report, Volume 41-09, September 3, 2015.

14 students from the Class of 2015 formed an interest group to further their learning in epidemiology and biostatistics topics (the “Epi Keeners”). This group attended research seminars in the Department of Epidemiology & Biostatistics and also participated in the peer review of a manuscript under the supervision of a faculty member.

Under the supervision of Drs. Speechley and John-Baptiste, two groups of students from the Class of 2016 participated in peer-review of manuscripts for the International Journal of Speech Language Pathology and the Canadian Journal of Public Health.


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

This criterion is met with commentary.

The solid institutional support in the form of established policies, procedures and practices at Western and the Schulich level is a strength. In addition, the MPH Program faculty have highly active and successful research programs, as evidenced by the receipt of the prestigious Canada Research Chair to the Director, and by the productive activities of its senior and junior level faculty.

Because the MPH is a one year program, students have limited time to become involved in research projects. Our plans for the future are to seek ways to increase student involvement in research to the best extent possible.
3.2 Service. The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

a. Description of the program’s service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

All faculty members are expected to provide service to the public health community as part of their University appointment. Table 3.2.1 depicts the substantial professional and community service contributions of the Program faculty and students (see Resource File 3.2 SERVICE – 3.2c Table 3.2.1 Faculty Service – Primary Faculty and 3.2.1 Faculty Service – Secondary Faculty). For example, our faculty have close links to the Middlesex-London Health Unit and collaborate with other community agencies (e.g., being on the Board of the London Intercommunity Health Center, work with the Southwest Ontario Aboriginal Health Access Centre, The Ontario Public Health Convention, etc.). In the winter semester, students undertake a field trip to Washington, DC to visit leading institutions in public health such as the American Public Health Association (APHA), Pan American Health Organization (PAHO), United Nations High Commissioner for Refugees (UNHCR) and the World Bank.

On May 6th of this year the MPH Program is participating in the Canadian Medical Hall of Fame/TD Discovery Days in Health Sciences. This is a nation-wide event held at multiple universities across the country over the course of the year. Discovery Days provides secondary school students (primarily Grade 11) the opportunity to explore a variety of career options in medicine and health sciences through a series of workshops and guest speakers. Last year 343 secondary school students from 50 different schools in southern and southwestern Ontario participated in the event held at Western. Dr. Sibbald is organizing a workshop to be held in our state-of-the-art classroom. Dr. Sibbald will lead an interactive workshop adopted from one of our integrative workshops. Planning is still in the early stages and we are very excited to be part of this event.

From the student perspective, the practicum is an opportunity to not only learn from, but also provide a service to, the agency. For example, students who did their
Section 3.2 — Service

practicum at the Canadian Public Health Agency (CPHA) offices in Ottawa this summer developed position papers summarizing CPHA’s stance on poverty and health equity legislation. Another student working with the Access Alliance (Toronto) assisted in promulgating a “good jobs” strategy with local employers. Formal agreements to facilitate this service contribution exist in the form of Placement Agreements (see Resource File 2.4 PRACTICAL SKILLS – 2.4a Sample Placement Agreement) we have signed with sites who have agreed to accept our students for their practicums.

A service contribution at the Program level that we would like to highlight is our commitment to building the case-based pedagogy in public health by releasing an annual public health casebook. We select the best cases arising from the student’s culminating experience every year, and publish them as a free book and plan to make them available at no cost online through our website. These cases can be used by educational programs and organizations throughout the world as teaching materials. The inaugural edition of the book was released in August 2015 (see Resource File 2.5 CULMINATING EXPERIENCE – 2.5b Western MPH Casebook 2015 e-version).

b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Normal workload at Western allots 20% of effort to service. For the purposes of Annual Performance Evaluation (APE), the Faculty Collective Agreement 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.” It is worth noting that for purposes of tenure and promotion, “[W]hile 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. 93).

c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

See Resource File 3.2 SERVCE – 3.2c Table 3.2.1 Faculty Service – Primary Faculty (2013-2015) and 3.2c Table 3.2.1 Faculty Service – Secondary Faculty (2013-2015).
d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Target</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. 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)</td>
<td>100% of core faculty will have three such external relationships per faculty per year</td>
<td>29%</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>10. Foster partnerships and collaboration with academic public health (such as grant reviewer, conference reviewer, journal editor/reviewer, member of national committee, etc.)</td>
<td>100% of core faculty will have two such contributions per faculty per year</td>
<td>71%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>11. Develop and disseminate public health teaching cases in collaboration with local, national and/or international agencies</td>
<td>Produce 15 new public health teaching cases per year</td>
<td>NA</td>
<td>13(^7)</td>
<td>NA(^8)</td>
</tr>
<tr>
<td></td>
<td>Publish free annual casebook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Launched Aug. 27, 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See Resource File 3.1 RESEARCH & SERVICE – 3.1d Individual Faculty Data tables for a breakdown by faculty member for the Service Outcome Measures 9-10 listed above. Please note, the tables include Research Outcome Measures 5-8 as well.

