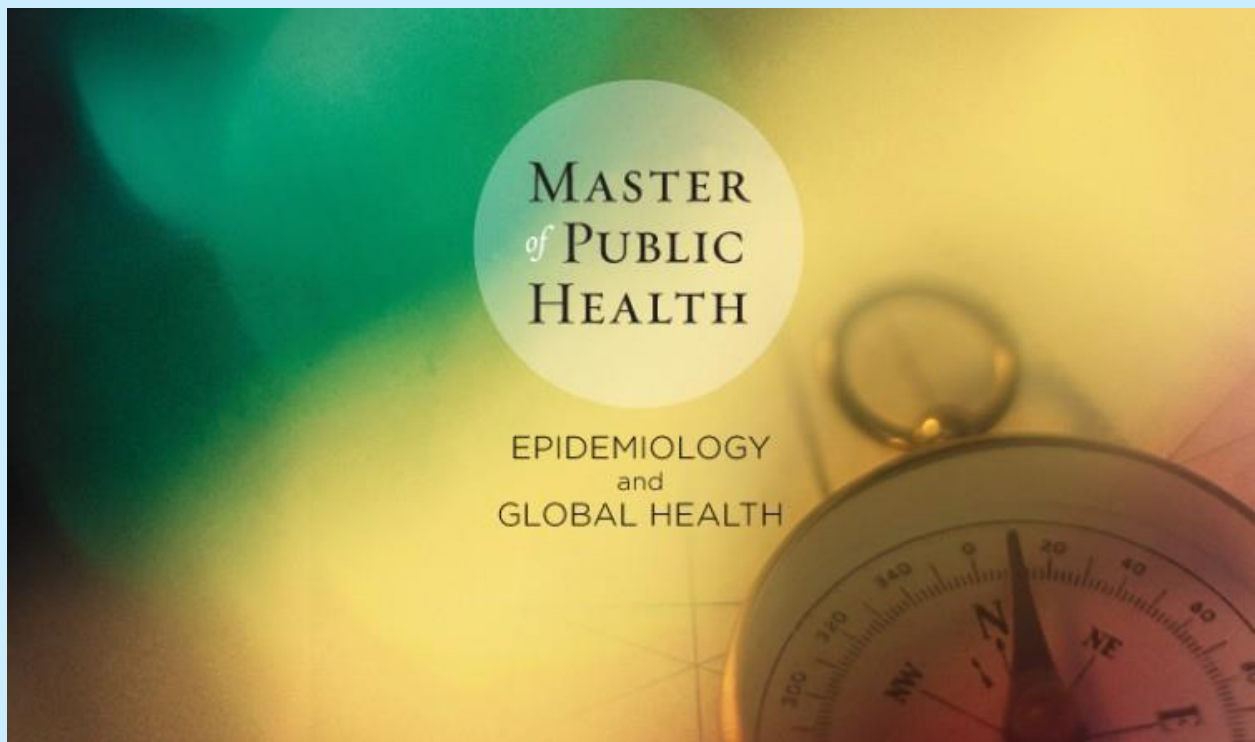


STRATEGIC PLAN
MASTER OF PUBLIC HEALTH PROGRAM
VANDERBILT UNIVERSITY SCHOOL OF MEDICINE



January 2014

Executive Summary

The Vanderbilt Master of Public Health is an interdisciplinary program housed in the Institute for Medicine and Public Health within the School of Medicine and thus shares the School's core focus on excellence in education, discovery, and service.

The program, which enrolled its first students in 1996, originally focused on preparing physicians and other doctoral prepared individuals for careers in academia and public health. Guided by the self-study process for accreditation by the Council on Education for Public Health in 2010, the program began considering strategic directions for program expansion. At the same time, the Vanderbilt Institute for Global Health (VIGH) proposed a graduate program to equip trainees of all levels to engage in public health in international settings. Leveraging these opportunities, the program collaborated with faculty in VIGH to develop a Global Health track, which enrolled its first students in 2012. This track attracted a broader range of students, including individuals for whom the MPH represented the beginning formal training in their field of choice, and potentially a terminal degree. The resulting increase in diversity of enrolled students has benefitted epidemiology and global health track students, as well as our program faculty and leadership.

In 2013, program leadership recognized the evolving needs for engagement in public health. At the same time, the School of Medicine developed a new Department of Health Policy, which created additional opportunities. Thus, the program embarked on an ambitious strategic planning process to guide the program over the next 3-5 years.

The Strategic Plan was guided by a steering committee made up of program leadership, faculty, students, alumni, and public health professionals. The steering committee mapped out a plan for obtaining broad input from all key stakeholders, including the above groups and School of Medicine leadership.

Five key strategies emerged during this process, including:

- Explore opportunities for strategic expansion.
- Make stronger connections
- Expand the use of innovative teaching techniques.
- Pursue philanthropy to support continued program excellence.
- Share the program's successes to increase its local, regional, and national reputation.

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OUR FOUNDATION

Mission

The mission of the Vanderbilt MPH Program is to prepare research scientists and public health professionals to be **leaders** and **innovators** dedicated to improving the public health and preventing disease and disability in a program environment rich in learning, discovery, and service.

Goals

To fulfill its mission, the Vanderbilt MPH Program has the following goals:

- Educate innovative and effective public health researchers, faculty, and practitioners.
- Advance knowledge in the public health sciences through research and discovery.
- Contribute to sound public health policies and practices through dissemination of knowledge and community collaboration.

