Council on Education for Public Health Adopted on August 24, 2022

REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

ΑT

WESTERN UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

February 28-March 1, 2022

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CRITERIA:

Accreditation Criteria for Schools of Public Health & Public Health Programs, amended October 2016

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INTRODUCTION

Western University was founded in 1878 and is one of 20 public universities in Ontario, Canada. Western has 12 faculties (similar to colleges in the United States) and schools (arts and humanities; business; education; engineering; health sciences; information and media studies; law; medicine and dentistry; music; science; social science; and graduate and postdoctoral studies) that offer more than 400 undergraduate majors, minors, and specializations as well as professional programs in medicine, business, law, and engineering, and 88 graduate degrees.

As of fall 2021, the university enrolled 25,000 undergraduate, nearly 4,000 master's, and 2,200 doctoral students. The university employed 1,325 full-time faculty and 2,500 full-time staff. At the university level, Western is accredited by the Ontario Universities Council on Quality Assurance. The university also responds to accreditors based in Canada, the United States, and Europe for programs in such areas as business, engineering, nursing, occupational therapy, speech-language pathology, physiotherapy, education, law, library and information science, medicine, and dentistry.

Planning for an MPH program at Western began in 2010, and the first MPH cohort enrolled in fall 2013. The program is housed in the Schulich School of Medicine and Dentistry as a standalone program outside of any department and draws on faculty from across the university. The program distinguishes itself as an intensive 12-month (fall, winter, and summer terms) case- and teambased program, in which students are placed in learning teams for the entirety of the program. The program enrolled 56 students in its most recent cohort (students entering in fall 2021). The program is led by a director (who has a high-level, strategic focus) and a graduate chair (who represents the program at the school and university levels and oversees operational tasks such as grade appeals and conflict resolution).

The program received initial accreditation from CEPH in 2016, and no interim reporting for non-compliant issues was required. The program submitted a substantive change notice in 2017 to advise CEPH that the required credits to earn the MPH degree had been increased from 49.5 to 60 credits.

Due to COVID-19-related restrictions on travel and gatherings, this site visit was conducted via distance technology, with all attendees participating via the Zoom platform with video. The distance based visit will be followed by an on-campus visit when it is safe to do so, within one year of the accreditation decision resulting from this visit.

Instructional Matrix - Degrees and Concentrations					
			Campus based	Distance based	
Master's Degree	Academic	Professional			
Generalist		MPH	MPH		

A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Designates appropriate committees or individuals for decision making, and implementation Faculty have opportunities for input in all of the following: degree requirements curriculum design student assessment policies & processes admissions policies & decisions faculty recruitment & promotion research & service activities Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional		The program's administrative processes support decision making and program operations. The program has four standing committees (Curriculum, Admissions, Accreditation, and Advisory Board) that support the program's operations. In addition, bi-weekly faculty meetings provide a venue to discuss a variety of topics such as the curriculum, learning team issues, student feedback, accreditation updates, and seminar topics. The Curriculum Committee includes faculty, alumni, and one student and is responsible for curriculum review and procedures to ensure compliance with curricular standards and degree requirements. This committee has one standing meeting per year, and additional meetings are scheduled on an as-needed basis. Ongoing discussions related to curriculum design and changes occur at biweekly faculty meetings, with the Advisory Board, and at the annual retreat. The Curriculum Committee also	Click here to enter text.	
program		proposes changes at these meetings and seeks input. Recommended changes are discussed and approved at faculty meetings. The Admissions Committee has four senior faculty, at least two junior faculty, and at least one program alum; it does not have student members due to privacy concerns and the need for confidentiality of records. Each applicant file is reviewed by one senior faculty member and either a junior faculty or alum. This committee meets in March of		

each year to review applications and make admissions decisions.

The Accreditation Committee has a two-fold task: 1) lead the program in the accreditation process, including in the writing of the self-study and 2) ensure compliance with both CEPH and university requirements. The program director, graduate chair, program manager, and career development coordinator constitute the Accreditation Committee. This committee meets bi-weekly during accreditation cycles to prepare the self-study.

The Advisory Board includes academics (internal and external to Western), alumni, and community stakeholders at the local, provincial, and national levels and is discussed in Criterion F1.

In addition to formal committees and full faculty meetings, the program director has a monthly standing meeting with the school's vice-dean of education to discuss program activities. And once a year, primary instructional faculty (PIF), non-PIF, and staff meet at a retreat to focus on highlevel, strategic discussions. During the retreat, attendees review and discuss operations, policies, and strategies to identify what has been working well, what is not working, and what can be done better in the coming academic year.

While individual faculty determine the assessment protocols for their respective courses, issues such as student appeal processes are discussed and voted on at biweekly faculty meetings when the need arises. Assessment protocols must align with guidelines from the program and the School of Graduate and Postdoctoral Studies.

Because the MPH program is not part of a department, tenure-track faculty involved in the program have administrative home departments for their appointment, tenure, and promotion. Most faculty affiliated with the program have appointments in the Department of Epidemiology in the Schulich School of Medicine and Dentistry. Faculty recruitment and promotion decisions are joint discussions between the program, the home department, and the Dean's Office, which has the official authority to hire. The MPH program director serves on program-applicable hiring committees, Annual Performance Evaluation Committees, and Tenure and Promotion Committees; these committees are all at the department level.

Research expectations are defined by faculty members' home departments. Most program faculty are expected to follow a typical 40/40/20 workload distribution: 40% teaching, 40% research, and 20% service. Faculty research and service activities are in the fields of epidemiology, biostatistics, health promotion, health services, environmental health, and qualitative research.

Program faculty contribute to the university's mission in diverse ways. Faculty serve in various roles and on several school and university committees such as the Appointments Committee; Building Committee; Directors, Co-Directors and Associate Directors of Centres; and Appeals Committee.

Full- and part-time faculty have regular interactions in the program. These interactions occur at workshops, faculty meetings, the annual retreat, and by guest speaking in

classes. Part-time faculty serve on the Curriculum and Admissions Committees for the program. Site visitors reviewed meeting minutes and saw evidence of participation of both PIF and non-PIF.	
During the site visit, the team confirmed the activities of the committees and faculty involvement in program governance.	

A2. MULTI-PARTNER SCHOOLS & PROGRAMS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A3. STUDENT ENGAGEMENT

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding Met			
	Iviet			
Students have formal methods to		Students' formal participation in decision making occurs	Click here to enter text.	
participate in policy making &		through their representation on program committees and		
decision making		participation in program meetings. A class representative		
		is elected each year to serve as the liaison between the		
		program and students, and this individual serves on the		
Students engaged as members on		Curriculum Committee. The class representative attends		
decision-making bodies, where		all faculty meetings; the first agenda item of every faculty		
appropriate		meeting is a report from the class representative. The		
		program director holds monthly student sessions (called		
		Mumbles & Grumbles) to discuss student issues and		
		interesting topics. Students can provide anonymous		
		feedback/comments through a suggestion box installed in		

the program's classroom; MPH surveys administered at	
the end of orientation week, fall, and winter terms; course	
evaluations; graduation/exit and alumni surveys; and	
year-end debriefs.	
year-end debriers.	
MPH students are represented on the Schulich Graduate	
Student Council. This council comprises representatives	
from seven basic science departments in the Schulich	
School of Medicine and Dentistry in addition to a student	
·	
representative for international graduate students. The	
council organizes activities for students to share their	
concerns, network, and collaborate with one another. At	
the university level, the Society of Graduate Students is the	
umbrella graduate student organization. The MPH	
program has two representatives on the leadership team	
who represent their class/program in deliberations.	
During the site visit, students who met with reviewers	
confirmed that they have both formal and informal ways	
of voicing their concerns to the program, and they are	
confident that their feedback is carefully considered.	

A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Not Applicable			

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

B1. GUIDING STATEMENTS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		The program's guiding statements address instruction, community engagement, and scholarly activities and allow the program to allocate resources and evaluate its	Click here to enter text.	
Taken as a whole, guiding statements address instruction, scholarship, service		outcomes. The mission is "to create healthy and sustainable"		
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success		communities both locally and globally by educating leaders and professionals who apply transformative knowledge to promote health equity, address issues that marginalized members of society face, prevent diseases, and improve health care access and quality."		
Guiding statements reflect aspirations & respond to needs of intended service area(s)		The program's vision is "we envision a world where health and well-being is within reach for each individual, supported by healthy and sustainable communities, and		
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of		equitably achieved across human populations through the transformation of policies and health service delivery."		
outcomes		The program has developed three goals to meet its mission and vision:1. Teaching: To offer a rigorous case and team-based graduate public health program which will prepare		

 learners to be future leaders in public health from local to global levels. 2. Research: To produce research that advances public health locally and globally. 3. Service: To be a resource for the public health of the community locally and globally. 	
The program's commitment to student-centered experiences is enshrined in nine values that align with the values of Western University. The program's values include academic freedom, diversity, excellence, innovation, interdisciplinarity, integrity, leadership, social justice and equity, and sustainability.	
The program's values are reflected and embedded in its student engagement activities. For example, cohorts are encouraged to create a class motto that reflects the program's vision and values. Since 2019, the class mottos have been "Building community capacity and generating innovative strategies to reduce health inequities through evidence informed practice," "Resiliency. Adaptability. Leadership. In hardship we thrive," and "Facilitating change, making connections, and leading with compassion to tackle public health challenges."	