\(^7\) The Western Public Health Casebook is based on cases written by our MPH students for their culminating experience. It takes one year from the time cases are submitted until the book is published. Hence cases from the 2013-14 cohort are published in the Western Public Health Casebook 2015. Subsequently, cases from the 2014-15 cohort will be published in August 2016.

\(^8\) As of the time of writing, the Co-Editors were reviewing 20 student cases that made the initial selection. We are confident that we can select at least 15 cases from this to publish in the 2016 edition of the Western Public Health Casebook, scheduled to be released in August 2016.
e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

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 some 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.

Examples of student involvement in service include the Class of 2015 organized Public Health week in April 2015, which involved the following activities:

- a competitive stair climb (https://www.facebook.com/westernuPH/posts/440881679408058);
- a live-streamed panel with two local Medical Officers of Health and two health reporters (one from a national newspaper and one from local television), on the topic of how public health stories are represented in news media, both positively and negatively;
- a reflective exercise in “What does public health mean to you” along with its associated video (available on Vimeo at: https://vimeo.com/124575758); and
- a Litterless Lunch.

Other students have volunteered for community agencies (Cross Cultural Learner Center, London Intercommunity Health Center, St. John Ambulance, Global Initiative of Village Empowerment (GIVE), etc.) and one student has consulted with community stakeholders about establishing an oral health program for marginalized and disadvantaged members of the London area, with plans to develop such a program upon their graduation.

To the extent it can, the Program facilitates these initiatives. Students are exposed to the service commitment of public health during their field trips to Washington, DC (where they visit agencies such as PAHO, UNHCR, APHA, and the World Bank), and to the Ontario Public Health Convention (TOPHC) and the annual Canadian Public Health Association (CPHA) conference. In fact, the idea for the ‘Public Health...
Section 3.2 — Service

Week’ came when the students heard about the planned annual Public Health week
activities from APHA in Washington, DC, and finding that there were no similar
activities in Canada, planned the local activities described above.

A new initiative for this academic year is the Community Engaged Learning projects
that are linked to three courses: Community Health Assessment & Program
Evaluation (MPH 9011), Managing Health Services (MPH 9010), and Health
Economics (MPH 9014). The teams will assist with the development of plans for
needs assessments, implementation, evaluation and knowledge translation. There
are four community partners who have provided two projects each (see Resource
File 3.2 SERVICE – 3.2e Community Engaged Learning):

- Middlesex-London Health Unit:
  1. Maternal Child Health – Maternal Child Health for Immigrants and Refugees
  2. Maternal Child Health – Equity for Early Pregnancy

- London Health Sciences Centre:
  1. Cultural Competency Training for Supporting Refugees
  2. Mental health Care Pilot Project

- Occupational Health Clinics for Ontario Workers (OHCOW):
  1. Pesticide Safety
  2. Mental Health Drop-in Centre

- Gateway Centre of Excellence in Rural Health:
  1. Transitioning to a Centre for Excellence in Mental Health (phase 1)
  2. Transitioning to a Centre for Excellence in Mental Health (phase 2)

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

This criterion is met.

A strength is 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.
A weakness is the lack of time in the compacted curriculum that is available for the students to pursue such service activities. Our plans for the future include facilitating a greater student involvement in service activities as can be allowed by the one year curriculum.
3.3 Workforce Development. The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

The MPH Program has begun the process of continuing needs assessment through both formal and informal methods. As a formal method, we have had discussions with four key local agencies (Muslim Resource Center for Social Support and Integration, Local Health Integration Network, Ontario Healthy Communities Coalition and the Southwest Regional Cancer Program) to identify their workforce education needs. In addition, Dr. Thind (Director) has begun to reach out to all 36 health units and 14 Local Health Integration Networks (LHINs) in Ontario, with the goal of developing linkages especially pertaining to workforce development. To date, Dr. Thind has met with 12 Medical Officers of Health and is scheduling the remaining visits over the next 6 months (see Resource File 3.3 WORKFORCE DEVELOPMENT – 3.3a List of Public Health Units and LHINs). As well, we receive informal feedback on a continuing basis from interactions with invited guest speakers at our weekly Brown Bag Seminars, invited guest lecturers, and community based committee members. See Resource File 3.3 WORKFORCE DEVELOPMENT – 3.3a BBS Speakers, Topic and Attendees and 4.1 FACULTY QUALIFICATIONS – 4.1c Class Guest Speakers) for more details.