Values

- Intellectual freedom that supports open inquiry.
- Equality, compassion, and excellence in all endeavors.
- Commitment to perform activities in a scholarly manner, based on an understanding of the need to engage in lifelong learning.
- Commitment to achieve excellence in professional area(s) of individual interest.
- The capacity to recognize and accept limitations in one's knowledge and skills, and to acknowledge and rectify personal shortcomings that may result from those limitations.
- Honesty and integrity in all interactions.
- Understanding of, and respect for, the roles of other professionals, and of the need for collaboration to promote the health of populations.



OUR CONTEXT

The Vanderbilt Master of Public Health is an interdisciplinary program founded in 1996 by faculty in the Vanderbilt University School of Medicine Department of Preventive Medicine (now the Department of Health Policy). The Program is housed in the Institute for Medicine and Public Health within the School of Medicine and thus shares the School's core focus on excellence in education, discovery, and service.

For the first 15 years, the program focused on preparing physicians and other doctoral prepared individuals for careers in academia and public health. Students received rigorous quantitative epidemiology preparation through didactic coursework, an applied skills practicum, and a research thesis. The program was intentionally small to allow an individualized approach, enrolling 12-15 students per year in the two year program. This approach was quite successful and the program's graduates include several leaders in public health with an extraordinary track record of research funding, publications, and contributions to improving public health in the US and abroad. In addition, the program has been recognized for its excellent teaching and mentoring, with many core faculty garnering teaching awards and recognition.

The program received full five-year accreditation by the Council on Education for Public Health in 2010. Guided by the self-study process for accreditation, the program began considering strategic directions for program expansion. At the same time, the Vanderbilt Institute for Global Health (VIGH) was considering a graduate program to equip trainees of all levels to engage in public health in international settings. Leveraging these opportunities, the program collaborated with faculty in VIGH to develop a Global Health track, which enrolled its first students in 2012. This track attracted a broader range of students, including individuals for whom the MPH represented the beginning formal training in their field of choice, and potentially a terminal degree. The program has benefitted greatly from this expanded focus. The resulting increase in diversity of enrolled students has benefitted epidemiology and global health track students, as well as our program faculty and leadership.

In 2013, program leadership recognized the evolving needs for engagement in public health. At the same time, the School of Medicine developed a new Department of Health Policy, which created additional opportunities. Thus, the program embarked on an ambitious strategic planning process to guide the program over the next 3-5 years. The strategic plan was designed to address a series of important questions:

- What are the program's core values? What should they be?
- Should we stay a "boutique" program or should we grow? If so, in which areas?
- Should we offer more dual degrees? More tracks? In what areas?
- How do we distinguish ourselves?
- Are there educational approaches that we should explore to help us achieve our goals?
- What would excellence look like in 3 years? In 5 years? In 10 years?

THE PROCESS

The Strategic Plan was guided by a steering committee made up of program leadership, faculty, students, alumni, and public health professionals (Appendix 1). The steering committee mapped out a plan for obtaining broad input from all key stakeholders, including the above groups and School of Medicine leadership.

In fall 2013, a series of focus groups and key informant interviews were conducted with: faculty, students, public health professionals, administration/staff, alumni, employers, potential students, persons from underrepresented groups, and School of Medicine leaders. Notes from these meetings were reviewed by the Steering Committee to identify key themes, which were refined in a series of meetings and discussions in late fall 2013 (Appendix 2).



The key themes and potential strategies were then disseminated using an electronic survey to students, faculty, alumni, employers, and public health professionals to identify areas of consensus and to give key stakeholders input into the themes (Appendix 3). These opinions are reflected in the recommendations included in this document.

A draft strategic plan was developed by the steering committee and posted publicly on the website for comment and circulated to key stakeholders by email. Following a period of public comment, these suggestions were incorporated into the final document.

In spring 2014, the program plans to begin the Implementation Phase of the Strategic Plan to guide the program over the next 3-5 years.

KEY STRATEGIES

Five key strategies emerged during this process, including:

- Explore opportunities for strategic expansion.
- Make stronger connections.
- Expand the use of innovative teaching techniques.
- Pursue philanthropy to support continued program excellence.
- Share the program's successes to increase its local, regional, and national reputation.

Explore opportunities for strategic expansion.

Key stakeholders were clear that the program should leverage opportunities to expand its strong presence in developing leaders and scholars in public health. At the same time, many noted that the program's individualized approach and flexibility were characteristics that distinguished it from other programs at peer institutions. Participants in nearly all of the sessions offered that the program should "grow, but not too much." One of the current students noted that having an MPH "without walls" might allow for expansion to occur beyond the School of Medicine (e.g. joint degrees with other Vanderbilt schools and programs). Individuals in the public health professionals group encouraged the program to continue to target "... well trained and well respected graduates" and noted that the program shouldn't grow just for the sake of growth, but should leverage institutional strengths in considering directions for growth.

There are several potential areas for growth including adding additional tracks to the program. For example, with the growing emphasis on Health Policy at Vanderbilt with a new department and new faculty, many were enthusiastic about this as an appropriate direction for the program to grow. Faculty participating in a focus group felt that any new tracks should fit institutional priorities, should align with the program's priorities and approach, should leverage unique aspects of Vanderbilt and the community, and should include an identifiable champion who can lead the program and take responsibility. Others noted Vanderbilt's strengths in Biomedical Informatics as an alternative or additional track. In addition to tracks, key stakeholders recommended that the program consider offering joint degrees if they tie to a unique Vanderbilt strength and offer mutual benefit to the program and the other degree program.