B2. GRADUATION RATES

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
Collects, analyzes & accurately		The program reports high graduation rates (94% or	Click here to enter text.	
presents graduation rate data for		greater) every year. While students have a maximum		
each public health degree offered		allowable time of two years to graduate, nearly all		

Achieves graduation rates of at	complete the degree in one year given the step-wise,
least 70% for bachelor's & master's	cohort-based structure of the degree.
degrees, 60% for doctoral degrees	
	The program attributes its success in retaining and
	graduating its students to the time spent carefully
	selecting each cohort from the applicant pool, time and
	resources dedicated to students while they are enrolled,
	and each students' desire to succeed.

B3. POST-GRADUATION OUTCOMES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates' employment or enrollment in further education post-graduation for each public health degree offered		Most MPH graduates report a positive post-graduation outcome within a year of completing the degree. In the last three years, 91%, 95%, and 89% of graduates with known outcomes were employed, continuing their education, or not seeking employment by choice. The		
Chooses methods explicitly designed to minimize number of students with unknown outcomes		program also has very low rates of unknown outcomes: only two of 179 graduates in the last three years. The career development coordinator maintains a		
Achieves rates of at least 80% employment or enrollment in further education for each public health degree		spreadsheet organized by cohort that tracks the employer, job title, and location of each program graduate. These data are collected based on personal knowledge of graduates' destinations, interaction with graduates when they seek a reference from the program director, responses to follow-up emails, and review of graduates' LinkedIn profiles. During the site visit, program administrators explained that students form close relationships with faculty and staff and often stay in		

contact long after graduation. Alumni also expressed	
appreciation for these longstanding relationships.	
Site visitors' review of the program's tracking spreadsheet	
showed that graduates are employed in a range of settings	
such as Toronto Public Health, Canadian Red Cross,	
Middlesex-London Health Unit, Ontario Medical	
Association, Carea Community Health Centre, and	
Healthcare Excellence Canada. Job titles of recent	
graduates include health analyst, research and evaluation	
consultant, program evaluator, health promoter, health	
advisor, COVID-19 contact tracer, and public health	
program manager.	
Some graduates (12%, 16%, and 8% in the last three years)	
also continue their education after completing the MPH	
program. These graduates are most commonly enrolled in	
medical school, dental school, and doctoral programs.	

B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines qualitative &/or		The program collects feedback from alumni using a mixed	Click here to enter text.	
quantitative methods designed to		methods approach. Quantitative data collection highlights		
provide meaningful, useful		overall trends, while qualitative data collection allows the		
information on alumni perceptions		program to gain a more granular understanding of issues.		
Documents & regularly examines its				
methodology & outcomes to ensure		To collect quantitative data, the program administers a		
useful data		competency survey three times for each cohort: 1) prior to		
Data address alumni perceptions of		starting the program, 2) at program completion, and		
success in achieving competencies		3) 12 months post-graduation. The program has found		

Data address alumni perceptions of that competency self-assessment is quite low prior to starting the program, is highest immediately upon usefulness of defined competencies in post-graduation placements graduation, and decreases slightly one year after graduation. For the most recent cohort that has reached 12 months post-graduation, respondents rated themselves most competent in skills related to social determinants of health, program planning, advocacy, communication, and interprofessional teamwork. These graduates identified skills related to data analysis, budget and resource management, tailoring efforts for Indigenous and other marginalized populations, and public health economics as areas that could benefit from additional training. The program also collected qualitative feedback from program graduates through a focus group in May 2021. Seven graduates participated and suggested that competency self-assessment may decrease between the second and third administrations of the survey because graduates may not be applying all of the competencies in current jobs and because graduates may discover that some competencies are more difficult in real-world settings than they had expected while earning the MPH degree. In general, graduates who participated in the focus group agreed with the quantitative survey results. These participants also identified areas in which they could have benefited from additional training and preparation, such as more hands-on training on statistical software such as SAS and SPSS; health communication; quality improvement and program evaluation; data-driven decision making; emergency preparedness management; and infectious disease surveillance.

During the site visit, program leaders explained that the	
alumni focus group is intended to be conducted at the	
Ontario Public Health Convention each May, which	
includes a reception for program graduates. The	
convention has been canceled for 2022, but the program	
is hopeful that it will resume its regular schedule in 2023.	
If this is the not the case, program representatives told site	
visitors that they would find another opportunity to collect	
feedback from alumni.	

B5. DEFINING EVALUATION PRACTICES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success		The program has a clear evaluation plan with delineated officials responsible for data collection and review. Those responsible for reviewing evaluation data include the Admissions Committee, the program director, the program manager, and the career development coordinator, as well as the faculty as a whole.		
Defines plan that is ongoing, systematic & well-documented. Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined responsible parties & cycles for review		The program has identified three to five evaluation measures for each goal statement. For example, to assess its goal related to teaching, the program reviews admissions data to assess student cohort diversity and average GPA for incoming cohorts. The program also tracks practicum placement opportunities with international agencies and public health leaders/practitioners who are invited to speak at the program's Brown Bag Series.		

Related to research, the program has identified funded grants, publications, and conference attendance by PIF as assessment indicators. Faculty CVs provide the data for these measures. Site visitors determined that the program's selected evaluation measures align with its mission and goals. For example, ensuring that students represent diverse cultures helps to expand students' perspectives on different populations. Practicum opportunities (domestic and international) offer students first-hand knowledge of real-world challenges and issues and opportunities to use skills and knowledge from their classes to solve problems. The workshops and presentations, which build on the coursework, further enhance students' leadership and public health experiences. The program provides evidence of its regular review of data through its supporting documentation. For example, the program's review of admissions data revealed a decline in international and Indigenous students' enrollment, which started a formal discussion among faculty at the May 2021 retreat. As a result, the program has identified strategies to reach out to and recruit from these populations.

B6. USE OF EVALUATION DATA

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages in regular, substantive review of all evaluation findings, including strategic discussions. Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.)		The program regularly reviews data based on its defined evaluation measures and makes programmatic changes based on evaluation findings when needed. The self-study provides examples of changes related to student admissions, graduation rates, and survey response rates. As discussed in Criterion B5, the program observed a decline in international student enrollment, which negatively impacted the diversity of the student body. While the program extended offers of admission to 13 international students for fall 2018, only four chose to enroll. Program faculty discussed the challenge and altered the admissions timeline/process to ensure that international students receive admission letters earlier in the year to facilitate their visa process. In fall 2019,		
		21 international students matriculated. As another example, the program found that students who were unable to complete the degree in a single year faced significant financial burdens when required to pay regular tuition fees for a second year, which impacted graduation rates. The program discussed the issue as part of its Institutional Quality Assurance Process (IQAP) in fall 2019 and requested a part-time special status for such students. Students qualify for the part-time special status if they have 1) successfully completed two terms of coursework, 2) successfully completed the practicum placement, and 3) submitted their draft capstone deliverable by the June		

deadline for feedback during the summer term. The	
university approved this status in March 2020.	

C1. FISCAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met		<u> </u>	1
Financial resources currently		The Schulich School of Medicine & Dentistry operates on a	Click here to enter text.	
adequate to fulfill stated mission &		zero-based budgeting model, which is centralized and		
goals & sustain degree offerings		controlled by the Dean's Office. The program director		
Financial support appears		develops and negotiates a budget with the dean each year.		
sufficiently stable at time of site		New faculty slots are identified by the program and		
visit		advocated for by the program and departments and		
		ultimately approved by the dean. Interviewed faculty and		
		staff strongly asserted that they have adequate resources		
		to operate the program and have found the Dean's Office		
		to be sensitive and responsive to expressed program		
		needs. University leaders who met with site visitors		
		conveyed strong support for the program; they described		
		it as one of their "crown jewels" because of its		
		interdisciplinary/interfaculty orientation.		
		Program operating funds are provided through tuition and		
		fees. Sixty percent of tuition and fees are returned to the		
		school. While there is no formula for disbursement, some		
		of these funds are returned to the program via the annual		
		budget cycle negotiations.		
		Because the MPH program is not a department, and in line		
		with established university policies and procedures,		

indirect costs are not returned to individual faculty or the	
program.	
·	
Resources to support student and faculty development are	
made available within and external to the program.	
Faculty receive a \$1,500 professional expense	
reimbursement each year to be used for conference	
travel, books, and other forms of continuing professional	
development. Student support comes in the way of	
scholarships, conference travel, and various other	
activities. However, program administrators, faculty,	
students, and alumni who participated in the site visit	
shared their disappointment with the paucity of student	
scholarships and other forms of student financial support.	
Site visitors raised these concerns with university leaders	
and were told that the school is trying to raise funds for	
scholarships for Indigenous and Black students as well as	
students from low socioeconomic backgrounds.	