For example, Rachel Eskin (MPH 2014) is an archetypical community based community member. A graduate of the Program, she now works as a public health nurse at the Middlesex-London Health Unit (MLHU); as a member of our Admissions Committee she provides us with an informal channel to assess the continuing education needs of the community and especially MLHU.

Based on feedback from these sources, program evaluation has been identified as an area where the MPH Program will provide continuing education to the community agencies.
b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years.

MPH faculty members have participated in the “Mini Medical School”, which is an opportunity for members of the general community to attend lectures from Schulich faculty on various health topics (http://www.schulich.uwo.ca/about/community_programs/mini_meds.html). In fall 2014 two MPH faculty took the opportunity to demonstrate the use of the case-method by presenting on the topic of e-cigarettes. The fall 2014 series had 150 people register for the seven week lecture series however weekly attendance was not taken. (See Resource File – 3.3 WORKFORCE DEVELOPMENT – 3.3b Mini Med School Poster).

An element which is a unique contribution to workforce development is our annual Western Public Health Casebook, which can be used by community agencies for workforce development. The 2015 edition was mailed to our stakeholders, and we have received numerous requests for more copies from around the world. For example, Medicina Tropical UAB (Spain), Jimma University (Ethiopia) and UNDP (Bhutan) recently requested copies for sharing with their community agencies. In addition, Dr. Thind recently met with Beverley Bryant (Manager, Education & Research) and Sharanjeet Kaur (Manager, Research, Policy & Planning) at the Peel Public Health Unit and provided them with copies of the Western Public Health Casebook 2015. They were both very enthusiastic and indicated that they would like to use the casebook for workforce development within the health unit. The casebook is also available on our website for easy access: https://www.schulich.uwo.ca/publichealth/cases/index.html. Moving forward, we plan on doing a survey to those we have sent the book to for impact. For the website we hope to use google analytics to track which cases are being downloaded but we don't have a way to know who; however, we do ask for feedback from anyone who uses a case.
From the 2015-16 academic year, we plan on offering the following activities:

- A short course/class on program evaluation – this was the result of the community educational needs assessment exercise we conducted as described above;
- Open some sessions of our Brown Bag seminar series to the community when topics of interest are being presented (see Resource File 3.3 WORKFORCE DEVELOPMENT – 3.3a BBS Speakers, Topics and Attendees);
- Open the sessions of the joint Public Health – Family Medicine seminar series to the community when topics of interest are being presented; and
- Expanding public health participation in the “Mini Medical School”; and
- Creating a user friendly searchable database of our teaching cases on our website.

c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

NOT APPLICABLE

d. Description of the program’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

The MPH Program facilitates its faculty’s participation in continuing education and workforce development strategies. Our Program’s practices, policies, procedures and evaluation of continuing education come under the aegis of the Schulich School of Medicine & Dentistry and Western University.

Schulich supports continuing education through a Continuing Professional Development (CPD) program (http://www.schulich.uwo.ca/continuingprofessionaldevelopment/) which is closely integrated with the Education Office of Schulich Medicine & Dentistry. Offerings include four community-oriented programs:

- Dental Outreach Community Service
- See the Line (concerning traumatic brain injuries)
Section 3.3 — Workforce Development

- Robarts Presentation Series
- Mini Medical School

Western University has a major continuing studies department (http://wcs.uwo.ca) which offers programs to members of the community in the areas of corporate training, French immersion, personal enrichment and professional development to name a few.

e. **A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.**

   **NOT APPLICABLE**

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

   This criterion is partially met.

   In our first two years of existence we focused primarily on implementing our novel case-based pedagogy. As we gain experience with this approach our next steps are to create a questionnaire to measure the public health learning needs of public health agencies in our area and meet with representatives of both Western’s Continuing Studies and Schulich’s Continuing Professional Development programs to gauge interest in offering public health-focused courses. As well, we hope to track the use of our casebook in other public health programs, and to gradually expand our online presence. This will help to broaden the variety and reach of public health focused continuing education and workforce development offerings we make to the community.
4.0 FACULTY, STAFF AND STUDENTS

4.1 Faculty Qualifications. The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program’s mission, goals and objectives.

a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.

Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/ Academic Rank</th>
<th>Tenure Status or Classification*</th>
<th>FTE or % Time to the program</th>
<th>Graduate Degrees Earned</th>
<th>Institution where degrees were earned</th>
<th>Discipline in which degrees were earned</th>
<th>Teaching Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN-BAPTISTE, Ava</td>
<td>Assistant Professor</td>
<td>Tenure-track</td>
<td>55%</td>
<td>MHSc</td>
<td>University of Toronto</td>
<td>Laboratory Medicine &amp; Pathobiology</td>
<td>Health Economics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PhD</td>
<td>University of Toronto</td>
<td>Health Services Research, Outcomes &amp; Evaluation</td>
<td></td>
</tr>
<tr>
<td>MCKINLEY, Gerald</td>
<td>Assistant Professor</td>
<td>Tenure-track</td>
<td>95%</td>
<td>MA</td>
<td>Western</td>
<td>Theory &amp; Criticism Anthropology</td>
<td>Social Cultural Determinants of Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PhD</td>
<td>Western</td>
<td></td>
<td>Aboriginal Health</td>
</tr>
<tr>
<td>SIBBALD, Shannon</td>
<td>Assistant Professor</td>
<td>Tenure-track</td>
<td>70%</td>
<td>MSc</td>
<td>University of Toronto</td>
<td>Health Policy, Management &amp; Evaluation</td>
<td>Health Promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PhD</td>
<td>University of Toronto</td>
<td>Health Policy, Management &amp; Evaluation</td>
<td>Health Communications</td>
</tr>
<tr>
<td>Name</td>
<td>Title/ Academic Rank</td>
<td>Tenure Status or Classification*</td>
<td>FTE or % Time to the program</td>
<td>Graduate Degrees Earned</td>
<td>Institution where degrees were earned</td>
<td>Discipline in which degrees were earned</td>
<td>Teaching Area</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>SPEECHLEY, Mark</td>
<td>Professor</td>
<td>Tenured</td>
<td>85%</td>
<td>MA PhD</td>
<td>Western Western</td>
<td>Sociology Epidemiology &amp; Biostatistics</td>
<td>Epidemiology &amp; Biostatistics</td>
</tr>
<tr>
<td>TERRY, Amanda</td>
<td>Assistant Professor</td>
<td>Tenure-track</td>
<td>75%</td>
<td>MA PhD</td>
<td>York University Western University</td>
<td>Geography Epidemiology &amp; Biostatistics</td>
<td>Research Methods Leadership</td>
</tr>
<tr>
<td>THIND, Amardeep</td>
<td>Professor</td>
<td>Tenured</td>
<td>100%</td>
<td>MD PhD</td>
<td>All India Institute of Medical Sciences, New Delhi, India University of California Los Angeles</td>
<td>Medicine Health Services Research</td>
<td>Developing Healthy Communities Transforming Public Health</td>
</tr>
<tr>
<td>WYLIE, Lloy</td>
<td>Assistant Professor</td>
<td>Tenure-track</td>
<td>95%</td>
<td>MA PhD</td>
<td>University of Victoria University of British Columbia</td>
<td>Political Science School of Population and Public Health, Nursing and Political Science</td>
<td>Managing Health Services Community Health Assessment &amp; Program Evaluation</td>
</tr>
</tbody>
</table>
Section 4.1 — Faculty Qualifications

b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.).

Template 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Title &amp; Current Employer</th>
<th>FTE or % Time</th>
<th>Graduate Degrees Earned</th>
<th>Discipline for earned graduate degrees</th>
<th>Contributions to the Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>DARNELL, Regna</td>
<td>Professor</td>
<td>Faculty of Social Science, Western</td>
<td>25%</td>
<td>MA, PhD</td>
<td>Anthropology, Anthropology</td>
<td>Advisor for two courses: Social Cultural Determinants of Health and Aboriginal Health, Member of Curriculum and Admissions Committee</td>
</tr>
<tr>
<td>RYAN, Bridget</td>
<td>Assistant Professor</td>
<td>Schulich School of Medicine &amp; Dentistry, Western</td>
<td>10%</td>
<td>MSc, PhD</td>
<td>Epidemiology &amp; Biostatistics</td>
<td>Co-Instructor for Research for Health</td>
</tr>
<tr>
<td>SHELLEY, Jacob</td>
<td>Assistant Professor</td>
<td>Faculty of Law, Western</td>
<td>25%</td>
<td>LLM, SJD (expected 2016)</td>
<td>Public Health Law, Public Health and Private Law</td>
<td>Instructor for Health Policy, Law and Equity, Learning Team Advisor</td>
</tr>
<tr>
<td>TRICK, Charles</td>
<td>Professor</td>
<td>Faculty of Science, Western</td>
<td>45%</td>
<td>MSc, PhD</td>
<td>Marine Sciences, Oceanography</td>
<td>Instructor for Sustaining Environmental Health, Learning Team Advisor, Member of Curriculum and Admissions Committee</td>
</tr>
</tbody>
</table>
c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. 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 and preceptor) and activities (guest speakers, conference attendance, Brown Bag seminars, etc.).