Possible strategies in this area:

- Explore addition of a new track in Health Policy with a target to enroll students in the fall of 2015.
- Add joint degree programs with graduate programs at Peabody School of Education, the School of Nursing, and others as appropriate, guided by the principal of added value for the MPH and the other graduate program and a market demand for students and graduates.
- In exploring program growth, strive to maintain an individualized approach to students, with small class sizes, individual mentoring and advising, and flexibility.

Make stronger connections.

Many of the discussions centered on potential opportunities for advancing the program's mission through stronger connections to the public health community, the health care delivery industry, alumni, and other Vanderbilt educational programs with a public health focus (e.g. PhD program in epidemiology, graduate programs in biostatistics and informatics). In addition, many felt that the program should expand its efforts in diversity to have the public health workforce reflect the populations we serve.

Respondents encouraged greater engagement in the community. With the Tennessee Department of Health and the Metro Health Department both within blocks of the university, the program has unique opportunities to expand ties. It was noted that there are currently many strong connections to local, state, and federal agencies, but that the students might benefit from even greater ties. One public health professional noted that placement of students in public health settings should be a priority.

Similarly, respondents noted that Nashville has one of the greatest concentrations of healthcare industry companies in the world. Finding ways to strengthen connections to these entities might offer additional opportunities for scholarship, training, and improvements in healthcare delivery.

Given the many accomplishments of program alumni, many encouraged the program to make stronger connections to this group as a resource pool for advancing the program's mission. For example, alumni might be used as a resource for potential students, for placements for thesis work and/or practicum projects. In addition, tracking and sharing graduates' success would facilitate other strategies in this plan (i.e. sharing our success). Finally, there would be mutual benefit to exploring ways to continue to enhance the career success of graduates.

There was strong encouragement to strengthen ties to existing Vanderbilt programs. Sharing resources and experiences would likely be of mutual benefit to all. In addition, doctoral programs might be important next steps for program graduates as the program involves students from diverse backgrounds with diverse perspectives. One of the current students suggested that these greater connections would facilitate future collaborations between individuals of like interests.

While the program's diversity has been greatly enhanced in recent years through the Satcher Public Health Scholars program, the Satcher lectures, and the work of the Diversity Committee to weave issues of health equity throughout the curriculum, it was agreed by many that these efforts should be expanded. One current student noted that the program has greatly enriched the racial and ethnic diversity of the student body in recent years and that this should be continued.

Possible strategies in this area:

- Engage public health providers at all levels of the program (teaching, practicum placement, and participation of faculty and students in public health professional service).
- Identify connections to the healthcare industry.
- Enhance alumni relations at all levels of the program.
- Strengthen connections to other Vanderbilt educational programs with a public health focus, including those with training grant support.
- Continue to make connections to underrepresented groups to enhance diversity.

Expand the use of innovative teaching techniques.

Throughout its existence, the program has been highly regarded for its teaching faculty. Teaching evaluations have been consistently strong and the program leadership has placed an emphasis on intervening whenever teaching evaluations identified a potential concern about the quality of experience for the students. Respondents noted the commitment of the faculty and especially appreciated innovations including small group learning sessions, and opportunities for peer education. At the same time, it was noted by some that a good deal of teaching time includes didactic lectures with computer generated slides. While this approach is often efficient and can be quite effective, there are alternative strategies that might be explored.

During the information gathering phase of the strategic plan, the program engaged the Vanderbilt Center for Teaching to explore innovative strategies in pedagogy. The Center for Teaching hosted a workshop for faculty in November 2013 where faculty discussed potential innovations. It was noted that one of the greatest opportunities to improve teaching might come from convening faculty regularly to discuss teaching approaches and best practices in education. Possible strategies in this area:

- Continue to explore innovative educational approaches, *e.g.*, flipped classroom.
- Apply QI approaches to all of our educational efforts (didactic, practicum, thesis) to ensure we are evaluating and improving our offerings.
- Consider using some standard teaching method/content to “brand” our program and create continuity between classes, termed a “signature pedagogy.”
- Identify cross-cutting themes (similar to the Curriculum 2.0 recently implemented by Vanderbilt’s medical school) that are intentionally and explicitly woven throughout the didactic courses, practicum, and thesis work (*e.g.* diversity, health care policy and delivery, global health, responsible conduct of research, public health informatics, causal inference).



Pursue philanthropy to support continued program excellence.

While the program has been able to leverage internal resources to support innovations and new initiatives, it was recognized by many that even greater things could be done if the program expanded philanthropic support in the future. Philanthropy could be used to support endowed chairs, speakers, and a greater number of scholarships. Not only would philanthropy provide additional resources, it could also strengthen ties to individuals and foundations, achieving other strategic objectives in the process.

It was noted that the program has more than 150 graduates, but to date has not pursued alumni giving as a



vehicle for program support. In addition, there has not been a focus on identifying other sources of philanthropic support from foundations, etc. Any efforts at philanthropy would need to be coordinated with university development and alumni efforts.

Possible strategies in this area:

- Pursue greater engagement of alumni in philanthropy through small and large gifts to support specific projects (i.e. endowed chairs or lectureships) or for general program advancement
- Work with institutional development to craft an overall philanthropy plan to guide these efforts over the next 3-5 years.
- Consider foundation support for philanthropy in targeted areas where the program can make unique contributions.

