

# Master of Public Health Strategic Plan 2020-2025



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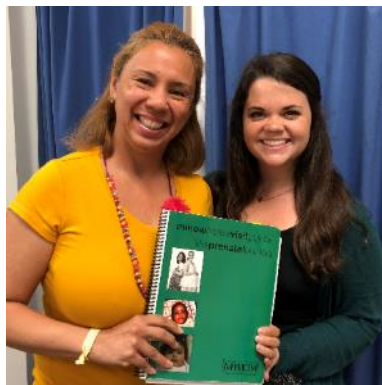
# Introduction

## *Looking to the Future*

The 2020 Strategic Plan has been informed both by national trends and input from our stakeholders. Over the past ten years, the number of Master of Public Health (MPH) programs in the U.S. has tripled, and public health has become a popular undergraduate major. Despite increasing opportunities for public health education, many in the public health workforce have limited access to these educational opportunities. We identified strong enthusiasm among our stakeholders for increased flexibility in programming to allow greater participation of working professionals. Stakeholders also supported: development of new skills and career options for our diverse student body; additional specific course offerings; increased involvement in the communities where we live and work; and maintaining a strong sense of community for students in the program.

## KEY STRATEGIES 2020-2025

- 1** Develop new MPH program format options
- 2** Create additional learning options in strategic focus areas
- 3** Incentivize engagement in sustainable community public health initiatives
- 4** Maintain a strong sense of community for students in the MPH program



## ***Informed by our History***

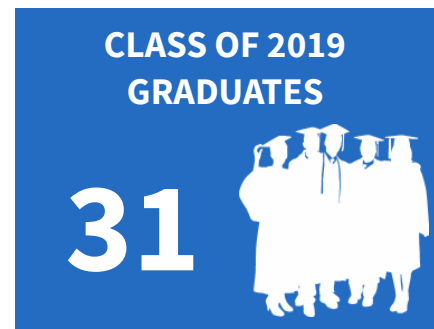
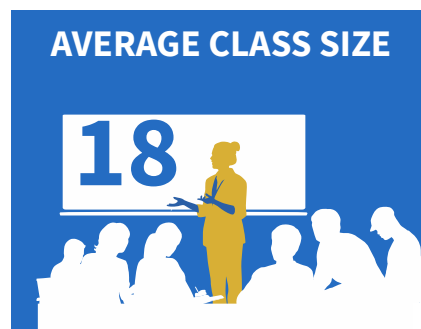
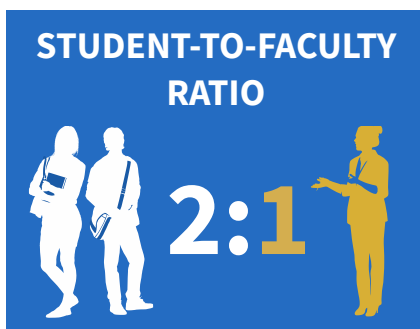
The MPH degree is one of nine master's degrees conferred by Vanderbilt University. It is affiliated with Department of Health Policy and the Institute for Medicine and Public Health, and offers three track concentrations: epidemiology, global health, and health policy. The two-year program enrolled its first students in 1996 and by 2019 had 296 graduates.

During its first 15 years, the MPH program focused on preparing physicians and others with doctoral degrees for research and practice careers in academia and public health. Affiliated with the Department of Preventive Medicine, the program's annual enrollment averaged 10 students, and there was a strong emphasis on a research product as the culminating experience requirement. Program graduates helped transform population research and education within Vanderbilt and expanded the program's teaching and mentoring faculty.

In 2010, the program responded to the increased interest in and demand for an educational venue for training in global health. Distinct tracks were created in epidemiology and global health and admission requirements altered. The global health track admitted its first students in 2012 including individuals for whom the MPH represented the beginning of formal training in their field of choice, and potentially a terminal degree. This change increased the diversity of enrolled students, teaching faculty, and courses, and broadened the program focus.

In 2011, Vanderbilt expanded and renamed the Department of Preventive Medicine. Two years later, in 2013, the Department of Health Policy emerged as a multi-disciplinary base for health policy research and built on existing strengths in population-based epidemiology and prevention.

Under the Department of Health Policy, the MPH program benefited from the recruitment of health economists and other faculty with health policy expertise. The MPH program introduced a new track concentration in health policy, with the first cohort of students matriculating in 2015. By this time, all tracks had similar admission requirements, and about half of all students were doctoral trained researchers or physicians.



### Dual Degrees

**MD/MPH**

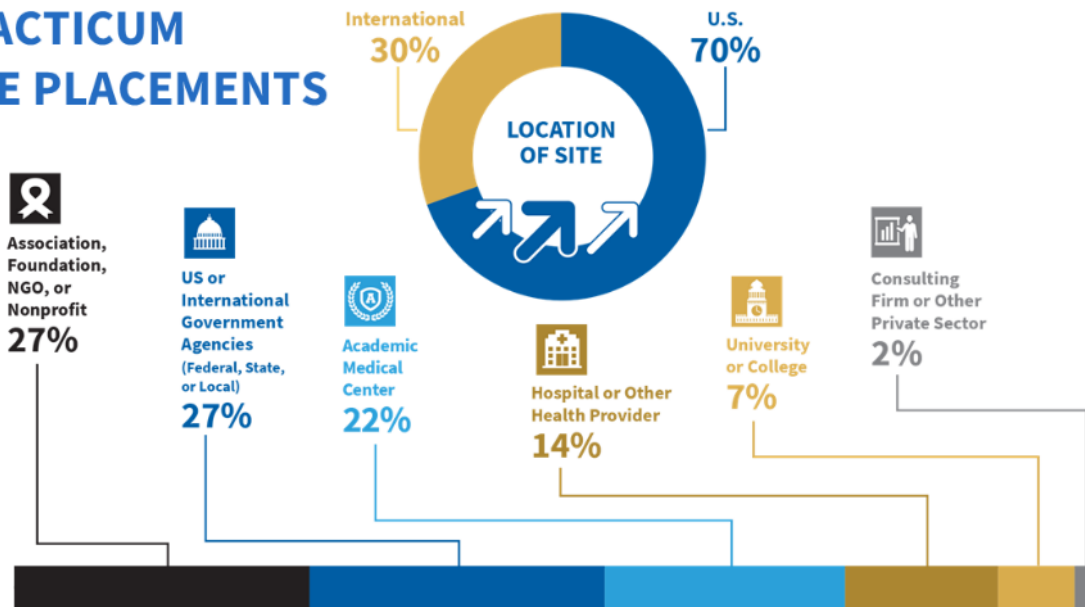
**MPH/MEd** *International Education Policy and Management*

**MPH/MA** *Latin American Studies*

The program's last strategic plan, in 2014, focused on solidifying the expansion in both global health and health policy and leveraging the increasingly diverse faculty and students to strengthen connections within Vanderbilt and the larger public health community.

From 2014-19, the program launched three dual degree programs: MD/MPH; MPH/MEd International Education Policy and Management; and MPH/MA Latin American Studies. In addition, the program encouraged the use of novel teaching techniques, strengthened its alumni network, established a scholarship endowment, and targeted scholarships to increase diversity and support public health workforce development. Annual enrollment is now close to 30, and the program remains intentionally small to ensure a low student to faculty ratio.