**Appointments:**

*Adjunct faculty* are appointed for fixed terms and have clearly defined academic responsibilities. They usually do not receive any remuneration from Western, and 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](http://www.uwo.ca/univsec/mapp/section4/Adjunct.pdf).

Currently appointed adjunct faculty in the MPH Program include Medical Officers of Health from local public health units (Dr. Chris Mackie and Dr. Gayane Hovhannisyan from Middlesex-London Health Unit; Dr. Sudit Ranade from Sarnia-Lambton Health Unit), an international development organization (Dr. Michael Clarke, former Director of the International Development Research Center in Ottawa), faculty members with exceptional expertise in working with First Nations (Dr. Jack Bend) and knowledge translation experts working with public health units province wide (Dr. Anita Kothari).

*Preceptors* are public health practitioners who have agreed to supervise a practicum student during the summer. Section 2.4a describes in detail the process for selecting practicum sites and preceptors. Our preceptor list (see Resource File 2.4 PRACTICAL SKILLS - 2.4a Preceptor List for 2014-2015) highlights the tremendous diversity in preceptor experience and public health practice represented.
in our practicum sites. Preceptors who make a commitment to take in students for multiple years are considered for an Adjunct faculty appointment.

**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 (see Resource File 4.1 FACULTY QUALIFICATIONS - 4.1c Class Guest Speakers).

In addition, we have created a lunch time *Brown Bag Seminar series* (see Resource File 3.3 WORKFORCE DEVELOPMENT – 3.3a BBS Speakers, Topics and Attendees) whose aim is to allow students to meet, interact and network with practitioners from the field. For example, speakers in this series have included Dr. Greg Taylor (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), Dr. Peter Donnelly (President and CEO, Public Health Ontario), and Dr. Meena Cherian (Head of WHO’s Essential Surgery Program).

Faculty members also attend public health *conferences* where they make presentations about their research, network with practitioners and integrate the latest perspectives from the field of practice.

b. **Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.** See CEPH Outcome Measures Template.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core/secondary faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Percentage having doctoral degrees in areas relevant to public health</td>
<td>100%</td>
<td>92%</td>
<td>83%</td>
<td>91%</td>
</tr>
<tr>
<td>2) Number of courses with median scores on “overall course effectiveness” of at least 6 (on Western’s evaluation scale of 1-7)</td>
<td>14 courses</td>
<td>2/14</td>
<td>6/14</td>
<td>NA</td>
</tr>
<tr>
<td>3) Core faculty will have at least three publications in peer reviewed journals per year</td>
<td>80%</td>
<td>29%</td>
<td>43%</td>
<td>57%</td>
</tr>
</tbody>
</table>
Section 4.1 — Faculty Qualifications

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjunct faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Percentage having Master’s degrees</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>5) Percentage involved in active public health practice</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

The criterion is met.

The strengths of our faculty include their interdisciplinary nature and strong background preparation. Their combined expertise covers a wide range of public health disciplines (epidemiology, biostatistics, health services research, health promotion, health economics, management, medical anthropology, environmental health), and is well balanced with senior and junior researchers. The adjunct faculty, in concert with the preceptors and guest speakers, complements the existing faculty by bringing in their rich practical experience. Taken together, our faculty (core, secondary, adjunct, preceptors and guest speakers) are fully able to support our mission, goals and objectives.

Our plans for the future are to increase our adjunct faculty complement, thus further augmenting our students’ exposure to the field of practice.
4.2 **Faculty Policies and Procedures.** The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

a. A faculty handbook or other written document that outlines faculty rules and regulations.

The faculty are represented by the University of Western Ontario Faculty Association (UWOFA). It represents full-time faculty of the University (other than clinical faculty) and part-time faculty with duties equivalent to teaching at least 0.5 degree credit course in each of 2 of the last 3 fiscal years. All our MPH faculty are members of UWOFA.

Rules and regulations for personnel (including faculty) working at Western are codified in the Manual of Policies and Procedures compiled by the University Secretariat ([http://www.uwo.ca/univsec/policies_procedures/index.html](http://www.uwo.ca/univsec/policies_procedures/index.html)).

b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Resources and programs for faculty development are available at the Program and Schulich/Western level. With certain exceptions, these resources are generally available to all faculty appointments (including adjunct and part-time faculty).