Share the program’s successes to increase its local, regional, and national reputation.

Some described the program as a “well-kept secret.” The success of program graduates and the commitment to excellence at all levels of the program were felt to be noteworthy. It was recommended that the program would benefit from a greater national presence and reputation.

Faculty and public health professionals with long standing connections to the program recognized that the past internal focus served the program well, but noted that a newer outward look would make enhancing the national reputation a critical next step. Greater recognition would in turn support many of the other strategic themes that have emerged as a part of the strategic planning process. Alumni participating in focus groups suggested that such an approach would help us to recognize and connect with graduates who are leaders and scholars in public health locally, regionally, nationally and globally, as well as in academic settings.

Possible strategies in this area:

- Develop a specific networking plan to expand the national reputation of the program.
- Participate in national public health meetings (e.g. APHA).
- Regularly pursue publication of student, faculty, and alumni accomplishments through existing resources such as the VUMC Reporter and the ASPPH Friday Letter.
- Enhance the program website to call attention to the program’s excellence.
- Leverage alumni who have left the program for other positions and institutions to increase knowledge of the program’s excellence.
- Consider focused marketing highlighting the individualized approach of the program, the flexibility of the curriculum, and the unique advantages afforded by the MPH program being housed in a School of Medicine.



NEXT STEPS

Following adoption of the plan by leadership and the Advisory Committee, the program will begin an implementation phase. Individuals or teams will be assigned to guide development of specific tactics and metrics for each of the key themes. These teams will be charged with identifying key next steps, early wins, and resources that would be needed to achieve the strategic goals.

The strategic plan should be used as a guide for program decision making and should thus be made available on the website and in other ways to ensure its adoption. Regular updates should be provided to the leadership, advisory committee, and key stakeholders at least twice a year to gauge progress, identify potential adjustments or modifications, and possible next steps.

This strategic plan will also serve as an excellent starting point for the program's self-study for CEPH reaccreditation in 2014-2015.



APPENDICES

APPENDIX 1. Steering Committee

APPENDIX 2. Focus group and key informant interview notes

APPENDIX 3. Survey responses from MPH community (students, alumni, faculty)

APPENDIX 1. Steering Committee

Member	Represents
William Cooper, chair	Faculty, Administration, Alumni
Marie Griffin	Faculty, Administration
Doug Heimburger	Faculty, Administration
Muktar Aliyu	Faculty
Kecia Carroll	Faculty, Administration, Alumni, Diversity Committee
Derek Williams	Alumni
Marion Kainer	Public Health Professional
Elizabeth Murphy	Current student Global Health Track
Matt Resnick	Current student Epidemiology Track

APPENDIX 2. FOCUS GROUP/INFORMANT INTERVIEW NOTES

**Vanderbilt MPH Program
Strategic Plan
Diversity Committee Focus Group
September 9, 2013**

Participants: Marie Martin (staff), Yaa Kumah-Crystal (student), Kecia Carroll (alumna, faculty, diversity committee chair), Imani Brown (student), Scott Revey (student), Ana Nunez (visiting scholar), Carlos Grijalva (alumni, faculty), Wally Clair (diversity committee, faculty), Andre Churchwell (School administration), Adriana Bialostozky (faculty), Doug Heimbürger (administration, faculty), Bill Cooper (alumni, faculty, administration)

Strengths

Questions are framed early in the student's path

People are valued

The program creates leaders

There is increasing diversity of the students

The program is clearly focused on diversity

There is a sense of community

The Satcher Lectures

The curriculum has specific focus on disparities

There are networking opportunities for Satcher Scholars with Dr. Satcher, speakers

Opportunities

Sometimes networking not as strong

Hard to find opportunities and connect

Connect to the strategies of the medical school

Try to understand the public health system

Future directions

Consider adding qualitative research techniques (as these are often critical to understand disparities)

Skills in small area variation

Strengthen teaching in skills needed to understand and address disparities: assets, resources, advocacy

Community experience and service

Program and policy evaluation

Think about how policies are set

For URM students and scholars

Specific networking skills

NIH health disparities training

Send them to a meeting – list potential networkees, give them training on how to network

Strategic Plan Focus Groups: October 28, 2013

Individual interviews with Employers and Public Health Professionals including Marion Kainer MD and Tim Jones, MD, MPH (TN Department of Health), Kathryn Edwards MD (Department of Pediatrics/Infectious Diseases), John Tarpley MD and Naji Abumrad MD (Department of Surgery) and Christianne Roumie MD MPH (Department of Medicine/General Internal Medicine)

Opening up to more students makes multi-disciplinary teams more possible – could do thru bigger numbers or thru focusing on some other specific disciplines – like informatics. Working with different types of groups is valuable.

Play on strengths of the program – help distinguish it from other programs

Maybe boutique nature is part of its strength—could focus on “boutique” nature in 2nd year of program with more individual attention

Should capitalize on informatics within Vanderbilt

Not sure about health policy track—but having strong interaction with State Health Department would be really valuable and

Plenty of places for people can get a general MPH – there isn't a workforce development need.. the advantage is working with a broader group as part of training

Likes small size, regrets can't teach systems biology

Likes the hands-on, meets the needs of Vanderbilt...distinction is quality

From surgery perspective, have enrolled 1-3/year – there are budget constraints – not lots of advantage to growing

Main focus has been to equip Vanderbilt faculty to become better at research

Strengths are epidemiology and statistics, growing a critical mass, focus on clinical effectiveness

Distinction is mentoring and coaching

Having MPH program is important in recruitment... doing degree program increases productivity. It is part of current marketing strategy for residents – national recognition not needed

Likes the MD-MPH

Policy and informatics obvious strengths

More integration with epidemiology PhD

Boutique nature of program: Opinion about this has changed; lots of broad/generic MPH programs and glut of these students...Having fewer but very well trained/well respected graduates good.