## PRACTICUM SITE PLACEMENTS

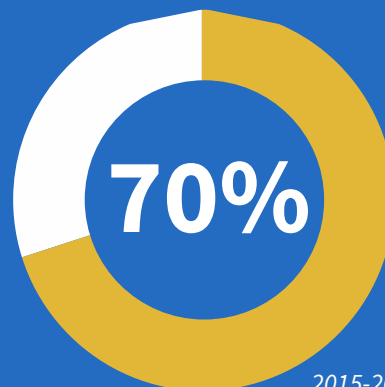


NOTE: Total does not sum to 100% because of rounding

## PUBLICATIONS



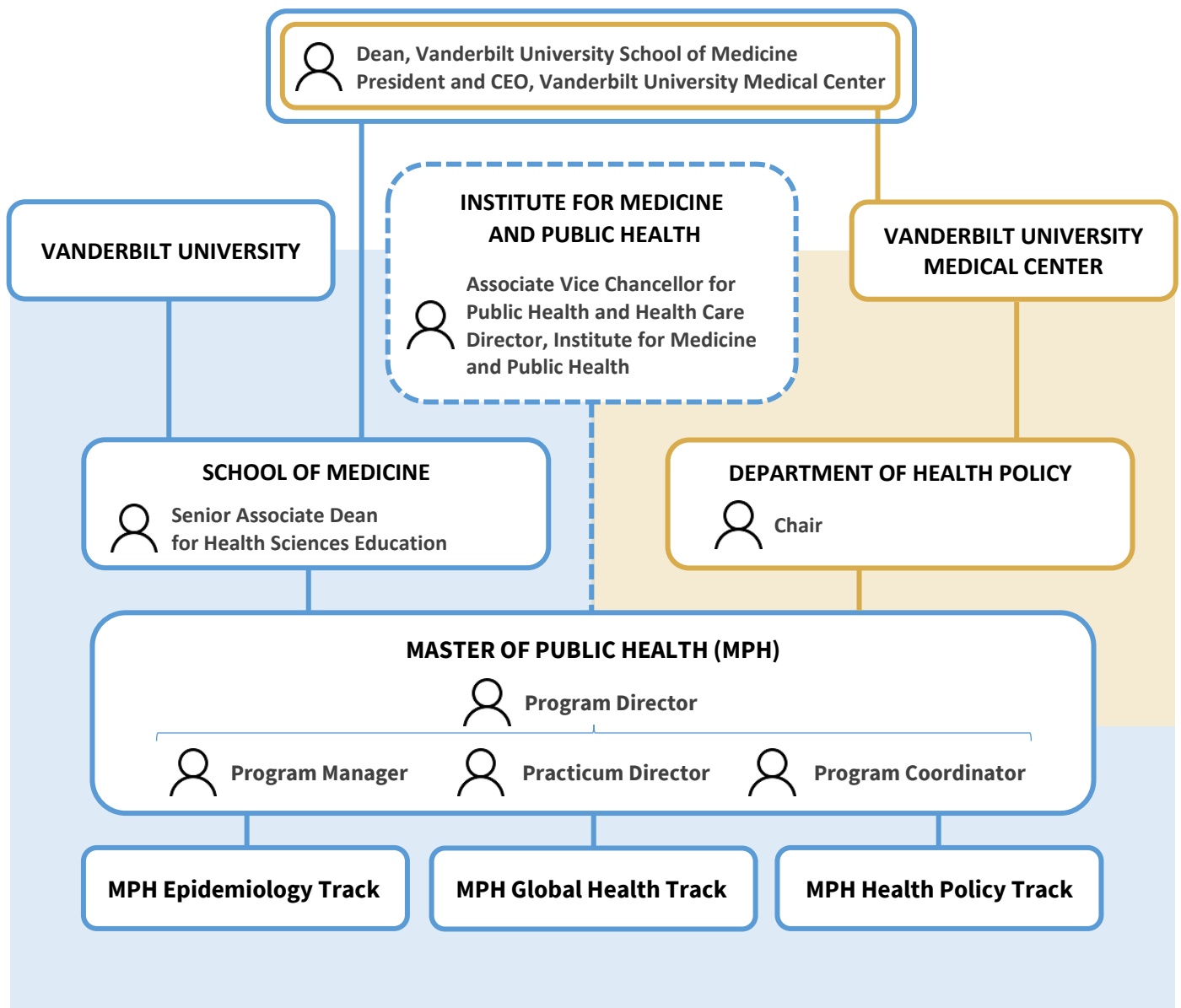
Percent of Students with One or More Public Health Publications



2015-2019 graduates

# Context

In 2016, Vanderbilt University and Vanderbilt University Medical Center legally and financially separated. Teaching and research collaboration and connections between Vanderbilt University and Vanderbilt University Medical Center remain a strategic priority for both institutions. Vanderbilt University Medical Center continues to have seamless integration with Vanderbilt University in all academic missions, programs and activities, including faculty appointments, teaching and research. This diagram represents the ongoing collaborative relationships important to the MPH program.



# The Strategic Planning Process

The strategic planning process provided a forum for conversations among institutional leaders, faculty, students, staff, alumni, and members of the broader community around the evolving public health landscape and directions for the MPH program. Through these conversations, we examined current public health needs, national trends in education and workforce development, and institutional priorities and directions for Vanderbilt University including the School of Medicine. Faculty, alumni, and public health practitioners provided important insight on what they see and experience in the profession, and the skills and competencies they find most valuable for success in the field. A day-long “DesignShop” planning retreat brought together stakeholders from Vanderbilt University, Vanderbilt University Medical Center, and the community to engage in activities and conversations around possibilities for the program’s future.



# Mission, Goals, and Values

The Vanderbilt MPH Program’s mission, goals, objectives, and values are reviewed annually by the Advisory Committee which is made up of program faculty members, students, alumni, and public health professionals. The mission, goals, objectives, and values were last revised in August 2019.

**MISSION** *Train future research scientists and public health professionals to be innovative and effective leaders dedicated to improving public health.*

**VALUES** The program endorses the definition of public health as *what we do together to assure conditions in which everyone can be healthy.*

The program strongly supports Vanderbilt University’s commitment to *intellectual freedom* and the School of Medicine’s core values of *integrity, inclusion, excellence, equity, humility, mutual respect,* and *commitment to truth.*

Further program values include commitments to:

- perform activities in a scholarly manner and engage in lifelong learning;
- support a diverse and inclusive faculty, staff, and student body;
- foster and protect our shared obligation for cooperation, collegiality, and mutual respect;
- create and nurture collaborations with the potential to improve the health of our communities; and
- promote the use of science to inform the development of health policy.



## GOALS & OBJECTIVES

***Educate innovative and effective public health researchers, educators, and practitioners***

Recruit and support culturally diverse students who will make substantial contributions to public health

Engage students with interdisciplinary faculty who demonstrate commitment to educating and mentoring future public health leaders

Facilitate active learning through classroom and experiential training opportunities

***Advance knowledge in the public health sciences through research and discovery***

Contribute to the public health scientific evidence base

Engage in collaborative and interdisciplinary research

Compete successfully for funding in the public health sciences

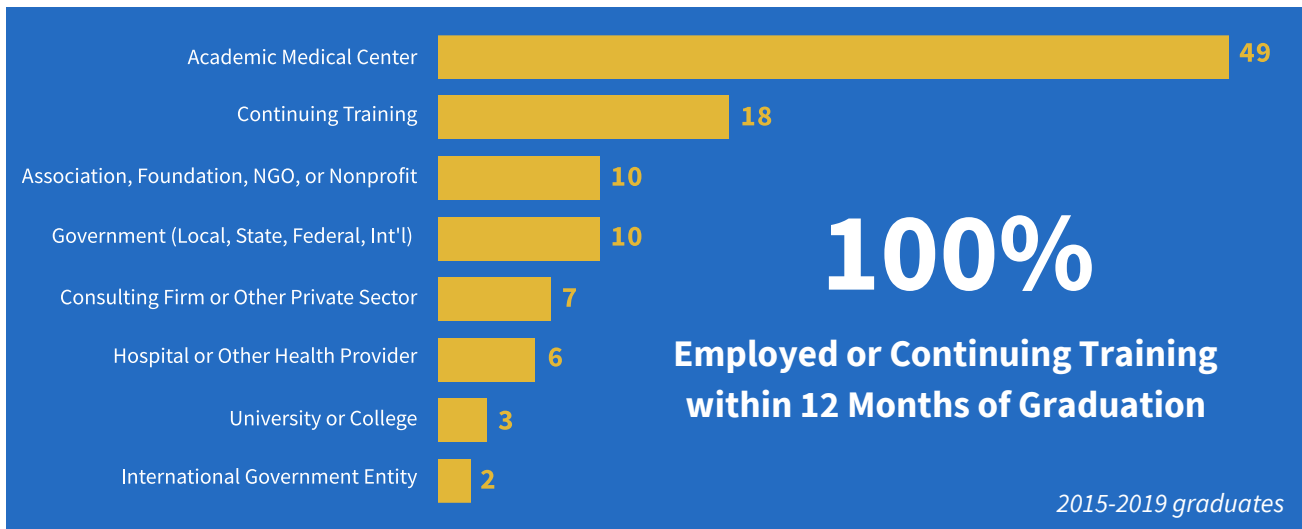
***Participate in development and implementation of public health programs and policies***