C2. FACULTY RESOURCES

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
School employs at least 21 PIF; or program employs at least 3 PIF		The program has a relatively large faculty complement for the single MPH concentration that it offers. Nine primary		
3 faculty members per concentration area for all		instructional faculty (PIF) and nine non-PIF support the generalist MPH.		
concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable		Among the PIF, FTE to the program ranges from 0.6 to 0.8. The program bases this calculation on each faculty		

Additional PIF for each additional	N/A	member's 40% dedication to public health research and	
degree level in concentration;		20-40% dedication to teaching in the MPH program. Site	
double-counting of PIF is		visitors determined that these may be conservative	
appropriate, if applicable		calculations of time and effort dedicated to the MPH	
Ratios for general advising & career		program.	
counseling are appropriate for			
degree level & type		The program declined to calculate FTE contributions for	
		non-PIF and instead provided contact hours per year	
Ratios for MPH ILE are appropriate		dedicated to the program. Most contribute 1.5-4 hours	
for degree level & nature of		while two contribute 16 and 33 hours, respectively.	
assignment			
		For general advising and career counseling, as well as	
Ratios for bachelor's cumulative or	N/A	advising during the MPH integrative learning experience	
experiential activity are		(ILE), each faculty member advises an average of seven	
appropriate, if applicable		students, with a minimum of six and a maximum of 14.	
Ratios for mentoring on doctoral	N/A	The program collects both quantitative and qualitative	
students' integrative project are		data on student perceptions of class size and faculty	
appropriate, if applicable		availability. In the last two years, only 60% (n=3) and 54%	
		(n=7) of students responding to the end-of-winter survey	
Students' perceptions of class size		reported being satisfied or very satisfied with class size.	
& its relation to quality of learning		However, these results are based on low response rates	
are positive (note: evidence may be		(less than 25% and 10%, respectively) in the midst of the	
collected intentionally or received		COVID-19 pandemic. The program also holds a year-end	
as a byproduct of other activities)		debrief with graduating students in August. A neutral	
Students are satisfied with faculty		facilitator conducts this session and asks about a variety of	
availability (note: evidence may be		topics related to students' experiences while enrolled in	
collected intentionally or received		the MPH program. The observer reported to the program	
as a byproduct of other activities)		that "Class size was considered good for a master's-level	
		program; small enough to have rich exchange but large	
		enough to get a range of opinions and past experiences.	
		The size also allows good interaction with faculty." While	
		the program plans to conduct this debrief every August,	
		the facilitator had a last-minute emergency in August 2021	

and was not available; therefore, the next debrief is planned for August 2022.

The program surveys students about faculty availability at the end of the fall and winter terms because different faculty teach in each term. Among respondents from the 2020 cohort, 100% (n=7) in fall and 31% (n=4) in winter reported being satisfied or very satisfied with faculty availability. Among the 2021 cohort, these rates were 60% (n=6) in fall and 80% (n=4) in winter. The self-study explains that the drop in satisfaction from fall to winter 2020 is likely related to the sudden switch to online learning in March 2020 as a result of COVID-19. The program held a listening session in fall 2021 to better understand the causes of student dissatisfaction with faculty availability. Faculty learned that the online environment was creating barriers to connection between students and instructors. In response, faculty posted online office hours during winter 2021 to better support students. The focus group facilitator summarized student feedback as follows: "Faculty availability was seen as good on the whole. Many often are available at the end of a class or group session, and on occasion for informal discussion in the student lounge. That said, a minority of professors are more difficult to access either in their office or by email."

Students who met with site visitors spoke highly of the faculty who contribute to the MPH program. They said that they have great accessibility to faculty and staff and that the team-based structure supports their learning. One student shared that when she was struggling with a course, the instructor took the time to reach out to ensure that she was improving and felt supported.

C3. STAFF AND OTHER PERSONNEL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Staff & other personnel are currently adequate to fulfill the stated mission & goals Staff & other personnel resources appear sufficiently stable		The program employs four staff with a total of 3.18 FTE contribution, which is sufficient for the program's essential functions and operations. Two of the four staff have been with the program since its inception, which supports a stable organizational ecosystem. These staff include the program manager (1.0 FTE) and career development coordinator (1.0 FTE). Additional human resources available to the program		
		include individuals employed in ancillary units such as communications, finance, information services, the School of Graduate and Post-Doctoral Studies, and the home department of most program faculty, the Department of Epidemiology and Biostatistics.		
		Site visitors were impressed with the universal appreciation of and praise for program staff. Students and alumni said that they felt connected with and supported by the staff, and one student declared that the career development coordinator is always wonderful. The body language and smiles on students' faces who participated during the site visit reflected favorably on the program's staff resources.		

C4. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs Physical resources appear sufficiently stable		The program has sufficient physical space to provide an effective administrative and educational environment. The MPH program is housed on the fourth floor of the Western Centre for Public Health and Family Medicine. There are faculty offices for PIFs, three swing offices for non-PIFs, and one boardroom. These offices are complemented by an administrative meeting room and six administrative offices. Students have access to workstations, a lounge, and 10 breakout rooms. A dedicated MPH classroom is the exclusive domain of the program. Interviewed faculty, staff, and students expressed general satisfaction with the program's physical		
		space.		

C5. INFORMATION AND TECHNOLOGY RESOURCES

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
Adequate library resources,		Library and IT resources are consistent with expectations	Click here to enter text.	
including personnel, for students &		of quality graduate education. The MPH program receives		
faculty		library support from Western Libraries, which has eight		
Adequate IT resources, including		service locations on campus. Graduate students have		
tech assistance for students &		access to over 11 million items in print and digital format		
faculty		and over 65,000 electronic journals and other publications.		
		The MPH is specifically supported by the Allyn and Betty		

Library & IT resources appear	Taylor Library, which is solely dedicated to serving Schulich
sufficiently stable	School of Medicine and Dentistry students and faculty.
	NATULAL design on the design of the design o
	MPH students are provided with a university account that
	gives them access to email and software packages such as
	SPSS, SAS, and Qualtrics, among others. Faculty and
	students who met with site visitors expressed satisfaction
	with the quality of the IT support staff and library services.
	The site visit team inquired about possible areas of
	improvement throughout the interview process, and no
	criticisms of IT, library, or software services were shared.

D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
Ensures grounding in foundational		The program integrates foundational public health	Click here to enter text.	
public health knowledge through		knowledge throughout its curriculum. The 12 learning		
appropriate methods (see		objectives are mapped to eight courses, which provides		
worksheet for detail)		reinforcement throughout the program of study.		
		Site visitors were able to validate that MPH students are		
		grounded in foundational public health knowledge through		
		review of syllabi and required readings. Reviewers' findings		
		are shown in the D1 worksheet.		

D1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (e.g., One Health)	Yes

D2. MPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		The program ensures coverage and assessment of the 22 foundational competencies through a standardized curriculum completed by all MPH students. Foundational competencies are mapped to 12 courses. Examples of courses include Statistical Methods in Health, Social Cultural Determinants of Health, Leading People and Organizations in Public Health, Research for Health, Indigenous Health, Managing Health Systems, Community Health Assessment and Program Evaluation, Public Health Practice, and Public Health Informatics.		

As discussed in the introduction, the program largely relies on team-based projects and assignments. Therefore, the self-study provides multiple assessment opportunities for many competencies to demonstrate how students are assessed individually as well as in a group setting. Reviewers confirmed that each student is assessed on each competency, many of which are reinforced throughout the curriculum. To demonstrate their attainment of competencies, students complete projects such as a needs assessment plan, a cultural competence and cultural values project proposal, a health equity impact assessment, scenario planning, and a disaster response exercise. Reviewers' findings are shown in the D2 worksheet. Students and alumni who met with site visitors said that they liked the case-based teaching method and that the learning team structure and one-year format were key considerations in their choice to enroll. While these features were seen as strengths of the program, students acknowledged that the compressed format can also be challenging, and some would prefer to spend more than a single year to allow for greater consideration and application of all the content and skills learned.

D2 Worksheet

MPH Foundational Competencies	Yes/CNV
1. Apply epidemiological methods to the breadth of settings & situations in public health practice	Yes
2. Select quantitative & qualitative data collection methods appropriate for a given public health context	Yes
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate	Yes
4. Interpret results of data analysis for public health research, policy or practice	Yes
5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings	Yes
6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational,	Yes
community & societal levels	

7. Assess population needs, assets & capacities that affect communities' health	Yes
8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs	Yes
9. Design a population-based policy, program, project or intervention	Yes
10. Explain basic principles & tools of budget & resource management	Yes
11. Select methods to evaluate public health programs	Yes
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence	Yes
13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes	Yes
14. Advocate for political, social or economic policies & programs that will improve health in diverse populations	Yes
15. Evaluate policies for their impact on public health & health equity	Yes
16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making	Yes
17. Apply negotiation & mediation skills to address organizational or community challenges	Yes
18. Select communication strategies for different audiences & sectors	Yes
19. Communicate audience-appropriate public health content, both in writing & through oral presentation	Yes
20. Describe the importance of cultural competence in communicating public health content	Yes
21. Perform effectively on interprofessional teams	Yes
22. Apply systems thinking tools to a public health issue	Yes

D3. DRPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D4. MPH & DRPH CONCENTRATION COMPETENCIES

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
Defines at least five distinct competencies for each		The program defines five unique competencies that MPH students attain in addition to the foundational	Click here to enter text.	

concentration or generalist degree		competencies defined by CEPH for all MPH students.	
in MPH & DrPH. Competencies		These competencies are mapped to five courses that are	
articulate an appropriate depth or		part of the required MPH curriculum; the program of study	
enhancement beyond foundational		does not include any electives. The competency	
competencies		statements and reviewers' assessment of each is shown in	
Assesses all students at least once		the D4 worksheet.	
on their ability to demonstrate each			
concentration competency		Reviewers determined that the competency set defines	
If applicable, covers & assesses	N/A	distinct skills and is written at a level that is appropriate	
defined competencies for a specific		for graduate-level study. To demonstrate their attainment	
credential (e.g., CHES, MCHES)		of the competencies, students complete projects such as a	
		resource guide for Indigenous and other marginalized	
		populations, a zoonosis podcast, an economic evaluation	
		of a health care program, and a three-page briefing note	
		with evidence-based recommendations.	
		Students who met with the site visit team discussed their	
		appreciation for a broad curriculum with a generalist focus	
		rather than more narrowly focused concentrations. The	
		program's coursework in public health economics and	
		information technology systems was cited by students,	
		alumni, and community partners as relevant content for	
		public health practitioners joining the workforce.	