Focus: research track great

In public health world – public health informatics is a huge need. Lots of great medical informatics programs... few public health informatics... Unlikely to be physicians because of available compensation in these jobs, need bright well-trained people...

Specific courses for public health informatics/certificate programs needed

Public health/medical system interface: meaningful use

MPH program not important in recruiting residents

Some residents/fellows have come to expect to be able to do an MPH paid for by department/division. However, there may be increasing fiscal restraints. Might need to be more selective about which candidates are paid for by the institution.

Most important is biostat 1 and 2 – can we get that without full price tag of MPH

Need to be more selective

Need a more rigorous 2nd year: lack of mentors for some surgeons

Would prefer full scholarships rather than partial scholarships given.

Are we a better off program b/c of the MPH? yes What about recruiting? Sending residents to Kenya and have it accepted by am board of surgeons has been our biggest recruiting tool. How can we capitalize on that?

Likes the small size; does not think online degree is as effective

Could do 1-2 online classes along with boutique to increase visibility

Is there a way to increase demand and be more selective?

Combined MD-MPH good

Could market more for global health track to be more selective... stepping stone for medical school

Low visibility because no School of Public Health

Even epi track could open up to more people--- currently, mainly MDs

Combined PhD-MPH for nursing school

Increase pool of mentors – professional health education

Dr. Hartmann collecting database of formal mentors for epi PhD --- suggest more connection there

More applicable classes ---electives in health policy/informatics/implementation research

**Vanderbilt MPH Program
Strategic Plan
Alumni Focus Group
November 15, 2013**

Participating: Keipp Talbott (2007), Ed Vasilevskis (2012), Natasha Halasa (2004), Titus Daniels (2007), Bill Cooper (1997)

Core Values

Individualized approach
Flexibility of curriculum
Small courses, small group interactions
Diversity of students – opportunities to interact with people from different backgrounds and perspectives

How does the program currently distinguish itself

Variety of coursework – good coverage of PH concepts
Opportunity for range of skills development
Particular courses with excellence – biostats, epidemiology, grant writing
Structure-clear expectations
Individual approach
Access to broad group of accomplished mentors and teachers

What are areas we should consider for possible improvement?

Consider doing literature review earlier in program to serve as foundation
Consider greater rigor in the coursework – clear expectations and deliverables
Identify resources for funding tuition – philanthropy?
Expand focus on practical skills (manuscript writing, data management, giving talks)
Strengthen collaborations with local, state health department and CDC – more explicit connections

Should the program grow?

Not much. Maintain relatively small program
If grow, maintain focus on adequate access to individual faculty
Consider possible tracks in health policy, informatics, or QI
Joint degrees are ok, but should be intentional and aligned with program's mission – don't dilute the brand
Need to do better job at marketing successes of program and graduates internally (like what Owen does)

What would excellence look like

Our graduates are leaders and scholars
 Nationally – CDC, NIH, FDA, etc.
 Locally – TN, Metro HD, other local public health
 Institutionally – contributing to the institution
Graduates are mentors
The program's successes are highlighted more

**Vanderbilt MPH Program
Strategic Plan
Student Focus Group
November 14, 2013**

Core Values

Education
Fundamentals of PH
Individualized approach
Lots of interactions with professors
Small class size
Diversity of students

How does the program currently distinguish itself

Dr. Griffin's advising
Courses are well taught
Course directors are excellent
Varied courses give broad PH perspective
Faculty are accessible
Staff (e.g. Cindy Taylor)
Global Health (GH) student perspectives add value

What are areas we should consider for possible improvement?

Ensure proper balance between diversity (GH) and preparation/discussions
Scheduling – communicate more clearly when courses will meet and where

Should the program grow?

Keep small focus
Focus on continued skills
Keep classes size
Choose students

How might we distinguish ourselves?

Connections to TN DOH – continue and strengthen (e.g. speakers, practica)
Graduates have a strong track record
Continue individual approach
Dual degrees with strong partners
Students attain skills
Educational innovations (appreciated Richard Epstein's flipped classroom approach, consider audience response systems as small breaks)
Give students practical skills like giving lectures and making slides, asking questions at meetings, etc.
Need to market the program more

Vanderbilt MPH Program
Strategic Plan
Faculty Focus Group
August 21, 2013

Present: Melissa McPheeters, Yu Shyr, Marie Griffin, Carol Etherington, Richard Epstein, Brian Hauser, Doug Heimbürger, Marie Martin, Liz Heitman, Melinda Buntin, David Penson, Larry Van Horn, Bill Cooper

Core Values

Opportunities for Vanderbilt fellows and faculty to receive high quality formal research training
Scientific rigor of the courses
Interdisciplinary and eclectic blend of faculty
Individualized approach (faculty are available for students, invested, committed)

How does the program currently distinguish itself

Quantitative skills, good understanding of healthcare delivery
Not a generic MPH
Housed in a School of Medicine with interdisciplinary faculty

What are areas we should consider for possible improvement?