Build and foster community partnerships that bridge public health science and practice

Engage in collaborative research, training, and service activities with governmental agencies and community partners in the U.S. and abroad

Disseminate public health knowledge and promote implementation of effective public health policies and practices

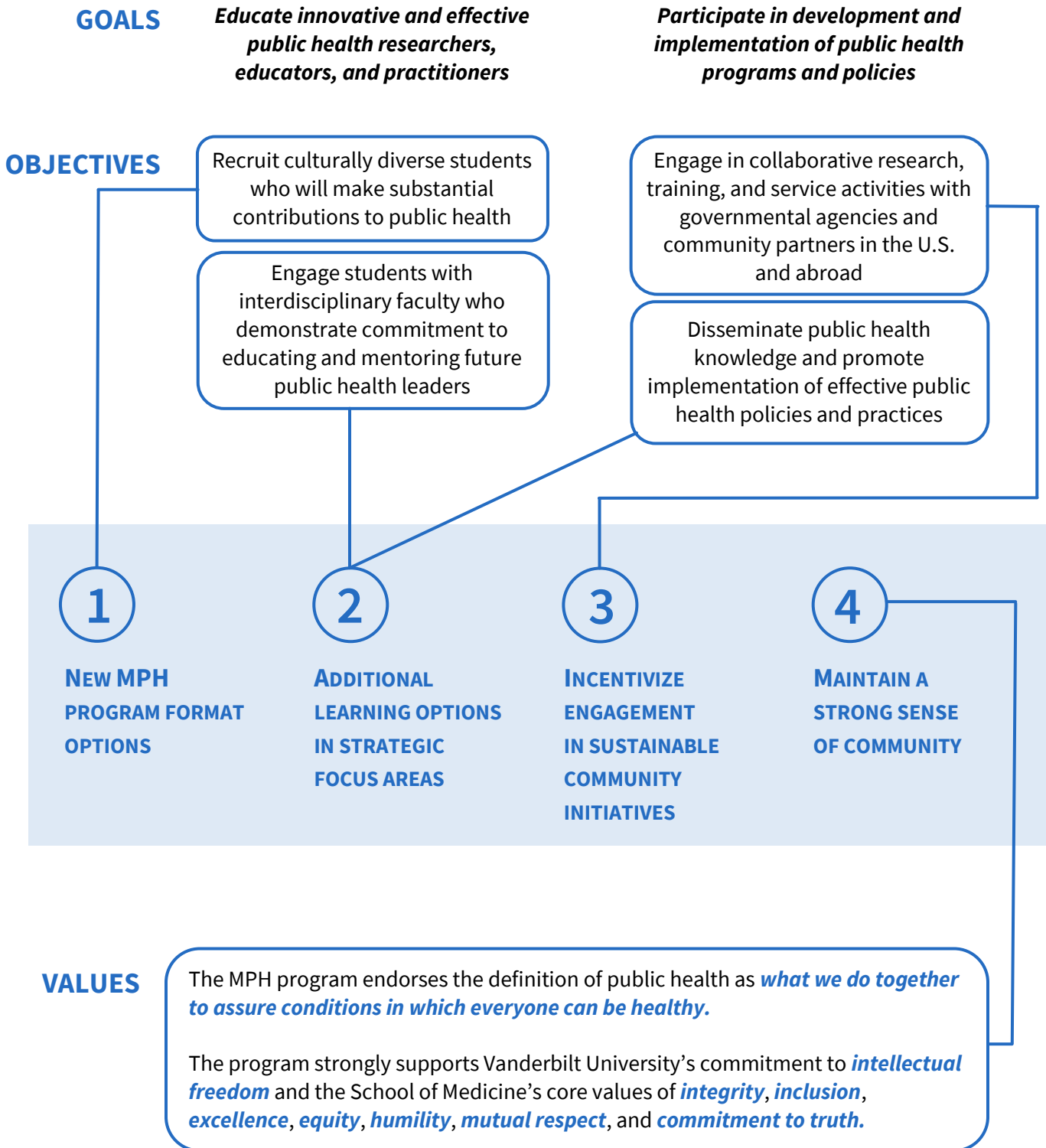
## POST-GRADUATION PLACEMENTS





# 4 Key Strategies

This diagram depicts the four key strategies and the specific goals and objectives they most directly address.



## KEY STRATEGY 1 *Develop new MPH program format options*

Many in the public health workforce learn on the job having received minimal formal public health training. For this group, the MPH as a terminal degree increases their effectiveness and improves their ability to address current public health needs. Other working professionals may already have considerable professional experience and training but seek MPH skills and competencies. For both groups, time and expense have led many to seek flexible online and part-time degree programs. In order to attract students with diverse work experiences and provide affordable options, our stakeholders' recommendations were to:

- explore flexible scheduling options, including:
  - part-time schedule;
  - accelerated timeline to complete degree;
  - 4+1 or 3+2 degree (combined bachelor's and MPH degree); and
- consider additional dual degree options.



### MEASURES OF SUCCESS

- Admitted students who matriculate
- Matriculating students who identify as under-represented minorities
- Matriculating students from low-resource settings
- Launch of a formal part-time degree option and numbers enrolled part-time

## KEY STRATEGY 2 ***Create additional learning options in strategic focus areas***

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From its beginning, the MPH program has emphasized research skills. The program continues to provide a strong foundation in research methods essential to the practice of evidence-based public health. Additional skills are also valuable for emerging public health professionals.

We will expand didactic course offerings and increase opportunities for students to practice skills in real-world settings in strategic focus areas including leadership and management, public health informatics, and implementation science. These areas reflect institutional strengths and responses from students, employers and alumni to a survey question asking about top skills for program focus (Appendix). As an alternative to a research thesis, students may choose a capstone option in a strategic focus area as their culminating integrated learning experience.



### **MEASURES OF SUCCESS**

- Enrollment in new courses in strategic focus areas
- Development of a capstone option and number of students choosing this option
- Students with thesis or capstones in these strategic focus areas

### KEY STRATEGY 3 *Incentivize engagement in sustainable public health community initiatives*

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The practicum is a critical element of the MPH program. It is an opportunity to work in a public health setting and to learn from experienced professionals in the field. Although most faculty engage in service activities, there are few incentives for them to participate in local community public health activities with our students. We plan to celebrate and encourage community involvement through support, awards, and incentives such as small grants and/or dedicated graduate assistantships. Increasing engagement in community collaborations bridges public health science and practice and allows students to learn alongside faculty and practitioners by addressing important public health challenges in our community.



#### MEASURE OF SUCCESS

- Formal engagement of program faculty, staff and students in sustainable community partnerships

## KEY STRATEGY 4 *Maintain a strong sense of community for students in the MPH program*

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About half of MPH students are also Vanderbilt faculty, staff, or medical trainees already affiliated with Vanderbilt University and Vanderbilt University Medical Center. Other students relocate to Nashville for their training at Vanderbilt and have few social contacts outside their MPH colleagues. The relatively small size of the class, track-specific activities, and frequent small group class sessions help create a sense of community among the students, faculty, and staff. As additional degree formats, such as part-time and/or online options, are introduced, the program will have to assure that all students feel strongly supported as members of the Vanderbilt University communities, including the School of Medicine.



### MEASURES OF SUCCESS

- Collection of feedback through faculty advising meetings and exit surveys
- Introduction of a registered student organization
- Expansion of space and/or opportunities for students to gather and meet formally and informally

# Acknowledgements

Individuals from across the Vanderbilt campus and community contributed to the development of the 2020-2025 strategic plan. We are grateful for the guidance and thoughtful participation of members of the Advisory Committee, faculty, staff, institutional leadership, student body, and alumni, as well as Nashville community partners and public health professionals.

