
MPH Assessment Plan

Consortium of Eastern Ohio Master of Public Health Assessment

Consortium of Eastern Ohio Master of Public Health (CEOMPH) is a consortium program with four university partners: Cleveland State University, Northeast Ohio Medical University, The University of Akron, and Youngstown State University. CEOMPH performs regular assessments, in accordance with accreditation criteria established by the Council on Education for Public Health (CEPH). An annual report is submitted each December to maintain compliance. CEOMPH has been accredited by CEPH since 2003; its next site visit will be in 2025. <https://mph.neomed.edu/>

Mission statement

The mission of the Consortium of Eastern Ohio Master of Public Health (CEOMPH) program is to prepare current and future professionals through accredited education, research, and service to improve the health of communities in eastern Ohio and beyond. The mission is accomplished through collaboration among its partner universities and agencies.

Vision

Globally-oriented leaders, educators, and practitioners engaged in their community and responsive to the public health needs at the regional, national, and international levels.

Values

- Improving the quality of life and health of the entire community.
- Engaging in collaborative behavior that models as well as educates.
- Achieving student excellence through applying evidence-based and/or best practices.
- Fostering leadership, accountability, and ethical behavior.
- Protecting the environment through education and being a role model.
- Advancing inclusiveness.
- Committing to lifelong learning.

Diversity statement

Perspectives, backgrounds, and cultures contribute to the diversity of the CEOMPH community. The program recognizes the rich dimensions each individual contributes to the education, research, and service mission. CEOMPH promotes the value of differences and inclusion through interactions among its students, faculty, staff, and stakeholders. Finally, the program energizes the supports all who seek to promote the importance of health and quality of life as human rights.

Program Goals

- Goal: Administration--To enhance the CEOMPH's overall capacity by providing programming that facilitates student, faculty, and staff success, incorporating community considerations.
- Goal: Education--To educate public health students and professionals to improve health and well-being in their communities and succeed in their careers.
- Goal: Research--To advance interdisciplinary research on environmental, social, and individual determinants of health.
- Goal: Service--To promote effective public health practice through collaboration with communities and service activities.

Assessment Methods

CEOMPH regularly assesses satisfaction, courses, and other aspects of the program, including room sizes, advising, and career counseling. Links to the survey tools used are in the table below (the course and faculty evaluation link is specific to the course; the link is to the Public Health Concepts course).

| Entity Assessed | Responsibility | Time assessed | Time reviewed | Reviewing committee |
|---|----------------|---|---|--|
| Current / new student survey | MPH office | January | Spring meeting (annually) | Program Coordinating Council |
| Employer/workforce development survey | MPH office | April/May | Summer meeting (annually) | Program Coordinating Council |
| Alumni survey | MPH office | April/May | Summer meeting (annually) | Program Coordinating Council |
| Course evaluation | MPH office | Each semester | Fall meeting (annually) | Program Coordinating Council Curriculum Committee |
| Faculty evaluation | MPH office | Each semester | Fall meeting (annually) | Program Coordinating Council Faculty Appointments & Development Committee |
| Graduate exit survey | MPH office | Each semester | Fall meeting (annually) | Program Coordinating Council |
| Capstone evaluations | MPH office | Each semester | Fall meeting (annually) | Program Coordinating Council Curriculum Committee |
| NEOMED COGS program review | MPH office | Every 7 years | Last review 2019 | All committees and MPH stakeholders |
| Council on Education for Public Health accreditation | MPH office | Every 7 years (extended to 2025 for this cycle) | Last site visit 2016; next review spring 2025 | All committees and MPH stakeholders |

Program Competencies

CEOMPH adheres to the prescribed accreditation competencies, as mapped below.

Competency Mapping

LEGEND: 1=Remember/Understand or Introduce; 2=Apply/Analyze or Reinforce; 3=Evaluate/Create/Master

| Competency Domain | Competency | MPH 6901 Public Health Concepts | MPH 6904 Biostatistics in Public Health | MPH 6902 Social and Behavioral Sciences in Public Health | MPH 6903 Epidemiology in Public Health | HLTH 6850 Health Services Administration in Public Health | MPH 6906 Policy and Environmental Sciences in Public Health | MPH 6907 Grant Writing for Public Health | MPH 6908 Public Health Practice and Issues | MPH 6909 Public Health Research and Evaluation | MPH 6998 Capstone Project I | MPH 6999 Capstone Project II |
|--|--|---------------------------------|---|--|--|---|---|--|--|--|-----------------------------|------------------------------|
| Course information: | Courses (all are 3 credits) | Core Fall 1 | Core Fall 1 | Core Spr 1 | Core Spr 1 | Core Fall 2 | Core Fall 2 | Track | Track | Track | Capstone | Casptone |
| Evidence-based Approaches to Public Health | 1. Apply epidemiological methods to settings and situations in public health practice | | | | 2 | | | | | | | |
| | 2. Select quantitative and qualitative data collection methods appropriate for a given public health context | | | | 2 | | | | | | 2 | 2 |
| | 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate | | 2 | 2 | | | | | | | 2 | 2 |
| | 4. Interpret results of data analysis for public health research, policy or practice | | 2 | | 2 | | | | | | 2 | 2 |
| Public Health & Health Care Systems | 5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings | | | | | 2 | | | | | | |
| | 6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels. | | | | | 2 | | | | | 2 | |
| Planning & Management to Promote Health | 7. Assess population needs, assets and capacities that affect communities' health | 2 | | | | 2 | | | | | | |