Narrow focus may limit opportunities
Community focus should be considered-this may be defined differently, so first we may need to define

Should the program grow?

While growth by a measurable amount is desirable, the program shouldn't grow really big
Consider pursuing joint degrees (IEPM, Nursing, MBA)
Consider adding a Health Policy track (several comments in favor of this)

- First institutional priorities
- Fits with our current approach
- Leverages community healthcare market
- Leverages Nashville as the state capital
- Need to ensure we have a champion who can lead program and take responsibility

What would excellence look like?

The current program is excellent so it should retain the strengths and core values described above
There should be synergy between courses and interactions among course directors
The graduates are in careers making a difference in areas that matter to them and PH
The program would be better recognized locally and nationally
There would be greater demand from applicants and the program could be more selective
We would explore innovative teaching techniques and approaches, leveraging Vanderbilt's strengths in innovative teaching and informatics

MPH Strategic Plan
URM Discussions (faculty, students, alumni)
November 15, 2013

Participants: Minority faculty meetings (2, one-on-one meetings), 1 group with 3 students (2 global health, 1 Epi), and a one-on-one meeting with an additional Global health student.

1. Core values (what are they? What should they be?)

-The program is a way to transfer knowledge about research methodologies that students will need to conduct research and to implement and evaluate programs.

-A plus is the small group of core faculty with similar backgrounds who share similar perspectives regarding the program.

-The didactics are good for evidence-based, population research. The program goals are to shape you as a thinker and into a leader in the realm of public health.

-Two first years felt they had not enough exposure yet to respond, so they thought the core competencies help them understand core values.

-Oriented towards physicians interested in being scientists. Promote individual interests and give training in the basics.

2. Program's focus (should we stay a "boutique" program or should we grow? If so, in which areas?)

-A gradual increase in the size of the MPH program is something to consider, however must think about what would be sacrificed. For example, a benefit of having groups with a smaller size includes the ability to identify students who may be struggling.

-Would need to involve more faculty, but would be phenomenal to grow.

-Do we want to be like Bloomberg?

-Growth would give more opportunities with more involvement.

-Area in which to grow- biostats. Harvard grads for example are very heavily trained in biostats and this is an advantage.

-We need to publicize better what the MPH faculty are doing. For example, we should take better advantage of systems in place to highlight the work that individuals affiliated with the

Vandy MPH are doing. An example is highlighting work in the “Friday Letters” which is disseminated to public health program. Also, we can create new means to highlight our work.

-One participant noted that he/she often sees the work from the well-known MPH program where he did some of his training highlighted in the “Friday Letter” however the higher impact publications (such as those in NEJM, etc.) that the Vandy MPH faculty and students are producing are not highlighted often in this newsletter. This could be a means of increasing Vandy MPH Program’s visibility.

3. Should we offer more dual degrees? More tracks? In what areas?

-Expansion to those without a medical background-The global health track has been a successful addition so expanding to other dual degree programs will be key The most important component is the selection process (as with all the current tracks).

-An additional opportunity to consider is a greater partnership with what is occurring in the medical school regarding research training.

1) Highlight the success of previous MD, MPH- Michael Baha was given as an example.

2) Work with the Med school to identify where the MPH program would be beneficial to interested students. Have a presence and give compelling presentations to the med students. For example, although the research training in med school may give basic skills, an MPH would be a benefit for those who have identified they are interested in more advanced training and skills.

-Surprised that no course offered a lecture in bioinformatics

-Draw on strengths of Vanderbilt community; Noted that faculty were supportive in allowing students to tailor classes to specific interests, but it might be better and easier to navigate the system if programs were already in place. For example, what if an instructor was not willing to let you take a class?

-Consider programs/tracks:

MPH/Masters in bioinformatics

MPH/master education

-Particularly for global health track would like to see more connections with HOD, MBA, and bioinformatics programs.

Environmental Health track

How can we distinguish ourselves?

-Highlight successes in the “Friday Letter”

-Create a MPH newsletter to highlight key achievements and science. Use marketing to increase visibility. Hopkins for example has a newsletter.

-Be intentional about attending Epi meetings (For example, have faculty go to different conferences on a rotating basis)

-Be intentional and deliberate about joining important cohorts. For example, the MPH Program could have taken better advantage of the opportunity to work with the Jackson Heart Study and this could have increased the opportunities for students to work with the data.

-As we invite other speakers, as for example Satcher Speaker, think about how this could benefit the program.

Weakness-

-An area that can be improved is the practicum experience. This area needs to be enhanced (then related experience of student who went to another country and apparently the planned practicum experience did not exist and how this should not ever happen again).

-As it stands now, everything is geared towards MDs and the rest of us need to fit in.

-Should consider other ways to deliver the EPI content. Thought there was a disconnect between what was taught in class and the tests.

-One person commented that she/he does not like how the classes are evaluated. The REDCap survey (with its 1-9 ranking, which you have to fill out on everyone and there are times when a class had not been attended) does not allow you to communicate what you really want about the class. Hesitant to write thoughts in comment section as it might be easy to identify who the comment was coming from.

-Early in training, but asks “will the degree be helpful without MD or PhD? There is already a medical bent to the program.

-In epi I, I had to Google during tests to try and understand some of the medical terms. I am glad the tests are open book.

-Environmental health (previous year) as an example. Some courses are all guests lecturers, and it is difficult to link into how it all fits into everything else. Not as high yield as other courses.