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# Appendix

## **Survey Report** (pages 18 – 35)

- Description: responses from three surveys sent to stakeholders
- Date: October 1 -20, 2018
- Stakeholders: students, alumni, and public health employers

## **Retreat Summary** (pages 36 – 38)

- Description: written report prepared by the VUMC Office of Innovation and Strategy following strategic planning retreat
- Date: October 30, 2018
- Stakeholders: 19 participants including students, alumni, faculty members, committee members, institutional leadership

## 2018 Strategic Plan | Survey Report

### Audiences

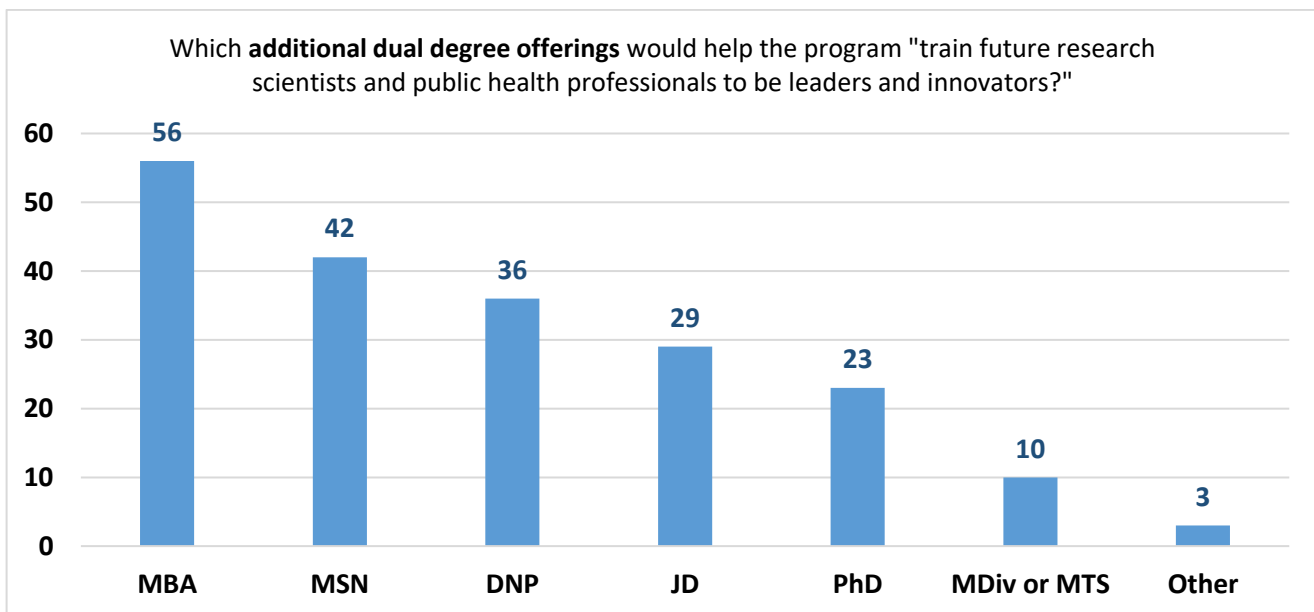
| Audience  | Description  | Surveys Sent | Surveys Completed | Response Rate |
|-----------|--|--------------|-------------------|---------------|
| Students  | Current second-year students (class of 2019)                   | 34           | 21                | 62%           |
| Alumni    | Graduates of the last five years (classes of 2014-2018)        | 110          | 41                | 37%           |
| Employers | Potential employers, including past practicum site supervisors | 54           | 17                | 31%           |
|           |  | 198          | 79                | 40%           |

### Section I: Program Structure

#### QUESTION

Based on your opinion, which **additional dual degree offerings** would help the program "train future research scientists and public health professionals to be leaders and innovators?" (*select all that apply*)

|             | Students (n=21) |     | Alumni (n=41) |     | Employers (n=17) |     | TOTAL (n=79) |     |
|-------------|-----------------|-----|---------------|-----|------------------|-----|--------------|-----|
|             | n               | %   | n             | %   | n                | %   | n            | %   |
| MBA         | 14              | 67% | 30            | 73% | 12               | 71% | 56           | 71% |
| MSN         | 10              | 48% | 23            | 56% | 9                | 53% | 42           | 53% |
| DNP         | 9               | 43% | 20            | 49% | 7                | 41% | 36           | 46% |
| JD          | 9               | 43% | 14            | 34% | 6                | 35% | 29           | 37% |
| PhD         | 10              | 48% | 11            | 27% | 2                | 12% | 23           | 29% |
| MDiv or MTS | 3               | 14% | 6             | 15% | 1                | 6%  | 10           | 13% |
| Other       | 1               | 5%  | 0             | 0%  | 2                | 12% | 3            | 4%  |



Please specify PhD disciplines:

| Students   | Alumni  | Employers   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Humanities</li> <li>• Economic Development, <b>Anthropology</b>, Community Research and Action, Clinical Psychology, Special Education with Disability Study (hearing, vision impairment, high incidence disabilities), Earth and Environmental Sciences,</li> <li>• Any. Public Health is inherently interdisciplinary and is an applicable skill set for individuals in the biological as well as social sciences.</li> <li>• <b>Epidemiology</b></li> <li>• PhD <b>Public Health</b></li> <li>• Any number of disciplines</li> <li>• <b>Epidemiology</b></li> <li>• <b>public health</b>, almost any of the basic or translational sciences</li> <li>• <b>Public Health</b></li> <li>• <b>epi</b>, basic science, <b>anthropology</b></li> </ul> | <ul style="list-style-type: none"> <li>• all social sciences (anthropology, economics, etc)</li> <li>• <b>Epidemiology</b>, Biostatistics, Bioinformatics</li> <li>• <b>Epidemiology</b></li> <li>• Policy or <b>epidemiology</b></li> <li>• <b>Anthropology</b></li> <li>• <b>Epidemiology</b></li> <li>• Psychology, Human Behavior, Sociology, Geography</li> <li>• Tropical medicine</li> <li>• <b>Public Health</b></li> <li>• Clonal Health Leadership, <b>Epidemiology</b> &amp; Health Policy</li> <li>• Sociology/social sciences</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Epidemiology</b>, Biostatistics</li> <li>• Human and Community Development, Environmental Health</li> </ul> |

Please specify other:

| Students  | Alumni  | Employers  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Master of Environmental Science</li> </ul> | <ul style="list-style-type: none"> <li>• N/A</li> </ul> | <ul style="list-style-type: none"> <li>• MPH in Epidemiology</li> <li>• MPA</li> </ul> |

QUESTION

In thinking about different timelines for degree completion, indicate how well you feel each of the following **alternative degree completion timelines** would fit with the program's mission.

|  | Students | Alumni | Employers | Total | Percent |    |
|--|----------|--------|-----------|-------|---------|----|
| <i>N=</i>  | 21       | 41     | 17        | 79    | 100     |    |
| <b>Accelerated 1-year MPH:</b> student completes MPH degree in 10 to 12 months due to increased semester course load |          |        |           |       |         |    |
| <i>Not at all</i>  | 5        | 6      | 0         | 11    | 14      | 34 |
| <i>Slightly</i>  | 3        | 8      | 5         | 16    | 20      |    |
| <i>Moderately</i>  | 4        | 8      | 7         | 19    | 24      | 24 |
| <i>Very</i>  | 3        | 11     | 4         | 18    | 23      | 42 |
| <i>Extremely</i>   | 6        | 8      | 1         | 15    | 19      |    |
| <b>Part-time MPH:</b> student completes MPH degree in 3 or 4 years instead of 2 due to reduced semester course load  |          |        |           |       |         |    |
| <i>Not at all</i>  | 2        | 3      | 0         | 5     | 6       | 12 |
| <i>Slightly</i>  | 2        | 3      | 0         | 5     | 6       |    |
| <i>Moderately</i>  | 2        | 9      | 7         | 18    | 23      | 23 |

|  |   |    |   |    |    |    |
|--|---|----|---|----|----|----|
| <i>Very</i>  | 8 | 14 | 9 | 31 | 39 | 64 |
| <i>Extremely</i>   | 7 | 12 | 1 | 20 | 25 |    |
| <b>4+1 Bachelor's/MPH degree:</b> student completes both degrees in 5 years instead of 6 |   |    |   |    |    |    |
| <i>Not at all</i>  | 5 | 9  | 4 | 18 | 23 | 32 |
| <i>Slightly</i>  | 0 | 4  | 3 | 7  | 9  |    |
| <i>Moderately</i>  | 7 | 7  | 2 | 16 | 20 | 20 |
| <i>Very</i>  | 4 | 11 | 7 | 22 | 28 | 47 |
| <i>Extremely</i>   | 5 | 10 | 0 | 15 | 19 |    |
| <b>4-year MD/MPH dual degree:</b> student completes both degrees in 4 years instead of 6 |   |    |   |    |    |    |
| <i>Not at all</i>  | 3 | 7  | 6 | 16 | 20 | 38 |
| <i>Slightly</i>  | 3 | 9  | 2 | 14 | 18 |    |
| <i>Moderately</i>  | 4 | 7  | 5 | 16 | 20 | 20 |
| <i>Very</i>  | 8 | 10 | 3 | 21 | 27 | 42 |
| <i>Extremely</i>   | 3 | 8  | 1 | 12 | 15 |    |

Are there any **other alternative degree completion timelines** the program should consider?