D4 Worksheet

MPH Generalist	Comp statement	Comp taught and
Concentration Competencies	acceptable as written?	assessed?
	Yes/No	Yes/CNV
1. Develop a guide for Indigenous and other marginalized populations, facing specific challenges that includes community level, culturally- and	Yes	Yes
context-relevant strategies to improve population health.		
2. Establish observable relationships between the present level of environmental stresses and human health.	Yes	Yes
3. Apply public health economics to advance evidence-based decision making in public health policy & practice.	Yes	Yes
4. Design and appraise information systems that support the practice of public health using established software and database design principles.	Yes	Yes
5. Make evidence-based decisions to improve population health under time pressure with incomplete and imperfect information.	Yes	Yes

D5. MPH APPLIED PRACTICE EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
All MPH students produce at least		The applied practice experience (APE) is a mandatory	Click here to enter text.	
two work products that are		12-week project undertaken with external organizations		
meaningful to an organization in		involved in public health. While the program curates a list		
appropriate applied practice		of more than 100 sites, students may pursue host sites of		
settings		their choosing. There are no exceptions made to the APE		
Qualified individuals assess each		requirement.		
work product & determine whether				
it demonstrates attainment of		At the beginning of each cohort cycle, incoming students		
competencies		submit a practicum survey detailing their interests in		
All students demonstrate at least		public health. They subsequently meet with the career		
five competencies, at least three of		development coordinator to elucidate student		
which are foundational		expectations and ideal practicum experiences. The career		
		development coordinator convenes two all-student		
		sessions to answer questions, and students are expected		
		to have secured a site early in the winter term.		

The APE is jointly supervised by the student's faculty advisor and the site supervisor. Prior to the initiation of the practicum, the three parties meet to discuss expectations and identify competencies. Five competencies, three of which must be foundational, are identified. Students complete a learning contract that articulates competencies, deliverables, and due dates. Deliverables can be reports, presentations, publications, AV products, or other work products agreed upon by the three individuals. A review of sample student portfolios coupled with interviews with practicum preceptors demonstrated that the program has adequate processes for developing products and mapping them to competencies.

Students engage in and complete their APE during the summer term in one contiguous block of time. Examples of APE sites include Aga Khan, Canadian Red Cross, Sunnybrook Centre for Injury Prevention, and the Durham Regional Health Department. Sample student work products included a project performance analysis, an environmental monitoring report, a program evaluation presentation, a client experience survey, and a vaccine infographic. Site visitors confirmed that the experience allows students to apply specific competencies to the development of deliverables that are useful in practice settings.

Interviews with preceptors revealed unanimous appreciation for the service-oriented nature of MPH students. For example, one preceptor described how a student solved a challenge the agency was struggling with by introducing a GIS mapping product that provided a new technology and analytical approach to the host site.

W	While student and alumni interviews indicated satisfaction	
w	with the organization and management of the APE, some	
ur	nease was expressed about the limited opportunities for	
th	ne most coveted APE assignments. One student who met	
w	vith site visitors expressed a desire for greater	
tra	ransparency about how many students are pursuing the	
sa	ame placement.	

D6. DRPH APPLIED PRACTICE EXPERIENCE

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Not Applicable			

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		Students demonstrate competency synthesis through the individual development of a teaching case based on a public health issue. Teaching cases must describe the key facts of the public health issue that the case focuses on, demonstrate students' mastery of theoretical content and		
Project occurs at or near end of program of study		the synthesis and integration of knowledge from courses and the practicum, and provide a one-page summary of		
Students produce a high-quality written product		the entire case. More specifically, each teaching case includes a scenario, data, graphs, and/or other visual		
Faculty reviews student project & validates demonstration & synthesis of specific competencies		exhibits, a conclusion, references, and an instructor guide that provides learning objectives and discussion questions.		

In consultation with faculty, students select competencies (three foundational and two concentration) that meet their educational and career goals. The program uses the capstone course (MPH 9018) as the ILE. The ILE has a welldefined timeline: proposal submission (May), draft project/teaching case (June), final teaching case (August). Teaching cases must be of publishable quality. To facilitate the process and to ensure students' success, the program holds a mandatory four-hour teaching case workshop in April that provides hands-on experience with case study writing. Students are also exposed to a case-based curriculum during the fall and winter terms. Examples of teaching cases that have been created in recent years include the following titles: Policy Change and Public Health: Obstacles to Advocating for Public Health Interventions • Going Beyond Bike Racks and Pedestrian Crossovers: Achieving Health Equity in School Travel Planning Gun Violence...A Public Health Issue? • The Youth Vaping Crisis: Creating Policy to Protect Canadians from the Tobacco Industry's Tactics Into the Unknown: Reorienting home-visiting programs in Latin America in the face of COVID-19 • "The Invisible Epidemic:" Addressing Health Inequities and Social Disparities in Injury Prevention Methods The program takes pride in this capstone/teaching case project because of the high-quality nature of the outcome. Excellent teaching cases are compiled in a publication for

distribution. In addition, some cases have been included in

the curriculum, while authors of some cases have been invited back as guest lecturers/speakers in classes.
Site visitors' review of student ILE products demonstrated high-quality writing and the integration of skills and knowledge from across the curriculum.

D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Not Applicable			

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Not Applicable			

D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Not Applicable			

D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D14. MPH PROGRAM LENGTH

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
MPH requires at least 42 semester		The MPH degree requires the completion of 60 credit	Click here to enter text.	
credits or equivalent		hours, which is equivalent to 10 full credits. Students		
		complete seven courses in the fall (21 credit hours/		
		3.5 credits) and seven courses in the winter. Students also		
		complete MPH 9015: Public Health Practice over both the		
		fall and winter terms for a total of three credit hours or		

0.5 credits. During the summer term, students complete the APE (six credit hours/one credit) and the ILE (nine credit hours/1.5 credits).	
The credit system at Western is based on full, half, and quarter courses. A half course is equivalent to three credit hours or 40 contact hours. Most MPH courses are half courses, which include 25 sessions that meet for 80 minutes. An additional five sessions are allocated for exams and final reports for a total of 40 hours per course.	

D15. DRPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable	I		

D16. BACHELOR'S DEGREE PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D19. ALL REMAINING DEGREES

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Not Applicable			

D20. DISTANCE EDUCATION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
Faculty teach & supervise students		All nine of the program's PIF hold PhD degrees; one also	Click here to enter text.	
in areas of knowledge with which		has an MD, one has an MPH, and the remaining seven		
they are thoroughly familiar &		have MA, MSc, or MHSc (Master of Health Science)		
qualified by the totality of their		degrees. Seven PIF are tenured, and the remaining two		
education & experience		have tenure-track designations. Two PIF are full		

		T	T
Faculty education & experience is	professors, six are at the associate professor rank, and		
appropriate for the degree level	one is an assistant professor.		
(e.g., bachelor's, master's) & nature			
of program (e.g., research, practice)	All nine non-PIF hold either a PhD (n=5) or MD (n=4)		
	degree. Two non-PIF have earned MPH degrees (one		
	holds an MBA degree in addition to the MPH), five hold		
	MSc degrees, one holds an MHSc, and one holds an MA		
	degree. Six non-PIF are adjunct professors, and the		
	remaining three hold the ranks of assistant professor,		
	associate professor, and professor.		
	Faculty members have training in epidemiology,		
	biostatistics, anthropology, human biology, nutritional		
	sciences, public health, health policy and management,		
	outcomes and evaluation, health services research,		
	computing science, theory and criticism, social policy,		
	health economics, and political science. Site visitors		
	determined that the faculty complement's education and		
	experience are appropriate for the nature of their		
	employment and responsibilities within the program.		
	1 , 1		
	During the site visit, both PIF and non-PIF shared how		
	their diverse training and work experiences make the		
	program unique. While their home departments may		
	differ, it was apparent to site visitors that they share a		
	strong bond related to the program and support one		
	another to ensure the program's success.		

E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels Regularly involves practitioners in instruction through variety of methods & types of affiliation		The program uses a mix of adjunct professors, practicum supervisors, and emeritus professors to provide practice perspectives. Adjuncts are appointed for fixed terms and have clearly defined roles and responsibilities at ranks commensurate with their education and experience. These appointments are governed by applicable university policies. Adjunct faculty come from Middlesex-London Health Unit, Sarnia-Lambton Health Unit, and the Grey Brace Health Unit. Three adjuncts have strong experience with First Nations and understand the experiences and perspectives of native Canadians. The self-study suggests that most PIFs possess modest practice experience outside of academia or have professional experience limited to their early careers. The site visit team extensively probed the theoretical-practical interface with faculty, students, and alumni and concluded that the program effectively uses available public health talent to provide students with practical perspectives. Alumni and community partners who met with reviewers provided examples of how they are invited to share their practice insights during the Brown Bag Series, in classes, and at other convenings. The self-study states, and the site visit confirmed, that all courses include public health practitioner guest speakers.	Click here to enter text.	