-Comments were made about a course (last year lead by individuals in the health department) where the groups were larger than expected and appeared to affect the lecturers.

-Social behavioral comments: Communicate what deliverables are expected. Communicate objectives and goals clearly. Concerns about at least one of the books used- not money well spent.

-Epi is clinically based, could be taught in more general way

-Marie and Doug are focused on global health vs. international health. Important also to know what happens in the states.

-Encourage students to take course on American health systems.

-Long process to take course outside of MPH- have to coordinate with course director, Annie, others. Sometimes there are loopholes and there could be a problem if something is held up.

-More career oriented activities need to be included. For some the MPH will be a terminal degree, so need more job/professional development activities: such as career fairs, networking, connections, etc.

-Also work study opportunities and more efforts to connect to public health work opportunities.

-Several responses centered around concerns of the expectations of the global health track.

-The fact that epi II and biostats II are not required makes one wonder how important these core skills are considered in global health.

-Reported that they thought taking Van Horn's course was important, however they did not know about it until after it had started.

-Concerned about post graduate opportunities, want to take advantage of opportunities to build toolkit.

-How prepared will I be to enter the job market.

Strengths

-Has the ability to capitalize on synthetic derivative, GWAS, consider helping students to build a skill set in program.

-Global health has a supportive staff, solid teachers in program, one student noted that participation in the GH program has been a dream come true.

Racial diversity is great. I did not think that Vanderbilt could be so diverse. Now we need diversity in terms of professional backgrounds of students.

-MPH experience has been great, flexibility and understanding leadership

- Good support from global health staff. Great to have faculty as TAs for EPI 1.
 - Quality of lectures
 - Size of class, approachable faculty
 - Highlight class for one student last year was Tom Elasy's
 - Very diverse program, individuals are from everywhere. Different backgrounds, specialties and studying diverse problems.
- Faculty are a strength and serve as an inspiration

Opportunities

- Consider for global health track assisting with foreign language acquisition in anticipation of international experiences (choice to do this- not a requirement)
- During orientation individuals with MPHs with diverse backgrounds (particularly professional) were included and this was great. There needs to be more of this MPH professional diversity integrated throughout the program.
- Glad you are having focus groups with diverse groups. Had heard about an earlier meeting where 2 students were invited and thought the meeting was too short to have meaningful conversation.

Excellence in 10 years

- We will have excellence if we: articulate different activities that are occurring, increase exposure of what is occurring, take greater advantage of the opportunities at Vanderbilt, form key alliances.

APPENDIX 3. COMMUNITY SURVEY RESPONSES

Current Student Survey Responses

The MPH Program should focus its efforts in the following areas:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Grow a bit but not too much	0%	0%	12.1%	75.8%	12.1%
Consider adding tracks aligning with VU strengths	0%	8.8%	17.6%	50%	23.5%
Consider joint degrees if they add value	0%	5.9%	8.8%	70.6%	14.7%

Strategic Growth

Stronger Connections

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Public Health Community	0%	2.9%	8.8%	41.2%	47.1%
Healthcare delivery	0%	8.8%	14.7%	47.1%	29.4%
Alumni	0%	5.9%	32.4%	44.1%	17.6%
Other VU Programs	0%	5.9%	26.5%	52.9%	14.7%

Educational Innovations

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Innovative Teaching Techniques	0%	11.8%	14.7%	47.1%	26.5%
Cross Cutting Threads throughout the program	0%	9.1%	30.3%	39.4%	21.2%

Philanthropy

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Support for scholarships, speakers, etc.	0%	2.9%	11.8%	47.1%	38.2%
Identify potential sources for funding	0%	3%	3%	48.5%	45.5%

Sharing Our Success

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Increase national recognition	0%	2.9%	17.6%	41.2%	38.2%
Focused marketing to enhance reputation	2.9%	5.9%	17.6%	47.1%	26.5%

MPH Current Student Comments:

- As a student in the global health track I initially experienced a bit of frustration at having to make sure my practicum experience was 'global', meaning traveling somewhere outside of the US. In real terms this mean turning down valuable internship time that could prove very beneficial on the job market. However, I would like to commend the Global Health faculty for their persistence and resourcefulness in this area. I have been wholly convinced of the importance of seeing public health practices in international contexts. Now I will just need to convince myself (and others) of my own purpose for being in those settings.
- More cross-disciplinary approaches to public health, not just centered around provider care.
- More financial support for students More opportunities for collaborations with faculty to build skillset outside of practicum & thesis experience
- I think continued development of connections with people working in public health outside of Vanderbilt would be beneficial for future MPH students.