#### Students

- Rather than a part-time program, I would suggest an "executive" program i.e. classes taking place on nights and weekends.
- Accelerated program but completion within 16 months.
- I would also possibly examine an 18 month timeline that allows the student to have a summer practicum experience and only one semester in the second year.

#### Alumni

- yes yes yes! you must be more flexible with student timelines. I had basically gotten everything I needed out of the program and completed my requirements in a year and a half. that last semester was boring and a waste of time and money since I was just taking classes to fill the semester.
- MPH/MBA in 3 years
- Recommend part-time programming allow flexibility and after-office hours to accommodate working professionals.
- 5 year MD/MPH - have seen this work in other places, 4 years seems too accelerated for both degrees.
- The timeline should be based upon the skills required by individual students. Beyond the core courses, students should have the possibility of "testing out" of certain requirements.
- I think you could consider a 2 year MPH like you have now, but with class times on evenings and weekends so working professionals could attend coursework outside of their 40 hour work week. This would reduce the financial burden and allow for continued work experience in the field.
- I think 1 year MPH degrees are bunk. I went to UNC and they have one and my colleagues who graduated through there have no research chops. They are not leaders. Don't distill this degree just because people want it to be a 1 year program. It's a disservice to those people who have a 2 year degree
- You could offer a professional program that lasts a year and a half with classes at night and on the weekends, but all students would need to have 5+ years of work experience.
- Would be concerned about condensing the material too much, sacrificing the quality of the program, with the more truncated options.
- Keep the two years MPH Program, then may be possible to do 4+1 MPH for undergrad Vanderbilt students since they can take class of MPH while they are still undergraduate students, then finish the rest in the 5th(+1) year. The same for MD students 4+1
- Accelerated 18-month: student completes MPH degree in 18 months due to increased semester course load.

## Employers

- None
- I completed my MD/MPH in 5 years in a dual degree. I would consider the value of a 5 year program (vs. a 6 year program) with an intensive 1 year MPH after 3rd year of medical school.
- I think considering alternatives is appropriate; however, I would insist that the practicum experience continue to be a requirement. This is such a formative experience and a great opportunity for students to see non-academic public health.

## QUESTION

In thinking about **online learning options**, indicate how well you feel each would fit with the program's mission.

|   | Students | Alumni | Employers | Total | Percent |    |
|---|----------|--------|-----------|-------|---------|----|
| N=  | 21       | 41     | 17        | 79    | 100     |    |
| <b>Online MPH:</b> student completes all MPH requirements from off-campus through online instruction and learning activities with remote mentoring and advising                               |          |        |           |       |         |    |
| <i>Not at all</i>   | 9        | 17     | 6         | 32    | 41      | 74 |
| <i>Slightly</i>   | 8        | 12     | 6         | 26    | 33      |    |
| <i>Moderately</i>   | 1        | 7      | 4         | 12    | 15      | 15 |
| <i>Very</i>   | 1        | 3      | 0         | 4     | 5       | 11 |
| <i>Extremely</i>  | 2        | 2      | 1         | 5     | 6       |    |
| <b>Hybrid MPH:</b> student completes most MPH requirements from off-campus through online instruction, with short periods of face-to-face instruction and learning activities on campus       |          |        |           |       |         |    |
| <i>Not at all</i>   | 5        | 4      | 0         | 9     | 11      | 41 |
| <i>Slightly</i>   | 6        | 13     | 5         | 24    | 30      |    |
| <i>Moderately</i>   | 3        | 12     | 6         | 21    | 27      | 27 |
| <i>Very</i>   | 2        | 7      | 5         | 14    | 18      | 32 |
| <i>Extremely</i>  | 5        | 5      | 1         | 11    | 14      |    |
| <b>Blended learning courses:</b> the combination of online content delivery and learning activities with traditional, face-to-face instruction and learning activities within a single course |          |        |           |       |         |    |
| <i>Not at all</i>   | 2        | 4      | 0         | 6     | 8       | 14 |
| <i>Slightly</i>   | 2        | 2      | 1         | 5     | 6       |    |
| <i>Moderately</i>   | 4        | 12     | 7         | 23    | 29      | 29 |
| <i>Very</i>   | 8        | 18     | 7         | 33    | 42      | 57 |
| <i>Extremely</i>  | 5        | 5      | 2         | 12    | 15      |    |

Are there any **other online or distance learning options** the program should consider?

**Students**

- One of the reasons I loved Vanderbilt's MPH program was that it was proud to be a small, student-centered program with varied dedicated resources for professional development and mentoring. I feel that gets lost in online programs. Online courses also lose the discourse so fundamental to critical thinking, which we need in public health professionals. I've loved that my time in the MPH program has been so impacted and enriched by the thoughts and perspectives of my classmates. Online learning feels insulated and doesn't strike me as a great fit for the public health professionals Vanderbilt has indicated they wish to train.

**Alumni**

- I'm very skeptical about the value of online learning; much of what was valuable to me about the program occurred in face-to-face interactions with my peer group.
- Human interaction w colleagues just as important as material.
- Maybe do weekend and evening MPH classes for full time working Professionals, If you are only focusing on money, not quality, then online.
- If one was in the global health track, having more courses, lectures, and content delivered and participated in through online means while stretching out the length of time one could spend working in their low-resource setting on the practicum project, then there could be a benefit. If certain areas have a partner university, they could provide a structure to facilitate group, long-distance, or face-to-face learning in the mean-time that the student is off campus from Vanderbilt. Some areas' isolation from reliable internet may make this a challenge or not an option.

**Employers**

- The incorporation of an internship or collaborative research project that utilizes public health practices in a community setting could allow students to put into practice in real time the knowledge they are gaining. Additionally, this experience gives opportunity for reflection and application of new skills.

**Section II: Program Content**

QUESTION

Based on your opinion, how well would each of the following **additional track offerings** help the program "train future research scientists and public health professionals to be leaders and innovators?"

|                          | Students | Alumni | Employers | Total | Percent |    |
|--------------------------|----------|--------|-----------|-------|---------|----|
| N=                       | 21       | 41     | 17        | 79    | 100     |    |
| <b>Biomedical Ethics</b> |          |        |           |       |         |    |
| <i>Not at all</i>        | 1        | 4      | 1         | 6     | 8       | 31 |
| <i>Slightly</i>          | 5        | 7      | 6         | 18    | 23      |    |
| <i>Moderately</i>        | 5        | 13     | 6         | 24    | 30      | 40 |
| <i>Very</i>              | 7        | 8      | 2         | 17    | 22      |    |
| <i>Extremely</i>         | 3        | 9      | 2         | 14    | 18      |    |
| <b>Community Health</b>  |          |        |           |       |         |    |
| <i>Not at all</i>        | 1        | 0      | 2         | 3     | 4       | 10 |
| <i>Slightly</i>          | 3        | 2      | 0         | 5     | 6       |    |
| <i>Moderately</i>        | 1        | 6      | 2         | 9     | 11      | 11 |
| <i>Very</i>              | 6        | 17     | 6         | 29    | 37      |    |
| <i>Extremely</i>         | 10       | 16     | 7         | 33    | 42      |    |
| <b>Health Equity</b>     |          |        |           |       |         |    |
| <i>Not at all</i>        | 1        | 4      | 2         | 7     | 9       | 18 |
| <i>Slightly</i>          | 1        | 4      | 2         | 7     | 9       |    |