Interviewed students acknowledged the plethora of	
opportunities to interface with and learn from	
practitioners; nonetheless, they expressed a desire for	
even more exposure to the real world of public health	
work.	

E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
	- Wice			
Systems in place to document that		The program has formal and informal systems in place to	Click here to enter text.	
all faculty are current in areas of		ensure faculty currency in instructional methods. To excel		
instructional responsibility		in their case teaching format, the program has supported		
Systems in place to document that		several faculty (both PIF and non-PIF) to attend the		
all faculty are current in pedagogical		Harvard School of Public Health Case Teaching Workshop		
methods		in Boston over the years. This training equips faculty with		
Establishes & consistently applies		skills to mentor students in their case teaching projects.		
procedures for evaluating faculty				
competence & performance in		Conference attendance and participation is another way		
instruction		that program faculty stay abreast of current trends. The		
Supports professional development		MPH program has been a sponsor of two annual public		
& advancement in instructional		health conferences in Canada: the Canadian Public Health		
effectiveness for all faculty		Association Conference and the Ontario Public Health		
		Conference. Sponsors of both conferences receive		
		complimentary registrations, which the program has used		
		to its advantage. The complimentary registration has		
		been rotated among faculty to attend and participate.		
		Program faculty also participate in other conferences as		
		presenters, panel members, and/or attendees. One		
		faculty member was an invited panel member for CEPH's		
		2019 Forum "Performing Real-World Tasks for Academic		
		Ends" while another has presented at the Society for the		

Study of Psychiatry and Culture for three consecutive years (2018, 2019, and 2020). Faculty incorporate skills and knowledge from these conferences and workshops into their teaching and research activities. The program ensures that announcements about upcoming conferences and workshop are disseminated among faculty in a timely manner.

The program uses formal and informal tools to assess faculty instructional effectiveness. The university collects information on teaching effectiveness through anonymous course evaluations at the end of each term. Data from the evaluations are shared with individual faculty and the MPH program director. Besides this formal process, the MPH program director has a monthly session with students dubbed Mumbles & Grumbles, at which students share their concerns and/or simply chat with the director. Another way of assessing faculty effectiveness is through the MPH year-end debrief focus group with students.

The MPH program director reviews course evaluations each term. The director works with faculty individually on any identified areas of concern. If the issue is related to curriculum, the Curriculum Committee is notified to assist in addressing the issue. Faculty performance is evaluated through the annual performance evaluation as required by the university and faculty Collective Agreement policies. Faculty are required to document their activities in teaching, research, and service. The dean and department chair meet with probationary and tenured faculty annually to discuss their teaching performance as part of the tenure and promotion process. Course evaluations form part of these discussions. Lastly, the

Schulich School of Medicine and Dentistry has a mentoring program; newly hired faculty are assigned to a formal mentorship committee that provides guidance related to career progression, teaching, service, goal-setting, and collaboration.

Program faculty provide support to one another in instructional effectiveness. This is achieved through meetings about student engagement/participation, class management, and the presentation of current and controversial topics. The program has engaged the services of an online learning expert to share tips with PIF and non-PIF during faculty meetings. The university and the program provide other formal tools to improve faculty teaching. For example, all tenure-track faculty receive \$7,000 as start-up support for conferences, workshops, research, or instructional improvement activities. One faculty member used their funds to attend the Michigan Integrative Well-Being and Inequality Training Program. The university also provides \$1,500 per year in professional development reimbursement to faculty for subscriptions and conference attendance fees to facilitate currency in their fields of expertise.

The university's Centre for Teaching and Learning supports and trains faculty in high-impact teaching practices. The center also provides support with online learning. Several MPH faculty (both PIF and non-PIF) have participated in workshops offered by the Centre for Teaching and Learning over the years. In addition, faculty receive health professions education support from the Centre for Education Research and Innovation, a unit in the Schulich School of Medicine and Dentistry, which has been instrumental in the program's team-building

approach to the curriculum. The school's Continuing Professional Development Department regularly offers workshops, seminars, master classes, and a faculty development teaching certificate. Faculty indicated that the current support they receive from the university and program are strong and should be maintained. The program's selected indicators for faculty instructional quality include PIF teaching score on the annual performance evaluation (score of at least 3 out of 4); median score about the learning experience on course evaluations for both PIF and non-PIF (score of at least 6 out of 7); course involvement with and exposure to community-based practitioners in lectures (every course has at least one guest lecture); and the inclusion of active learning techniques in courses (at least 60% of courses). Over the last three years, the program reports that 100% of PIF received a score of 3 or higher for teaching, and 100% of all faculty received a score of 6 or higher on the course evaluations. During this period, 87%, 80%, and 80% of courses involved community-based practitioners, and 65%, 73%, and 69% of courses employed active learning techniques. Students who met with site visitors shared their satisfaction with the quality of instruction, research, and community engagement within the program.

E4. FACULTY SCHOLARSHIP

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Policies & practices in place to		Western University and the MPH program have policies in	Click here to enter text.	
support faculty involvement in		place for active and continuous participation in research		
scholarly activities		and scholarly activities by faculty. The program strongly		
Faculty are involved in research &		believes in the incorporation of research and scholarship		
scholarly activity, whether funded or		in instructional activities and student engagement and		
unfunded		supports faculty in this area. Research and service		
Type & extent of faculty research		expectations for each faculty member are set by the chair		
aligns with mission & types of		of the home department in consultation with the MPH		
degrees offered		program director. While it is expected that research and		
Faculty integrate their own		service will be public health oriented, individual interests,		
experiences with scholarly activities		home department expectations, and funding availability		
into instructional activities		drive faculty research agendas. Faculty members'		
Students have opportunities for		research activities are evaluated during the annual		
involvement in faculty research &		performance evaluation.		
scholarly activities				
		Support for research and scholarship is provided at		
		individual, program, and university levels. One of the		
		program's strengths is collaborative research. To promote		
		research collaboration, Western University and the		
		Schulich School of Medicine and Dentistry have proposed		
		a research hub, TRIPLE Centre: Transformative Research		
		in Primary Care and Population Health Across the		
		Lifespan. This center will be the first in Canada to bring		
		together public health, family medicine, and primary care		
		through transformative research. The proposed center		
		has the potential to attract funding from local, national,		
		and international agencies; however, changes in		

leadership had stalled the development of the TRIPLE Centre at the time of the site visit. The school offers two internal grants that faculty can apply for: 1) faculty support for research education and 2) collaborative research seed grants. The school's website lists information for 24 core research facilities and platforms, including the Institute of Clinical Evaluative Science, a provincial research platform that is linked to several databases. The school is also home to 29 research groups, centers, and programs. MPH faculty have full access to these resources, and some faculty have used the resources for research in collaboration with students. Another faculty member recently completed the Institute of Clinical Evaluative Science's two-year scholar training. In addition to outlined policies, Western University provides information on funding opportunities (local, national, and international); proposal review; partnership agreement review; data and material transfer agreements; community, clinical research, sub-grant, and

industry collaborative partnerships; technical services; and government, foundation, and non-profit research agreements. The university's Office of Research and Ethics reviews and approves all research involving human subjects, including compliance with external research ethics and integrity guidelines.

As discussed in Criterion E3, the university offers internal funding opportunities to faculty including \$7,000 start-up funds for new tenure-track faculty, an international curriculum fund, Western strategic support for research accelerator success, Hellmuth Prize for Achievement in Research, Inter-Disciplinary Initiative, rapid start-ups for

COVID-19 research (\$50,000), and other competitive research funding through the Lawson Health Research Institute. The university organizes research workshops, seminars, and trainings for departments and schools/faculties. The university is a member of the Interuniversity Consortium for Political and Social Research, and the consortium offers a summer program in qualitative methods of research in conjunction with the University of Michigan.

The self-study provides several examples of the active engagement of the program's faculty in research and how they incorporate these activities in their teaching. One faculty member uses their research in the determinants of health services utilization in developing countries in the MPH 9015: Public Health Practice class. Two MPH faculty co-lead a project funded by the Ontario Ministry of Health and Long-Term Care called "Building an Integrated Community Care Model for Sarnia-Lambton." This project has been incorporated into two MPH courses: MPH 9012: Research for Health and MPH 9004: Health Promotion.

A faculty member working on the project "Understanding and preventing suicide among First Nations youth in Northern Ontario" uses this research in MPH 9005: Social Cultural Determinants of Health. Another faculty member integrates their research in cost-benefit analyses of various interventions (e.g., home-based rehabilitation for stroke, carotid artery bypass grafting, surgical trays) into class discussions in the MPH 9014: Health Economics class. Lessons from a project called "Educating for equity, building culturally safe care through Indigenous narratives" have been part of discussions in MPH 9010: Managing Health Services.

The program demonstrates students' involvement in faculty research activities. Students have conducted literature searches, collected and analyzed data, and prepared manuscripts. Students have had the opportunity to present their collaborative research with faculty at conferences (through oral presentations and posters) and have had their work published in peer-reviewed journals. The self-study notes that three MPH students authored a paper with a faculty member, one submitted a paper with another faculty member, and four made presentations at conferences. MPH students also serve as research assistants on several faculty research projects. The program identifies four outcome measures that allow it to track its success related to research: 100% of PIF participated in research in the last three years; 100% of PIF secured grants during the same period; 100%, 89%, and 78% of PIF published at least two peer-reviewed manuscripts in each of the last three years; and 78%, 33%, and 44% of faculty attended at least two conferences each year. The self-study explains that unmet targets were impacted by COVID-19 and travel restrictions. Faculty who met with site visitors said that they hope to continue with more community-engaged research and service programs with their partners as in-person interactions resume.