- While the Epidemiology Track is designed to meet a specific set of goals for Vanderbilt medical residents, the MPH Program is not yet fully equipped to accommodate a broader range of goals, backgrounds and skills sets such as the Global Health track brings to the program. Therefore I think that it would be important to focus on strengthening that track and better leveraging Vanderbilt's strengths to meet the professional development needs of a more diverse (skill-wise and goal-wise) student body prior to pursuing additional tracks, expanding marketing efforts, etc. A joint degree program could potentially be a good option in terms of filling out the limited (second year) course options for a non-clinical track, compensating somewhat the disadvantage for non-clinical students of not being in a school of public health, and ensuring that non-clinical students are obtaining a practical skill set that they can use in the field. However I'd suggest that more groundwork be laid before looking to grow the program - or more specifically, the Global Health track.
- This might be a bit out of context, but just to suggest improving ventilation in the MPH lecture room 2600, Villages at Vanderbilt. Thank you for the proposed strategic plan. I support it
- I heard along the grapevine that there may be a health policy track that is developing within the MPH program which I think would be great.
- I think it might be important to recruit potential MPH students from outside the VU community. Students not from Nashville or a graduate of VU bring important perspective to the program as well as different networking ties. While recruiting from within VU may be easier, it creates an environment where everyone has similar ways of thinking, which might ultimately be a detriment for the program. Having more sources of funding for the GH track is also essential to be a truly competitive program. When a potential student's decision is between two schools- it comes down to the cost, and if VU has an ability to offer scholarships or GAs, then the likelihood of that student choosing the program increases. Stronger connections should also be fostered between other VU programs and the MPH program. In a place and time when interdisciplinary work is valued, we also need to value those partnerships and nurture cross disciplinary relationships.
Thank you!
- Important to ensure current student satisfaction so can use as advertising
- Reconsider structure of 2nd year - maybe offer a bit more structure during that year if it's going to stay a two-year program.

MPH Faculty Strategic Plan Survey results

The MPH Program should focus its efforts in the following areas:

Strategic Growth

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Grow a bit but not too much	0%	15.4%	23.1%	23.1%	38.5%
Consider adding tracks aligning with VU strengths	0%	0%	0%	53.8%	46.2%
Consider joint degrees if they add value	0%	0%	0%	28.6%	71.4%

Stronger Connections

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Public Health Community	0%	0%	7.1%	35.7%	57.1%
Healthcare delivery	0%	0%	7.1%	50%	42.9%
Alumni	0%	0%	2.1%	35.7%	42.9%
Other VU Programs	0%	0%	7.1%	50%	42.9%

Educational Innovations

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Innovative Teaching Techniques	0%	0%	14.3%	35.7%	50%
Cross Cutting Threads throughout the program	0%	0%	7.7%	53.8%	38.5%

Philanthropy

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Support for scholarships, speakers, etc.	0%	0%	0%	28.6%	71.4%
Identify potential sources for funding	0%	0%	0%	35.7%	64.3%

Sharing Our Success

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Increase national recognition	0%	0%	14.3%	14.3%	71.4%
Focused marketing to enhance reputation	0%	0%	7.1%	35.7%	57.1%

MPH Faculty Comments:

- These are all good ideas. It is hard to say how they should be prioritized. I do think that we should take advantage of the new leadership in Health Policy in some way. Adding a Health Policy track might be a good idea.
- Leverage strengths in informatics to include informatics for populations and public health
- If the quality is good, the programs' reputation and national recognition will follow.

MPH Alumni Strategic Plan Survey results

The MPH Program should focus its efforts in the following areas:

Strategic Growth

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Grow a bit but not too much	0%	6.7%	33.3%	46.7%	13.3%
Consider adding tracks aligning with VU strengths	0%	10%	0%	53.3%	30%
Consider joint degrees if they add value	0%	3.3%	16.7%	70%	10%

Stronger Connections

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Public Health Community	0%	0%	16.1%	51.6%	32.3%
Healthcare delivery	0%	0%	12.9%	61.3%	25.8%
Alumni	3.2%	3.2%	25.8%	58.1%	9.7%
Other VU Programs	0%	3.2%	35.5%	35.5%	25.8%

Educational Innovations

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Innovative Teaching Techniques	0%	6.5%	22.6%	51.6%	19.4%
Cross Cutting Threads throughout the program	0%	3.4%	34.5%	51.7%	10.3%

Philanthropy

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Support for scholarships, speakers, etc.	0%	3.2%	32.3%	35.5%	29%
Identify potential sources for funding	0%	3.2%	16.1%	45.2%	35.5%

Sharing Our Success

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Increase national recognition	0%	3.2%	12.9%	48.4%	35.5%
Focused marketing to enhance reputation	0%	3.3%	23.3%	43.3%	30%

MPH Alumni Comments:

- Reconsider structure of 2nd year - maybe offer a bit more structure during that year if it's going to stay a two-year program.
- Our students' future success is our best marketing, as it has been. Careful selection of students is key.
- Highlight of my academic career. Increasing access to other strengths within the university and increased national presence would be of benefit
- I am glad that I had the opportunity to do this MPH program. It really changed my life, particularly it helped me build a better career development plan.
- The MPH has been instrumental in my career; I wish there was better collaboration with the MSci program and particularly the epi doctoral program. I think it would be helpful to find a way to emphasize the strong quantitative backbone of this program so that folks not directly involved in the program were more aware.
- Item 1 under 'strategic growth' - had to reply 'neutral' since I'm not sure what strategic growth involves exactly. I think that the program's focus on developing population based researchers is a huge strength, and growth beyond this focus would detract potentially from this strength. I realize that this may not be a view that even the majority of respondents are likely to share. I'm not sure what 'cross cutting threads...' refers to exactly, so I replied 'neutral.' Several items seem to refer to development, which wasn't important to me as a student. I tend to not trust national rankings and mere reputation as a proxy for quality--but I do understand the need these days for good marketing, including use of social media for this purpose. The quality of the product is

unquestioned, and others need to know about it. Feel free to solicit quotations, testimonials, etc. from me in the future, if you think that it will be useful.

- I used knowledge and experiences from my MPH program nearly every day. This has been essential for my academic growth.
- Tremendous experience that continues to pay dividends.