|                                  |                   |   |    |   |    |    |    |
|----------------------------------|-------------------|---|----|---|----|----|----|
|                                  | <i>Moderately</i> | 2 | 6  | 3 | 11 | 14 | 14 |
|                                  | <i>Very</i>       | 8 | 18 | 4 | 30 | 38 | 68 |
|                                  | <i>Extremely</i>  | 9 | 9  | 6 | 24 | 30 |    |
| <b>LGBT Health</b>               |                   |   |    |   |    |    |    |
|                                  | <i>Not at all</i> | 3 | 6  | 2 | 11 | 14 | 34 |
|                                  | <i>Slightly</i>   | 5 | 7  | 4 | 16 | 20 |    |
|                                  | <i>Moderately</i> | 5 | 12 | 8 | 25 | 32 | 32 |
|                                  | <i>Very</i>       | 3 | 9  | 1 | 13 | 16 | 34 |
|                                  | <i>Extremely</i>  | 5 | 7  | 2 | 14 | 18 |    |
| <b>Public Health Informatics</b> |                   |   |    |   |    |    |    |
|                                  | <i>Not at all</i> | 0 | 1  | 0 | 1  | 1  | 6  |
|                                  | <i>Slightly</i>   | 2 | 2  | 0 | 4  | 5  |    |
|                                  | <i>Moderately</i> | 2 | 5  | 3 | 10 | 13 | 13 |
|                                  | <i>Very</i>       | 8 | 17 | 7 | 32 | 41 | 82 |
|                                  | <i>Extremely</i>  | 9 | 16 | 7 | 32 | 41 |    |
| <b>Other</b>                     |                   |   |    |   |    |    |    |
|                                  | <i>Not at all</i> |   |    |   |    |    |    |
|                                  | <i>Slightly</i>   |   |    |   |    |    |    |
|                                  | <i>Moderately</i> |   |    | 1 |    |    |    |
|                                  | <i>Very</i>       | 1 |    | 1 |    |    |    |
|                                  | <i>Extremely</i>  |   | 4  |   |    |    |    |

Please specify other:

| <b>Students</b>   | <b>Alumni</b>  | <b>Employers</b>  |
|---|--|---|
| <ul style="list-style-type: none"> <li>Health Services Management/Administration</li> </ul> | <ul style="list-style-type: none"> <li>Environmental Health</li> <li>Entrepreneurship</li> <li>Women and children's health</li> <li>Maternal and Child Health; Immigrant Health</li> </ul> | <ul style="list-style-type: none"> <li>Minority Health (moderately)</li> <li>Environmental Health (very)</li> </ul> |

#### QUESTION

Below is a list of skills that have been suggested by faculty members, students, and alumni:

- Advocacy
- "Big Data" or other Information Science
- Budgeting and Finance
- Community Engagement (community-engaged research, community outreach, education, prevention)
- Leadership
- Managing Teams
- Social Justice
- Systems Thinking
- Writing and Communications

Are there any **other public health skills** you feel the program should consider?

#### Students

- "Big Data" is very important!
- Spatial analysis (including GIS), data visualization/presentation, disaster/emergency preparedness/response
- Health Equity, Health Disparities
- Designing and analyzing healthcare policy

**Alumni**

- Community health! Community health! Community health! More social/behavioral health -- woefully inadequate in current form more specific courses on maternal/child health my vote is ALWAYS for more practical, applied skills.
- Monitoring and evaluation.
- Project Management, Budgeting, Grant Writing
- Quality Improvement Methods and Statistics
- General project management could be an entire course (similar to PMP certification). I don't think a Writing and Communications course is necessary, but Public Health Communications could be something to consider-- everything from materials development for targeted audiences to materials testing and refinement.
- Other stat classes than stata: that has been a real barrier to me in my career, not knowing how to use SPSS or R.
- Project Management
- Pharmaceutical policy
- WAY MORE monitoring & evaluation skills!!! Program evaluation skills Participatory research
- Qualitative data analysis; An understand of the private-public sector interaction

**Employers** [no responses]

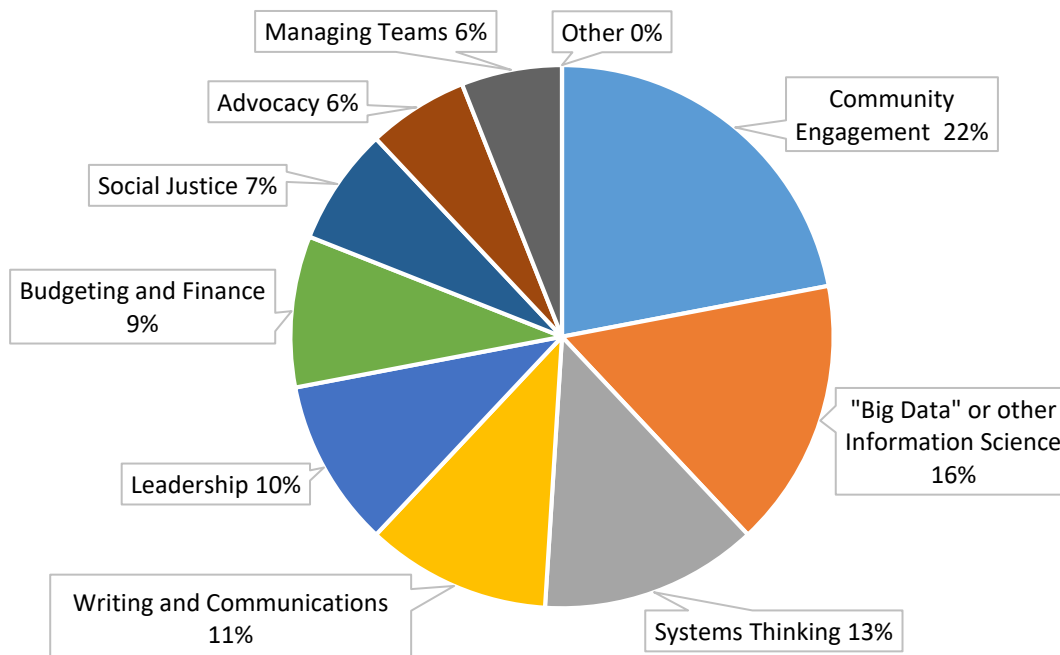
**QUESTION**

From the short list of specific options, choose the **top three skills** you feel the program should focus on.

|  | Students  | Alumni     | Employers | Total      | Percent    |
|--|-----------|------------|-----------|------------|------------|
| <i>N=</i>  | <i>63</i> | <i>122</i> | <i>54</i> | <i>239</i> | <i>100</i> |
| Community Engagement (community-engaged research, community outreach, education, prevention) | 13        | 29         | 10        | 52         | 22         |
| "Big Data" or other Information Science  | 9         | 21         | 8         | 38         | 16         |
| Systems Thinking   | 6         | 15         | 11        | 32         | 13         |
| Writing and Communications   | 6         | 12         | 9         | 27         | 11         |
| Leadership   | 7         | 11         | 5         | 23         | 10         |
| Budgeting and Finance  | 5         | 15         | 1         | 21         | 9          |
| Social Justice   | 5         | 7          | 4         | 16         | 7          |
| Advocacy   | 8         | 5          | 2         | 15         | 6          |
| Managing Teams   | 4         | 7          | 4         | 15         | 6          |
| Other  | 0         | 0          | 0         | 0          | 0          |



**Choose the top three skills you feel the program should focus on**



**QUESTION**

Are there any **other ideas the program should explore regarding content** (tracks, competencies, skills)?

**Students**

- I love the options you all presented and think several of them could be collapsed together. Perhaps reorienting the Global Health Track to be more focused on underserved or minority populations, both at home and abroad, could allow for the synthesis of community health and global health under one track. Further, health equity could and should encompass LGBT health and the health of marginalized persons and communities. Thus, I think the health equity track could act as an umbrella for these three concentrations.
- Within the epi track it would be nice to see the curriculum diversify beyond clinical epidemiology. While it is certainly applicable to many of the students, offering a more public health focused curriculum (versus a clinical research focused curriculum) would attract a more diverse applicant pool and prepare students for a larger variety of careers.
- I would really love it if the program began to offer certificates for students in different specialties of public health like other MPH programs do.
- The elongation of all classes to semester length is VERY challenging for in practice clinicians. I would strongly urge the program to consider returning to month long block classes.