**Program**

**Start up support:** As part of the conditions of appointment, all new faculty members are given a minimum of $6,000 in start-up funds and/or conference travel grants. These can be used to kick start their research programs, and also for professional development.

**Workshops:** The MPH Program offers a Case Writing Workshop in April for students and faculty members. The goal of this workshop is to impart case writing skills to students and faculty. In addition, the MPH Program pays the full cost (tuition, travel, etc.) for 2-3 faculty every year to attend the Harvard Case Teaching Workshop, which is usually held in June.
**Schulich/Western**  
**Teaching Support Center (TSC):** The TSC fosters best practices in teaching and learning at Western University, and advocates for teaching excellence and scholarship at Western, nationally, and internationally. It utilizes an evidence-based approach to create and deliver programs that support the teaching and learning activities of faculty members, librarians and archivists, post-doctoral fellows, and graduate students. The TSC offers workshops, conferences, courses, individual consultations and online resources. Additionally, it provides formal and informal opportunities to discuss and share ideas and practices related to teaching and learning on campus. Further details on the TSC are available at [http://uwo.ca/tsc/](http://uwo.ca/tsc/).

**Research Western:** Under the aegis of the Vice-President (Research), Research Western focuses on providing faculty support for research funding, research grant preparation, commercialization of research findings/products, and generally supporting research excellence. It maintains an up-to-date database of internal and external funding opportunities, and provides assistance in proposal preparation and grant writing, research ethics, communication events and training, and post-award administration. Further information is available at [http://uwo.ca/research/index.html](http://uwo.ca/research/index.html).

**Continuing Professional Development (CPD):** 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 [http://www.schulich.uwo.ca/continuingprofessionaldevelopment/faculty_staff_development/index.html](http://www.schulich.uwo.ca/continuingprofessionaldevelopment/faculty_staff_development/index.html). 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 Excellence. Details are available at [http://www.schulich.uwo.ca/continuingprofessionaldevelopment/faculty_staff_development/fellowships_grants/index.html](http://www.schulich.uwo.ca/continuingprofessionaldevelopment/faculty_staff_development/fellowships_grants/index.html).
**Professional Expense Reimbursement (PER):** As part of the Faculty Collective Agreement, all faculty members are given an annual grant that can be used for professional development. These monies are often used by full time faculty to attend professionally-related courses, conferences, meetings, seminars or workshops.

c. **Description of formal procedures for evaluating faculty competence and performance.**

All faculty members are formally evaluated as per the Annual Performance Evaluation (APE) procedures and criteria. These are specified in the Faculty 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;
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 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 will thus provide 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 in light of the mentee’s teaching goals. Further details about the Schulich Mentorship Program are available at: http://www.schulich.uwo.ca/humanresources/faculty-mentorship/menus/mentoring

**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.

d. **Description of the processes used for student course evaluation and evaluation of instructional effectiveness.**

Formal course evaluations and evaluation of course effectiveness are conducted as described in Resource File 1.2 EVALUATION – 1.2 Detailed Description of Data Collection (see under “Outcome Measure 4”). Course evaluations are completed by students for all teaching faculty at the end of each term. Western University has a scantron form that is provided to every student to complete for each teaching faculty member. The MPH Program Coordinator administers the course evaluations as per University guidelines and sends the completed forms to Western’s Office Institutional Planning and Budgeting (IPB), which compiles the information and records any comments made by the evaluator. A summary sheet along with the written comments is provided to the Director for each teaching faculty member at the

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9 Western only has one scantron form which was originally designed for large undergraduate courses; the same form has since been used for evaluation of graduate and professional courses.
beginning of the next semester (see Resource file 4.2 FACULTY POLICIES & PROCEDURES – 4.2d MPH Course Evaluations 2013-14 and 4.2d MPH Course Evaluations 2014-15).

In addition to this formal, University mandated mechanism conducted at the end of the semester, the MPH Program also has more immediate mechanisms as outlined in Section 1.5e to keep abreast of course issues.

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

The criterion is met.

The strength is that the Program benefits from the well-developed policies and procedures in place at the Western level that address all issues pertaining to faculty recruitment, appointment, evaluation, promotion and professional development of faculty. In addition, these issues are re-examined every 4 years when the Collective Agreement is re-negotiated, thus allowing for improvements to be made.
4.3 **Student Recruitment and Admissions.** The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

a. **Description of the program's recruitment policies and procedures.** If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

The MPH Program admits health professionals who desire advancement in their knowledge of public health and/or who are preparing for leadership roles within public health. The ideal candidate will have one of several backgrounds (see below); the program strives for maximum diversity in the cohort of students. The ideal candidate will have at least a four-year undergraduate degree (with a GPA of 70% or more over the last 2 academic years) and demonstrated public health related experience.