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| | 8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs | 2 | 2 | | | 2 | | | | | 2 | |
| | 9. Design a population-based policy, program, project or intervention | 2 | 2 | | | 2 | | | | | 2 | |
| | 10. Explain basic principles and tools of budget and resource management (<i>*Resource management* refers to stewardship (planning, monitoring, etc.) of resources throughout a project, not simply preparing a budget statement that projects what resources will be required.</i>) | 1 | | | | 1 | | | | | 2 | |
| | 11. Select methods to evaluate public health programs | | 2 | | | 2 | | | | | 2 | |
| Policy in Public Health | 12. Discuss the policy-making process, including the roles of ethics and evidence (<i>*This competency refers to technical aspects of how public policies are created and adopted, including legislative and/or regulatory roles and processes, ethics in public policy making, and the role of evidence in creating policy</i>) | | | | | | 2 | | | | | |
| | 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes | 2 | | | | | | | | | 2 | |
| | 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations (<i>This competency refers to the ability to influence policy and/or decision making, such as through stakeholder mobilization, educating policy makers, etc. Ability to argue in support of (or in opposition to) a position, as in a standard debate, is not sufficient. Students must produce a product that would be part of an advocacy campaign or effort (e.g., legislative testimony, fact sheets, advocacy strategy outline, etc.).</i>) | | | | | | 2 | | | | | |
| | 15. Evaluate policies for their impact on public health and health equity | | | | | | 3 | | | | | |

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| Interprofessional and/or Intersectoral Practice | 21. Integrate perspectives from other sectors and/or professions to promote and advance population health (<i>*This competency requires direct engagement (in-person or online) between the student and an individual or individuals in a profession or sector other than public health; students must combine the external sector/profession's perspective and/or knowledge with their own public health training to complete a task, solve a problem, etc.. Role-playing, in which public health students assume the identity of an individual from another profession or sector to which they do not already belong, is not an acceptable substitute for actual engagement with an individual or individuals from a profession or sector outside of public health.</i>) | 2 | | | | | | | | 2 | 2 |
| Systems Thinking | 22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative (<i>*Systems thinking tools depict or map complex relationships, demonstrating, for example, how component parts of a system interact with and influence one another. Examples include causal loop diagrams, systems archetypes, network analyses, and concept maps. Logic models and evidence tables are not sufficient to address this competency.</i>) | | | | 2 | | | | | | |
| Foundational Knowledge Areas | 1. Explain public health history, philosophy and values | 1 | | | | | | | | | |
| | 2. Identify the core functions of public health and the 10 Essential Services* | 1 | | | | | | | | | |
| | 3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health | | | 1 | | | | | | | |
| | 4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program | 1 | | | | | | | | | |

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| | 5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. | 1 | | | | | | | | | | |
| | 6. Explain the critical importance of evidence in advancing public health knowledge | 1 | | | | | | | | | | |
| | 7. Explain effects of environmental factors on a population's health | | | | | 1 | | | | | | |
| | 8. Explain biological and genetic factors that affect a population's health | 1 | | | | | | | | | | |
| | 9. Explain behavioral and psychological factors that affect a population's health | | 1 | | | | | | | | | |
| | 10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities | 1 | | | | | | | | | | |
| | 11. Explain how globalization affects global burdens of disease | 1 | | | | | | | | | | |
| | 12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health) | | | | | 1 | | | | | | |
| Generalist Track Courses | 1. Prepare proposals for funding from external sources. | | | | | | 2 | | | | | |
| | 2. Demonstrate the ability to design, implement and execute a research protocol. | | | | | | | | 2 | | | 2 |
| | 3. Propose the use of cultural models and approaches in public health situations in an organizational context. | | | | | | | | 2 | | | |
| | 4. Demonstrate critical evaluation of ethical values, theories, and principles that guide public health inquiry and decision-making. | | | | | | | | 2 | | | |
| | 5. Analyze the public health information infrastructure used to collect, process, maintain, and disseminate data in order to allow for decision-making at an administrative level. | | | | | | | | 2 | | | |
| | 6. Apply theory and strategy-based communication principles adapted to different contexts. | | | | | | | | 2 | | | |
| | 7. Explain how biological, chemical, and physical agents affect human health. | | | | | | | | 1 | | | |