**Alumni**

- It behooves the program to continually ask, "what are employers seeking?" As the number of non-MD students entering the program increases, the skillset acquired through VU's program will be what sets them apart from others. The tracks and coursework offer should be grounded not only in the public health needs, but also the needs of the organizations that work to alleviate these issues.
- Environmental health; Population health and environment (PHE)
- "Knowledge translation to the public" - how someone with a formal public health background can talk to someone without any public health background about a given topic's importance. Also, I strongly oppose the idea of an MD/MPH 4-year combined program. As an MD/MPH myself, I believe there is a definite need for dedicated public health time, even if only 1 year in the MPH "classroom." Forcing it into 4 years will only, in my opinion, serve to make it a notch in one's belt and not allow the necessary marination one must do in the ideas

and concepts of public health to really understand it at a core level. I'm still working on that after a 5 year combined program.

- I am adamantly opposed to the idea of a Bachelors-Masters (4+1) degree. I think it cheapens the MPH degree for students who have had work experience. Students who have only have a Bachelor's degree without substantive work experience (summer internships don't count) cannot contribute to classroom conversation in the same way that those who have had at least 2 years of full-time experience can ("experience" doesn't have to be paid, but it should be full-time, like Peace Corps). Students need experience before pursuing a Master's degree. The highest rated MPH programs (JHBSPH, Harvard) require at least 2 years of full-time experience after a Bachelor's degree before you can even apply to an MPH degree. The 4+1 format makes the degree less professional for experienced students.
- maternal and child health
- A stronger relationship with Owen's MBA program and private entities would allow for increased opportunities for students interested in pursuing public health related careers in the private sector (ie policy based roles, healthcare consulting roles).
- Adding a full semester-long monitoring & evaluation course!!!

### Employers

- Statistical Sciences
- This may be covered under "big data", but analytic interpretation skills are extremely important. Whether the candidate will be in a role conducting analytics or just receiving analytic results, I value them being able to read, interpret, and communicate those results to a wide audience.
- Project Management baseline skills
- strategic thinking
- Project management - if not already included; Monitoring & evaluation systems

### Section III: Pipelines

#### QUESTION

In thinking about **recruiting highly talented applicants** to the Vanderbilt MPH Program, enter any programs, organizations, or initiatives you think the MPH Program should reach out to for **potential partnerships**.

#### Students

- Summer Public Health Scholars Program - a summer internship with the CDC/Columbia University. It is a very competitive program that recruits diverse populations from the US and around the world.
- You can consider pipeline programs within residencies to allow trainees to develop public health skills. Perhaps creating a provider-oriented track would be a key change to that they can focus on the issues and skills that are needed. These are often different than those of non-clinician students.
- Fellowship programs, VUMC staff (RNs, NPs, etc.), and current Vanderbilt and other area graduate programs. I think the program is right to discourage undergraduate students with no work or graduate school experience in applying to the program.
- MHS undergrad and grad program. I notice a lot of MHS 4+1 students in MPH classes. To be honest, with MHS being relatively unknown outside of the Vanderbilt community I think that these student are working towards a degree with relatively little value if they leave Nashville. I think that the MHS grad program should be gradually folded into the MPH, with additional tracks being added to the MPH to make sure students are able to study what they are interested in.
- Because this program offers the flexibility of executive MPH programs, it would likely be well-suited to leaders of community organizations (Nashville has many large non-profits) who may be looking to strengthen their public health skill sets. This is especially if the program offerings expand to include more courses on community engagement, program evaluation, and health equity.
- The Bonner Program (run through the Corella & Bertram F. Bonner Foundation).
- WHO CDC APHA DOH
- CDC, USAID, UN, WHO, NGOs,

## Alumni

- Residents/Fellows Program Directors
- I would recommend to work more closely with fellowship and residency programs as talented applicants may be recruited from these training programs.
- Teach for America, AmeriCorps, Peace Corps
- teach for america corps members
- Office of Equity, Diversity, and Inclusion School of Nursing, Diversity Program Vanderbilt AISES, SACNAS organizations NATIVE student organization
- A relationship with large private healthcare companies within the Nashville community would increase the awareness of the program for many healthcare professionals.
- Recruit more African-American students by recruiting from Historically Black College and University

## Employers

- Council of State and Territorial Epidemiologists
- Metro Public Health Department Nashville Health American Lung Association Metro General Hospital American Heart Association American Cancer Association
- Student National Medical Association or Minority Prehealth Associations at undergraduate schools (some of these students will decide not go to medical school and may not know what an MPH can offer in the healthcare realm), Peace Corps or Teach for America locals, Undergraduate Health Sciences programs at MTSU, Fisk, Tennessee Tech, etc.
- local, middle Tennessee regional and state health departments
- Vanderbilt Community Development and Action M.Ed. Vanderbilt Community Research and Action, Ph.D. National Association of Social Workers Urban Institute League of United Latin American Citizens (LULAC) Organization of Chinese Americans (OCA) National Congress of American Indians (NCAI) The Praxis Project [\\*\\*https://www.socialworkdegree.net/social-justice-organizations/](https://www.socialworkdegree.net/social-justice-organizations/)
- Americorps, Peace Corps
- Dietetics

## QUESTION

In thinking about **recruiting under-represented applicants from the Middle Tennessee region** to the Vanderbilt MPH Program, enter any programs, organizations, or initiatives you think the MPH Program should reach out to for **potential partnerships**.

## Students

- The MPH Program should definitely have partnerships with TSU and Fisk. The Program can also reach out the Minority Student Office (or whatever the equivalent is) at MTSU.
- Fisk University and Meharry Medical Center, in addition to other academic institutions around Nashville. Further, recruitment from places like the Nashville Entrepreneurial Center, who already have strong programs to recruit talent from underrepresented backgrounds, could be useful.
- The pipeline program run through VUSM.
- Public schools
- You might want to offer classes in the evening to get more working students.

## Alumni

- While there is a clear path from Vanderbilt undergraduate to Vanderbilt MPH, I think it would be great if there were more outreach to other local colleges and universities. This is especially true of Meharry.
- I would recommend to work more closely with Meharry medical college including medical students and residents.
- Meharry Medical College, Americorps
- regional refugee resettlement agencies
- Howard University Residency Fair in Washington, DC. Have a presence. Potentially catch medical students before residency. Many Howard U soon-to-be-grads may want to boost their CV before applying to residency,

understand public health, serve communities of color, etc. Worth having a presence at residency conferences like that.

- communities in schools
- United South and Eastern Tribes Middle Tennessee State University, TSU native american organizations
- Meharry
- Any of TN's HBUC's
- Tennessee State University Fisk University

**Employers**

- Local high schools and community colleges
- Metro Public Health Department Nashville Health American Lung Association Metro General Hospital American Heart Association American Cancer Association
- Student National Medical Association or Minority Prehealth Associations at undergraduate schools (some of these students will decide not go to medical school and may not know what an MPH can offer in the healthcare realm), Meharry Vanderbilt Alliance
- Fisk University Tennessee State University Meharry Medical College
- Undergrad programs at MTSU, TSU and Fisk (MTSU- particularly minority affiliated student groups) Local chapters of NAACP, Urban League, 100 Black Men and Hispanic Achievers (YMCA) CABLE Local NASW Nashville Hispanic Chamber, LGBT Chamber, Black Chamber Collaborate with local Black, Hispanic leaders and other leaders and elected/appointed officials to help promote the opportunity across their district

**QUESTION**

From the short list of specific considerations below, what were the **biggest obstacles** or hesitations you had **when choosing Vanderbilt** for your MPH degree?