The Admissions Committee is particularly interested in the candidates' education, health related work experience, and demonstration of leadership capabilities, which are defined below.

**Education:** An undergraduate, graduate or professional degree from a recognized Canadian university (or equivalent) in any discipline. Examples of disciplines include health sciences, medical anthropology, health geography, health promotion, health journalism or social work.

**Public Health Related Experience:** We prefer applicants who have demonstrated public health experience (work or volunteer), including nonprofit associations and non-governmental organizations (NGOs), governments and for profit organizations.

**Leadership Capabilities:** Both formal and informal demonstration of leadership as described in the applicants' statement of interest.

Each applicant is coded into one of the following categories to help the Admissions Committee in evaluating applications and ensuring maximum diversity for the cohort:
Section 4.3 — Student Recruitment and Admissions

- **PH** (public health professional) - individuals who have studied a professional program and/or who have worked for at least two years in a public health and/or health professional area.
- **IMG** (international medical graduate) – a permanent resident or citizen of Canada who has studied medicine and/or dentistry outside of Canada
- **UG** (undergraduate) – if the applicant graduated within the last two years then coded as UG unless they have graduated from a professional program.

In addition, all applicants must have a minimum average of B (70% or higher) on the last 10 full courses or 20 half-courses completed (approximately 2 years of full-time study); we also prefer that they have successfully completed an undergraduate statistics course with a minimum of 70% (Canadian equivalency). International students (i.e. those whose first language is not English) must demonstrate English language fluency. We use the following tests (and scores) to assess this requirement:

- The Test of English as a Foreign Language (TOEFL). The competitive score is 100 for the internet based test (iBT) with no individual score below 22; or 580 for the paper and pencil version.
- The International English Language Testing Service (IELTS) of the British Council. The competitive score is 7 out of 9 with no individual score lower than 6.5.
- The Michigan English Language Assessment Battery (MELAB) of the University of Michigan. Students must have at least 80 on each of the sections and an overall score of at least 85.
- The Canadian Academic English Language Assessment (CAEL Assessment). The competitive overall score is 70 in both writing and speaking.
b. Statement of admissions policies and procedures. If these differ by degree (e.g., 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
- 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
Section 4.3 — Student Recruitment and Admissions

- 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.

c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Brochure</td>
<td><a href="http://web.schulich.uwo.ca/affiliates/publichealth/">http://web.schulich.uwo.ca/affiliates/publichealth/</a></td>
</tr>
<tr>
<td>Academic Calendar</td>
<td><a href="https://www.schulich.uwo.ca/publichealth/future_students/courses.html">https://www.schulich.uwo.ca/publichealth/future_students/courses.html</a></td>
</tr>
<tr>
<td>Grading (academic handbook) and SGPS website</td>
<td>Posted on OWL – Western’s online learning management system - <a href="https://owl.uwo.ca/portal">https://owl.uwo.ca/portal</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://grad.uwo.ca/current_students/index.html">http://grad.uwo.ca/current_students/index.html</a></td>
</tr>
<tr>
<td>Academic offerings</td>
<td><a href="https://www.schulich.uwo.ca/publichealth/future_students/what_is_mph.html">https://www.schulich.uwo.ca/publichealth/future_students/what_is_mph.html</a></td>
</tr>
<tr>
<td>MPH Video</td>
<td><a href="https://www.youtube.com/watch?v=tSGZlpn9osU">https://www.youtube.com/watch?v=tSGZlpn9osU</a></td>
</tr>
<tr>
<td>Facebook Page</td>
<td><a href="https://www.facebook.com/westernuPH">https://www.facebook.com/westernuPH</a></td>
</tr>
<tr>
<td>Print Material</td>
<td>See Resource File 4.3 STUDENT RECRUITMENT &amp; ADMISSIONS 4.3c Sample Print Material</td>
</tr>
</tbody>
</table>

d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2013 to 2015

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>120</td>
<td>161</td>
<td>158</td>
</tr>
<tr>
<td>Accepted</td>
<td>44</td>
<td>80</td>
<td>92</td>
</tr>
<tr>
<td>Enrolled</td>
<td>32</td>
<td>40</td>
<td>42</td>
</tr>
</tbody>
</table>
Section 4.3 — Student Recruitment and Admissions

e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years.