E5. FACULTY EXTRAMURAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Com	mentary		
Defines expectations for faculty extramural service Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means		The program's definition and expectation of extramural service is defined by the UWOFA Collective Agreement, which includes five major areas that are inclusive of activities relevant to the faculty member's academic responsibilities. The program identifies the Western Public Health Casebook as its exemplar contribution to the profession as it makes this collection of teaching cases available at no cost in print and downloadable formats. The program has produced six casebooks since its inception, each containing 12 to 15 teaching cases written by students. More information about the teaching cases is provided in Criterion D7. The self-study states that since 2018, the casebook has been downloaded more than 8,500 times, with educational institutions accounting for 71% of all downloads. Universities in the United States, Indonesia, Fiji, and India access the casebook most often, but other downloads come from government and non-profit organizations and private, for-profit companies. In response to requests for more information about the program's case teaching approach, the program established the Case Teaching Fellowship in 2018. This nocost fellowship allows faculty from other institutions and departments to spend time observing MPH classes to learn more about the practical aspects of applying the case method of teaching in public health. Faculty and staff	The review team indicated that there was lack of institutional support for extramural service and the absence of universally understood performance metrics. As faculty progress through their career, extramural service is expected (nationally and internationally) for faculty to be promoted to Full Professor. While this is typically outlined in each Department's workload document that is reviewed at least every three years as per the UWOFA collective agreement, the review team is correct in noting that this is not institutionally supported and will differ between departments and Faculties. Unfortunately, this is outside of the Program's control, and we do not anticipate being able to address this concern.	The Council appreciates the program's response regarding faculty extramural service.

share their experiences of syllabus construction, class management, grading, and interprofessional learning. To date, the program has hosted four faculty members from the United States, the United Kingdom, and Canada. A fifth faculty member from Lebanon was scheduled to participate in 2020, but this visit has been postponed due to the pandemic.

The self-study and site visit meetings provided several examples of how service is embedded into the classroom environment. Illustrations included sharing insight from being an editorial board member, reflections from patient-oriented primary health care research, and lessons learned from serving on data safety monitoring

Examples of student involvement in faculty extramural service include tobacco cessation efforts, the journal peer-review process, and engagement in public health conference activities in Ontario, Canada.

boards.

The program measures its performance through the percentage of PIFs involved in extramural service activities (100%), community-based service projects (10 per year), and production of its annual Western Public Health Casebook. The program reports meeting or exceeding its goals related to each measure with the exception of community-based service projects in 2020-21, which were suspended due to the pandemic.

The role of service in faculty advancement is articulated in the UWOFA Collective Agreement. A satisfactory service record is required for promotion, but that alone does not

compensate for an insufficient record of teaching and	
research.	
The commentary relates to the lack of institutional	
support for extramural service and the absence of	
universally understood performance metrics. While 20%	
salary support is provided to faculty to engage in	
extramural service, enabling and reinforcing policies and	
structures at the university, school, and program level	
appear to be absent. Faculty who participated in the site	
visit were unable to articulate specific service principles	
and expectations, at the same time noting that teaching	
and research are the dominant academic pillars.	

F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages with community		The program works closely with its community partners,	Click here to enter text.	
stakeholders, alumni, employers &		alumni, and practicum preceptors to monitor the		
other relevant community partners.		appropriateness of the curriculum and to ensure that		
Does not exclusively use data from		activities are tailored to the needs of the public health		
supervisors of student practice		workforce.		
experiences				
Ensures that constituents provide		The program has three formal structures for community		
regular feedback on all of these:		involvement in its operations. The Advisory Board is		
• student outcomes		charged with ensuring alignment with community needs		
curriculum		and priorities, identifying opportunities for growth, and		
 overall planning processes 		providing advice. As described in Criterion A1, the board's		
self-study process		11 members include faculty members (both internal and		

Defines methods designed to	external to Western), program graduates, and
provide useful information &	representatives of local, provincial, and national
regularly examines methods	organizations.
Regularly reviews findings from	
constituent feedback	The program's Curriculum Committee includes public
	health practitioners in addition to program faculty and
	one student. Current members include a senior manager
	for policy in Canada for the Heart and Stroke Foundation,
	the team lead for contact tracers with the London-
	Middlesex Health Unit, and the associate medical officer
	of health with the same local health unit.
	The Western MPH Alumni Association was established in
	early 2020 and aims to foster ongoing communication and
	networking between MPH students and alumni.
	In addition to these formal groups, practicum supervisors
	(some of whom are also employers of program graduates)
	provide feedback about student/alumni performance in
	the workplace.
	The Advisory Board's first meeting was scheduled for May
	2020 but was postponed to January 2021 due to the
	pandemic. Site visitors' review of the meeting agenda
	showed that the board reviewed the program's guiding
	statements and list of courses and learning objectives. The
	program asked attendees to reflect on the
	appropriateness of the curriculum and to provide advice
	about changing practice and research needs.
	The self-study provides examples of programmatic
	changes based on constituent feedback. For example,
	alumni suggested that the program's vision and mission
	did not capture the program's emphasis on case- and
	and not capture the program a emphasis on case- and

team-based learning, and these statements were revised during the next annual retreat. Members of the Alumni Association shared that they would have benefited from more focus on health policy rather than health law. Practicum supervisors also highlighted the importance of knowledge and skills related to health policy. Based on feedback from these different stakeholder groups, the Curriculum Committee initiated curricular changes that involved the discontinuation of the health law course, which was replaced with a public health policy course.

The program conducted key informant interviews with employers in 2020 and 2021 (seven individuals total). These employers said that the program's graduates were generally high achievers who had a solid public health perspective, were willing to take initiative, and were strong team players. Employers highlighted graduates' skills in epidemiology and biostatistics, especially in analyzing data and interpreting and applying results. Graduates also rated highly in their understanding of social inequities and structural racism. According to employers, areas in which graduates could have benefited from additional preparation include policy development, exposure to the humanitarian sector, and greater proficiency with software packages such as R.

The program plans to continue conducting interviews with employers as opportunities arise. For example, the coordinator completes check-in calls with practicum supervisors; when these individuals are also employers of program graduates, she uses this call to ask about perceptions of graduates' workplace readiness. The program director also asks similar questions when talking

with established employers, such as when serving as a reference for a new potential hire.	
When asked about student preparation, employers and	
preceptors who met with site visitors said that Western's	
MPH students are adaptable, flexible, committed, and	
able to work independently. They said that in addition to	
traditional public health skill sets, these students and	
recent graduates demonstrate soft skills, such as	
navigating tensions and tight deadlines, and have	
excellent written communication skills.	

F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Makes community & professional service opportunities available to all students Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field		The program introduces students to community and professional service primarily through community-engaged learning projects in courses and attendance at the annual Ontario Public Health Convention. In addition, the program office regularly sends students information about upcoming professional development courses and conferences that they may choose to attend. For example, public health students were able to attend sessions of the World Health Summit 2020 because the conference was held online and registration for students was free.		
		The self-study provides a range of examples of student participation in service in recent years. For example, an MPH student volunteered with the Screening, Risk Awareness and Early Diagnosis Working Group at Diabetes Canada and contributed to identifying gaps in		

diabetes screening in Canada, especially for racialized communities. Two students ran a Warm Hands, Warm Hearts initiative to collect gift boxes of hats, scarves, sweaters, and non-perishable food and distributed them to homeless populations in London, Ontario. The Social Committee for the MPH class of 2020 sold snacks and donated the proceeds to the local Black Lives Matter chapter. The Ontario Public Health Convention is a mandatory, three-day field trip for MPH students that focuses on networking and skill building with other public health professionals. Attendees explore how strategies, leadership, and practice can align to address current challenges in the public health sector. Alumni regularly identify this experience as a highlight of their year in the MPH program. The program also recognizes student engagement in service by awarding the Community Service Award to the student who makes the most significant community service contribution during the academic year. The most recent recipient supported local health centers and organizations in Ghana during the pandemic by providing weekly updates on global and local COVID-19 case counts, recoveries, and death rates. This student also participated in malaria surveillance and screening programs in Ghana.

F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Periodically assesses, formally and/or informally, the professional development needs of individuals in priority community or communities		The program's professional communities of interest include public health professionals in Ontario and public health educators globally. These choices allow the program to support organizations in which many MPH students will complete their practicum and gain employment and to share the program's teaching cases with other educators who are preparing future public health practitioners and leaders. The program uses both formal and informal methods to assess the professional development needs of its priority populations. Discussions with the Advisory Board, the Curriculum Committee, alumni focus groups, practicum supervisors, and employers all explicitly ask about training needs of the existing workforce. The needs identified by these groups include topics related to effective communication; the ability to counteract myths and mistrust of data; proposal development and grant writing; emergency preparedness; anti-racism skills; and policy development. As an informal approach, faculty members regularly ask employers and other community partners with whom they have relationships what professional development is currently lacking among employees. For example, the program director does this when he serves as a reference for students and alumni applying for a job.		

Based on the feedback the program has collected since its	
inception, it determined that an overarching theme that	
emerged was the need for public health case studies for	
pedagogical purposes. Therefore, the program saw a	
unique opportunity to provide teaching cases for public	
health educators in many institutions and settings.	
Although the program considers its casebook to be a	
professional development resource, site visitors	
determined that it more appropriately aligns with service	
to the profession; therefore, it is included in the discussion	
related to Criterion E5.	

F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Com	mentary		
Provides activities that address professional development needs & are based on assessment results described in Criterion F3		The program considers and discusses professional development needs and requests at its bi-weekly faculty meetings. These requests are often addressed by one or more faculty members developing a short course or teaching session and/or sharing appropriate resources and following up to ensure that the need has been met. In response to public health practitioner feedback, the program made certain MPH sessions open to the public. For example, the program has invited a representative from the Clinton Health Access Initiative to speak to MPH students and other attendees from the public about a current global health issue and to discuss career options in global health. In 2019, three community members	offering professional development, there is lack of evidence of an organized, disciplined approach to capacity building that is reviewed as a program-wide endeavor. The MPH Program is committed to meeting this objective and will strive to meet if not exceed expectations at the next accreditation review. The MPH Program Director continues to meet with Medical	The Council appreciates the program's response regarding its efforts to build long-term partnerships with those serving public health functions who could benefit from professional development opportunities.
		attended; in 2020, 30 community members attended.	Officers of Health (MOHs) across Ontario to build long-term	

Although the self-study provides a limited discussion of offerings related to Ontario-based public health sustained and targeted programpractitioners, site visit discussions with faculty provided | wide endeavors are in place to serve appropriate examples. For instance, one faculty member described his longstanding relationship with an Indigenous community that is dealing with high rates of substance abuse and opioid overdoses. Leaders from this community asked him to provide training for the internal health unit focused on a community-level response. About 20 members of the health unit are expected to be involved in this training later in 2022.

Faculty also discussed an in-development effort with local public health practitioners centered around artificial intelligence and its applications for public health. In summer 2022, program faculty will train Toronto-area practitioners on how to use artificial intelligence tools to analyze large data sets. This training has been delayed because local practitioners who provided input during the planning stage said that they would prefer to attend in person.

The commentary relates to the individualized nature of the program's professional development offerings. In most cases, faculty members rely on their own professional contacts and provide services and training opportunities on an ad hoc basis. Although there are ample examples of such engagement, site visitors did not see evidence of an organized, disciplined approach to capacity building that is reviewed as a program-wide endeavor.

partnerships to ensure their needs (and others) with respect to workforce development.

G1. DIVERSITY & CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines appropriate priority		The program strives to promote diversity and cultural	Click here to enter text.	
population(s)		competence in its activities and has identified women,		
Identifies goals to advance diversity		visible minorities (e.g., non-Caucasian), Indigenous		
& cultural competence, as well as		Peoples, and international students (non-permanent		
strategies to achieve goals		residents and holders of student visas) as its		
Learning environment prepares		underrepresented populations. The university requires all		
students with broad competencies		programs, including the MPH program, to follow the		
regarding diversity & cultural		university's diversity and inclusion plan. With the		
competence		establishment of the university's Equity, Diversity and		
Identifies strategies and actions		Inclusion Council, every member of the university		
that create and maintain a		community must feel valued, respected, and included in all		
culturally competent environment		activities. The program strives to ensure a respectful and		
Practices support recruitment,		accessible workplace for people with different needs and		
retention, promotion of faculty		abilities.		
(and staff, if applicable), with				
attention to priority population(s)		The program's diversity and cultural competence goals		
Practices support recruitment,		include the following:		
retention, graduation of diverse		1. To maximize representation of the four self-		
students, with attention to priority		identified, under-represented groups (women, visible		
population(s)		minorities, Indigenous Peoples, and international		
Regularly collects & reviews		students) in our faculty, staff, and students.		
quantitative & qualitative data &		2. Ensure that the curriculum supports Western's		
uses data to inform & adjust		diversity and inclusion objectives, by ensuring a		
strategies		strong focus on socioeconomic status, class, race, and		
Perceptions of climate regarding		other social determinants of health, and by choosing		
diversity & cultural competence are		cases and teaching methodologies to address these		
positive		factors.		
·				

Actions and strategies adopted by the program to reach the stated goals occur at both program and university-wide levels. Representation of under-represented populations is important to the program's equity, diversity, and inclusion goals. Strategies employed to achieve greater representation include a staggered admissions process. Due to the long visa application process, the Admissions Committee reviews international applications first. Admission offers to qualifying international applicants are made in early March. The program then prioritizes applications from Indigenous Peoples. Domestic application reviews begin in early April, with offers of admission extended shortly thereafter.

Program staff and faculty closely monitor and connect regularly with under-represented students to ensure their success. The university sponsors many programs and social outings for international students each term. The Indigenous Student Centre and the Office of Indigenous Initiatives support Indigenous students with a variety of activities.

Faculty and staff recruitment at the program and department levels is guided by policies outlined by the university's Human Resources Office. Western University has financial incentives that are used to recruit and retain women in tenured and probationary roles, and funds can be used in teaching, research, or mentoring programs. The Office of Faculty Recruitment and Retention assists with spousal/partner placement, housing, childcare, healthcare, ethno-cultural programs, and immigration.

Furthermore, the university provides a variety of culturally sensitive and inclusive services and programs. These

include the President's Standing Committee for Employment Equity, President's Committee for the Safety of Women on Campus, Barrier-Free Access Committee, Joint Faculty/Administration Employment Equity Committee, Professional and Managerial Association Committee on Employment Equity, Aboriginal Education and Empowerment Council, Student Development Centre: Indigenous Services, Student Development Centre: Services for Students with Disabilities, Western's Caucus on Women's Issues, and Western's Ontarians with Disabilities Act Committee.

Feedback from students, staff, and faculty demonstrates satisfaction with the program's climate related to cultural competence and diversity. The self-study presents examples of student feedback about the program's climate, gathered from the survey administered at the end of the winter term. Open-ended responses from students described the program as exceptionally diverse; a supportive learning environment that embraces diversity and different cultures; and diverse in terms of experience and cultural identity.

Faculty and staff comments from the 2021 survey regarding the program's commitment to diversity and cultural competence include the following statements:

- The MPH program is one of the most diverse spaces I have encountered in my career, and places a very high premium on cultural competency.
- Faculty have the perception of the importance of cultural competence, this should be the central idea in our teaching and interactions with colleagues.
- Diversity and heterogeneity are well respected and appreciated in the program. Students and faculty value

the diversity of perspective and experiences. Students have indicated that they feel the program offers a safe space to express views and share experiences that are personal to them.

• I feel that our program strives to support Equity, Diversity and Inclusion (EDI) teaching. I would like to see more EDI training sessions.

The program embeds cultural competence and diversity content throughout the curriculum. MPH 9005: Social Cultural Determinants of Health exposes students to the impact of the socio-cultural correlates on health and behavior; MPH 9008: Indigenous Health examines the socio-cultural issues facing First Nations. Similarly, multicultural agencies such as the London Intercommunity Health Centre, Moyo Health and Community Services, London Cross Cultural Learner Centre, Makerere University, and the HealthBridge Foundation serve as APE sites for students. Students participate in several public health activities alongside agency staff during their practice experience to build their cultural competence.

The self-study shows that admission of women into the program was 81% for the 2018-19 and 2019-20 academic years and 83% in 2020-21. The 30% or more visible minorities' admission target was met for all three years: 56%, 60%, and 75%. The international students' admission target of 15% or more was not met in 2018-19 (7%); however, it was met during 2019-20 (33%) and 2020-21 (15%). The program acknowledges the challenges with admitting Indigenous students: there was a decline in the number of Indigenous students admitted for 2019-20 and zero admissions for 2020-21. The program's strategies to improve the enrollment of Indigenous students include

partnering with the First Nations Secretariat, starting an	
Elder-in-Residence program to support Indigenous	
students admitted into the program, partnering with	
Indigenous alumni, and connecting with Indigenous	
professionals to promote the program within the	
community.	
The program has a target of at least 50% women among	
the PIF, and the program has been at 44% for the last three	
years. Visible minorities within the faculty complement	
(target of at least 30%) has improved: 22% in 2018-19 and	
30% in 2019-20 and 2020-21. Three adjunct teaching	
appointees are from First Nations, and the program's staff	
is 100% women. During the site visit, both students and	
faculty shared that they were happy with the diversity and	
cultural competence within the program.	

H1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have ready access to		The program office assigns tenured and tenure-track	Click here to enter text.	
advisors from the time of		faculty to be advisors for the program's learning teams,		
enrollment		which include five to six students based on a match of		
Advisors are actively engaged &		expressed student interest and faculty expertise. This		
knowledgeable about the curricula		advisor is familiar with the program and its requirements.		
& about specific courses & programs		A learning team advisor is responsible for every student in		
of study		the team for which they are assigned.		
Qualified individuals monitor				
student progress & identify and		Students and alumni who met with site visitors expressed		
support those who may experience		satisfaction with the quality and frequency of interaction		
difficulty		with their advisor. Recent surveys to assess student		

Orientation, including written	satisfaction with academic advising produced low	
guidance, is provided to all entering	response rates, with fewer than 10 responses in the most	
students	recent fall and winter terms. The program attributed the	
	low response rate to Zoom fatigue; nonetheless, those	
	who responded expressed satisfaction with academic	
	advising.	
	The MPH program organizes an Academic Prep Week at the beginning of the program. The week includes essential information, team building exercises, and fun activities. Students are also provided with the academic handbook and orientation handbooks.	
	The cohort-based, single track MPH program simplifies	
	academic advisement and associated decisions, as	
	electives are not available.	