<table>
<thead>
<tr>
<th>Table 4.3.2 Student Enrollment Data from 2013 to 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>MPH Concentration</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>2013</td>
</tr>
</tbody>
</table>

f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Target</th>
<th>2013 n=32</th>
<th>2014 n=40</th>
<th>2015 n=42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average entry GPA (students will enter with at least a 70% average)</td>
<td>70%</td>
<td>82%</td>
<td>78%</td>
<td>79%</td>
</tr>
<tr>
<td>Percentage of students with health professional and health related backgrounds</td>
<td>70%</td>
<td>81%</td>
<td>70%</td>
<td>62%</td>
</tr>
<tr>
<td>Graduation rates</td>
<td>80% or higher</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

This criterion is met.

The strength of the Program is that its policies and procedures for admission and recruitment are comprehensive and easily available to prospective applicants. The Program is attracting qualified applicants from across the world, and is well on track to meet its measurable objectives listed above.

Our plans for the future are to increase the student intake gradually so that all 60 spots are filled by the 2016-17 year.
4.4 **Advising and Career Counseling.** There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

**a. Description of the program’s advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.**

All entering students are placed in a Learning Team, which has an assigned Faculty Advisor. (Please see bullet v in Section 1.8a for more details about the Learning Team.) 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.

During Orientation 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 (see Resource File 4.4. ADVISING & CAREER COUNSELING – 4.4a 2015 MPH Academic Handbook and 4.4a 2015 MPH Orientation Handbook).

**b. Description of the program’s career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program’s student population.**

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
Section 4.4 — Advising and Career Counseling

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 2013, the Career Development Coordinator has posted over 1,700 public health job postings.

**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.

c. Information about student satisfaction with advising and career counseling services.

Career advising and counseling services are evaluated at the following times:

1) **End of fall semester:** a questionnaire is administered to the students asking them to evaluate the classes given by the Career Development Coordinator and provide written feedback. While the completion of this survey is not mandatory, we obtained a 56% response rate (18 responses out of 32) from the Class of 2014 and 65% response rate (26 responses out of 40) from the Class of 2015.
For the Class of 2016 the response rate was 24% (10 out of 42). The majority of students found these classes to be very helpful as seen by the results below (also see Resource File 4.4 ADVISING & CAREER COUNSELLING – 4.4c MPH Class of 2016 Career Development Survey for the completed survey).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Class of 2014 N=18</th>
<th>Class of 2015 N=26</th>
<th>Class of 2016 N=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found the Career Development classes and the information that was taught to be useful and helpful</td>
<td>16 or 89%</td>
<td>18 or 69%</td>
<td>6 or 60%</td>
</tr>
<tr>
<td>Facilitator has motivated me to increase my knowledge and competence in the area of study in this course.</td>
<td>16 or 89%</td>
<td>22 or 85%</td>
<td>5 or 50%</td>
</tr>
</tbody>
</table>

2) **End of Program:** For the Class of 2014, students were surveyed about their experience in the program, and specifically asked if the career services provided were helpful. For Class of 2014, the chart below depicts 83% agreed that the career services provided were helpful. The Class of 2015 will be asked this question on the Alumni Employment Survey which will be administered August 2016 (see Resource File 2.7 ASSESSMENT PROCEDURES – 2.7c Alumni Employment Survey).
3) Students have other less formal mechanisms for communicating their feedback. These include the regular Wishes & Grumbles sessions with the Director, the anonymous suggestion box in the classroom, anonymous surveys throughout the academic year and the Year-end Debrief held just before the Practicum Showcase. These have been described in detail in Section 1.5e above.

d. **Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.**

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. 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).

In the past two years, we have had only two students appeal their course grades; both cases were satisfactorily resolved at the Program level.

As described in Section 1.5e, other mechanisms for students to communicate their concerns to Program officials include the various feedback surveys, the Wishes and Grumbles sessions, an anonymous feedback suggestion box in the classroom, and the Year-end debrief.

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. As noted in Section 1.8a iii 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 website and information about each office appears in the MPH Orientation Handbook (see Resource File 4.4 ADVISING & CAREER COUNSELLING – 4.4a 2015 MPH Orientation Handbook).

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

The criterion is met.

The presence of a dedicated and experienced Career Development Coordinator is a strength. She made available an average of 10 hours per week for individual student appointments, working around the students’ in-class schedules. For the Class of 2014, 31 of 32 students submitted resumes and cover letters for feedback. For the Class of 2015, 35 out of 40 students submitted resumes and cover letters for feedback. Students also solicited advice on information meetings, mock interviews,
Section 4.4 — Advising and Career Counseling

and job searching. Career services are also available to alumni of the Program, especially those still seeking employment.

While we do collect data as described in Section 4.4c above, we need to have a few iterations under our belt before we can be comfortable with a system and process that serves the purpose. Our plan is to work on this issue in the future.