H2. CAREER ADVISING

Criterion Elements	Compliance	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Finding			
	Met			
Students have access to qualified		The program provides formal and informal career advising	Click here to enter text.	
advisors who are actively engaged &		services, and one of the program's hallmarks is that		
knowledgeable about the workforce		alumni can access career support for life.		
& can provide career placement				
advice		The program employs a full-time career development		
Variety of resources & services are		coordinator who is dedicated solely to MPH students. The		
available to current students		coordinator leads five career development classes		
Variety of resources & services are		covering content such as cover letters, resumes, job		
available to alumni		searching, creating a LinkedIn profile, and interviewing		
		skills. Additionally, students can schedule individual		
		counseling appointments for customized support.		

Since May 2018, the coordinator has posted more than 6,000 positions. In addition, she organizes a career day with speakers who discuss professional opportunities and more intimate roundtable discussions.	
Students and alumni who met with site visitors enthusiastically identified career advisement as a program strength and spoke highly of the services provided by the career development coordinator.	

H3. STUDENT COMPLAINT PROCEDURES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern formal student complaints & grievances		Western employs a two-step process for dispute resolution. First, informal attempts at resolving complaints are attempted, with an orientation toward	Click here to enter text.	
Procedures are clearly articulated & communicated to students		ascending authority (e.g., instructor, advisor, program director). Furthermore, each MPH cohort is encouraged to identify a class representative who is empowered to		
Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate		bring concerns to the bi-weekly faculty meeting. A formal academic appeal process also exists. Second, for disputes that cannot be resolved informally,		
Designated administrators are charged with reviewing & resolving formal complaints		the MPH academic handbook describes how a formal process is initiated, which involves an appeal to the School of Graduate and Post-Graduate Studies. The university also has an Office of the Ombudsman for academic and		
All complaints are processed & documented		non-academic issues.		

During the most recent three years, two cases resulted in formal complaints. Both were related to inappropriate behavior between students. In both cases, resolution was achieved through training, ultimately giving rise to the MPH Code of Conduct.	
Interviewed students were able to describe the grievance process and demonstrated familiarity with the ways and means to express concerns.	

H4. STUDENT RECRUITMENT & ADMISSIONS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified		Active and passive methodologies are employed to recruit qualified applicants. A vibrant website with videos		
individuals capable of taking advantage of program of study & developing competence for public		provides an online presence, which complements word of mouth and various newsletter promotions. Active inperson recruitment occurs at local and regional events,		
health careers Implements admissions policies designed to select & enroll qualified		such as the Ontario Public Health Convention, as well as at an annual recruiting webinar that attracts over 100 attendees.		
individuals capable of taking advantage of program of study & developing competence for public		The program's outcome measures related to student recruitment reflect the leadership and health equity-		
health careers		oriented mission. The program tracks average GPA of entering students, percent of students with health professions backgrounds, and percent of multilingual		
		students. Data presented in the self-study show that the program is performing satisfactorily overall. One goal, the		
		percentage of students with health professions backgrounds, underperformed in the 2020-21 school year		

(30% while the target is 50%); the program explained that clinicians who may have enrolled in previous years elected to remain in the field to address the pandemic.	
To apply, prospective students must submit a current resume or CV, postsecondary transcripts, documentation of all degrees obtained, a one-page statement of interest, an example of their leadership skills, letters of reference, and proficiency of English scores, when applicable.	
The site visit team concluded that the program identifies, recruits, and enrolls individuals aligned with its mission and capable of successful public health careers.	

H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		The site visit team found the program website to provide relevant, useful, and easy-to-locate information. The website is intuitively constructed for prospective and		
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements		current students, providing the full menu of program details, inclusive of the usual and customary expectations centered on the academic enterprise and related environment. The website also provides a link to the academic handbook and orientation information.		
Advertising, promotional & recruitment materials contain accurate information				

AGENDA

Sunday, February 27, 2022

4:00 pm Team Executive Session

Monday, February 28, 2022

8:30 am **Program Evaluation**

Participants	Topics on which participants are prepared to answer team questions	
Amardeep Thind, MD, PhD – Director	Guiding statements – process of development and review?	
Mark Speechley, PhD – Graduate Chair	Evaluation processes – how does program collect and use input/data?	
Diana Lee, BA – Manager	Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional	
Courtney Hambides, BA – Career Development Coordinator	resources are needed?	
	Budget – who develops and makes decisions?	
Total participants: 4		

9:30 am Break

9:45 am Curriculum 1

Participants	Topics on which participants are prepared to answer team questions	
Shehzad Ali, PhD – PIF	Foundational knowledge	
Ava John-Baptiste, PhD PIF	Foundational competencies – didactic coverage and assessment	
Dan Lizotte, PhD PIF	Concentration competencies – development, didactic coverage, and assessment	
Gerald McKinley, PhD – PIF		
Bridget Ryan, PhD – Non-PIF		
Shannon Sibbald, PhD – PIF		
Mark Speechley, PhD – Graduate Chair		
Amardeep Thind, MD, PhD - Director		
Lloy Wylie, PhD – PIF		
Total participants: 9		

10:45 am Break

11:00 am Curriculum 2

Participants	Topics on which participants are prepared to answer team questions	
Amardeep Thind, MD, PhD – Director	Applied practice experiences	
Diana Lee, BA – Manager	Integrative learning experiences	
Courtney Hambides, BA – Career Development Coordinator		
Total participants: 3		

12:00 pm Break & Lunch

1:00 pm Instructional Effectiveness

Participants	Topics on which participants are prepared to answer team questions	
Shehzad Ali, PhD – PIF	Currency in areas of instruction & pedagogical methods	
Regna Darnell, PhD – non-PIF	Scholarship and integration in instruction	
Ava John-Baptiste, PhD – PIF	Extramural service and integration in instruction	
Dan Lizotte, PhD – PIF	Integration of practice perspectives	
Gerald McKinley, PhD – PIF	Professional development of community	
Mark Speechley, PhD – Graduate Chair		
Shannon Sibbald, PhD – PIF		
Bridget Ryan, PhD – Non-PIF		
Amanda Terry, PhD – PIF		
Lloy Wylie, PhD – PIF		
Total participants: 10		

2:00 pm Break & Team Executive Session

3:00 pm **Students**

Participants	Topics on which participants are prepared to answer team questions
Bashayir Alibraheem, MPH 2022 – Saudi Arabia, pharmacist	Student engagement in program operations
Loai Bakry, MPH 2022 – Dubai, pharmacist	Curriculum
Giba Barrie, MPH 2022 – social worker	Resources (physical, faculty/staff, IT)
Shaily Brahmbhatt, MPH 2022 – MD/MPH	Involvement in scholarship and service
Smita Dhakal, MPH 2022 – Nepal, dentist	Academic and career advising
Leo Goudal, MPH 2022 – Vancouver, infrantry officer in Canadian armed forces	Diversity and cultural competence
Amani Hamadi, MPH 2022 – business & criminology	Complaint procedures
Alexandra Hamill, MPH 2022 – registered nurse	
Hinna Hasan, MPH 2022	
Durwesh Kadri, MPH 2022 - India	

Participants	Topics on which participants are prepared to answer team questions	
Maddison Mehring, MPH 2022		
Branden Raue, MPH 2022 - HIV/AIDS sector		
Moazzam Raza, MPH 2022 – Niagra Falls		
Winnie Twum-Ampofo, MPH 2022 – Ghana, physician		
Total participants: 14		

4:00 pm Break

4:15 pm Stakeholder/ Alumni Feedback & Input

Participants	Topics on which participants are prepared to answer team questions	
Ian Arra, Stakeholder	Involvement in program evaluation & assessment	
Sudit Ranade, Stakeholder	Perceptions of current students & program graduates	
Leshawn Benedict, Alumni - 2019	Perceptions of curricular effectiveness	
Hao Ming Chen, Alumni - 2021	Applied practice experiences	
Bhajan Gill, Alumni - 2021	Integration of practice perspectives	
Ibrahim Marwa, Alumni - 2016	Program delivery of professional development opportunities	
Shabi Ullah, Alumni - 2020		
Tess Wishart, Alumni – 2020		
Andrew Johnson, Preceptor		
Faiza Rab, Preceptor and Stakeholder		
Brandy Tanenbaum, Preceptor		
Total participants: 11		

5:15 pm **Team Executive Session**

5:45 pm **Adjourn**

Tuesday, March 1, 2022

8:30 am University Leaders

Participants	Topics on which participants are prepared to answer team questions	
John Yoo, MD – Dean, Schulich School of Medicine and Dentistry	Program's position within larger institution	
Susanne Schmid, PhD - Vice-Dean Basic Medical Sciences	Provision of program-level resources	
John Doerksen, PhD – Acting Provost & Vice-President (Academic)	Institutional priorities	
Total participants: 3		

9:00 am Break

9:15 am **Program Leaders**

Participants	Topics on which participants are prepared to answer team questions	
Amardeep Thind, MD, PhD – Director Diana Lee, BA – Manager	Publication of degree requirements Degree offerings	
Total participants: 2		

9:45am **Team Executive Session & Report Preparation**

1:00 pm Exit Briefing