|                        | Students  | Alumni    | Employers | Total      | Percent    |
|------------------------|-----------|-----------|-----------|------------|------------|
| <i>N=</i>              | <i>60</i> | <i>94</i> | <i>0</i>  | <i>154</i> | <i>100</i> |
| Other                  | 10        | 15        | -         | 25         | 16         |
| Course selection       | 10        | 13        | -         | 23         | 15         |
| National reputation    | 7         | 12        | -         | 19         | 12         |
| Track offerings        | 8         | 10        | -         | 18         | 12         |
| Career services        | 2         | 13        | -         | 15         | 10         |
| Research opportunities | 6         | 10        | -         | 16         | 10         |
| Size of program        | 6         | 9         | -         | 15         | 10         |
| Mentorship             | 6         | 5         | -         | 11         | 7          |
| Faculty expertise      | 3         | 4         | -         | 7          | 5          |
| Campus facilities      | 2         | 3         | -         | 5          | 3          |

Please specify other:

**Students**

- Finances: price of Nashville
- Lack of specialties: Many other MPH Programs allow students to have specialties within tracks i.e. MCH, Community Health, Urban Health, etc.
- tuition
- graduated students employment outcomes/opportunities/success rate
- In Person Time Commitment
- Cost
- Ability to blend obtaining a degree with a faculty position.
- scheduling with work
- Opportunities for internships

**Alumni**

- cost
- Size of the program was a concern, but I think the small program ended up being a great thing
- research opportunities were an important factor
- Cost
- Finances
- Cost
- tuition, and salary for RA position (which is extremely low and does not allow for a living wage)
- Cost
- lack of diversity, specifically for Indigenous populations
- Cost
- the "newness" of the program
- Tuition
- Cost
- Cost of the program
- Cost of attendance

**QUESTION**

In thinking about new or continuing public health training for working professionals, how valuable would the following options be to the work you, your colleagues, or your employees do?

|   | Students | Alumni | Employers | Total | Percent |
|---|----------|--------|-----------|-------|---------|
| <i>N=</i>   | 0        | 41     | 17        | 58    | 100     |
| <b>MPH degree</b>   |          |        |           |       |         |
| <i>Not valuable</i>   | -        | 1      | 0         | 1     | 2       |
| <i>Uncertain</i>  | -        | 5      | 0         | 5     | 9       |
| <i>Valuable</i>   | -        | 35     | 17        | 52    | 90      |
| <b>Certificate: series of courses with academic credit</b>                      |          |        |           |       |         |
| <i>Not valuable</i>   | -        | 3      | 3         | 6     | 10      |
| <i>Uncertain</i>  | -        | 23     | 7         | 30    | 52      |
| <i>Valuable</i>   | -        | 15     | 7         | 22    | 38      |
| <b>Skills-building workshops: stand-alone trainings with no academic credit</b> |          |        |           |       |         |
| <i>Not valuable</i>   | -        | 2      | 1         | 3     | 5       |
| <i>Uncertain</i>  | -        | 18     | 3         | 21    | 36      |
| <i>Valuable</i>   | -        | 21     | 13        | 34    | 59      |

QUESTION

In thinking about new or continuing public health training for working professionals, which modes would be convenient for you, your colleagues, or your employees?

|   | Students | Alumni | Employers | Total | Percent |
|---|----------|--------|-----------|-------|---------|
| <b>MPH degree</b>   |          |        |           |       |         |
| <i>N=</i>   | 0        | 109    | 38        | 147   | 100     |
| <i>Night classes</i>  | -        | 31     | 13        | 44    | 30      |
| <i>Online classes</i>   | -        | 27     | 13        | 40    | 27      |
| <i>Standard schedule</i>  | -        | 20     | 1         | 21    | 14      |
| <i>Weekend classes</i>  | -        | 30     | 10        | 40    | 27      |
| <i>None</i>   | -        | 1      | 1         | 2     | 1       |
| <b>Certificate:</b> series of courses with academic credit                      |          |        |           |       |         |
| <i>N=</i>   | 0        | 99     | 31        | 130   | 100     |
| <i>Night classes</i>  | -        | 26     | 9         | 35    | 27      |
| <i>Online classes</i>   | -        | 35     | 13        | 48    | 37      |
| <i>Standard schedule</i>  | -        | 9      | 1         | 10    | 8       |
| <i>Weekend classes</i>  | -        | 27     | 7         | 34    | 26      |
| <i>None</i>   | -        | 2      | 1         | 3     | 2       |
| <b>Skills-building workshops:</b> stand-alone trainings with no academic credit |          |        |           |       |         |
| <i>N=</i>   | 0        | 95     | 32        | 127   | 100     |
| <i>Night classes</i>  | -        | 24     | 7         | 31    | 24      |
| <i>Online classes</i>   | -        | 32     | 9         | 41    | 32      |
| <i>Standard schedule</i>  | -        | 9      | 6         | 15    | 12      |
| <i>Weekend classes</i>  | -        | 27     | 10        | 37    | 29      |
| <i>None</i>   | -        | 3      | 0         | 3     | 2       |

QUESTION

The Vanderbilt MPH Program relies on a group of organizations and individuals that partner with us to give students real world insight into the profession. We are always looking for ways to add partners.

Choose the top two ways in which you or your organization would be willing to engage with the Vanderbilt MPH Program.

|  | Students | Alumni | Employers | Total | Percent |
|--|----------|--------|-----------|-------|---------|
| <i>N=</i>  | 0        | 64     | 31        | 95    | 100     |
| Exhibit at a job fair  | -        | 7      | 1         | 8     | 8       |
| Explore a work-study program to provide students with applied public health experiences in your organization while completing their degree | -        | 14     | 10        | 24    | 25      |
| Participate in mock interviews   | -        |        |           |       |         |
| Serve as a practicum site supervisor or preceptor  | -        | 18     | 6         | 24    | 25      |
| Other  | -        | 16     | 12        | 28    | 29      |

Please specify other:

**Alumni**

- I'm not in TN anymore
- Na
- Still a student, so N/A

- not sure
- Unable to provide a valuable form of engagement at this time.
- n/a
- informational interviews: I've done ~8 for Vanderbilt MPH students
- N/A at this point
- Uncertain at this time

**Employers**

- content-specific presentation

**Section IV: Outreach**

QUESTION

In 2016, the MPH Program launched the **Alumni Scholarship Fund** and sought donations from program alumni, faculty members, and friends to support scholarships for current students.

Are you aware of this scholarship?

|           | Students | Alumni | Employers | Total | Percent |
|-----------|----------|--------|-----------|-------|---------|
| <i>N=</i> | 21       |        | 0         | 62    | 100     |
| Yes       | 3        | 27     | -         | 30    | 48      |
| No        | 18       | 14     | -         | 32    | 52      |

QUESTION

Have you or do you **plan to donate** to the MPH Alumni scholarship fund?

|                                | Students | Alumni | Employers | Total | Percent |
|--------------------------------|----------|--------|-----------|-------|---------|
| <i>N=</i>                      | 21       |        | 0         | 62    | 100     |
| I have already donated         | 0        | 4      | -         | 4     | 6       |
| I plan to donate in the future | 13       | 23     | -         | 36    | 58      |
| I do not plan to donate        | 8        | 14     | -         | 22    | 35      |

QUESTION

If you are familiar with any **other creative ways to generate scholarship funds**, please share them here.

**Students**

- Often for scholarships I've received in the past we participated in letter writing campaigns and wrote letters to those who contributed to scholarship funds either partially or in full. We'd also have the opportunity to meet with those individuals for a breakfast on campus so they could get to know us better and see how much of an impact their donation made on our lives.

**Alumni** [no responses]

**Employers**

- Partner with industry
- If there is an honors program, create a membership payment Host an annual banquet Bake sales
- reach out to development staff at Vanderbilt for names of donors who might be interested in public health
- Memorial Scholarship Fund- Identify a past public health leader to honored Partner with local foundations, i.e. the Healing Trust to provide a partial scholarship to an underrepresented student

QUESTION

As a graduate of the Vanderbilt MPH Program, how often would like to be contacted about opportunities to support the Scholarship Fund

|   | Students | Alumni | Employers | Total | Percent |
|---|----------|--------|-----------|-------|---------|
| N=  | 0        | 41     | 0         | 41    | 100     |
| Once per year (e.g., Vanderbilt Giving Day in June or Giving Tuesday in November) | -        | 30     | -         | 30    | 73      |
| Twice per year (e.g., Homecoming in October and Graduation in May)                | -        | 8      | -         | 8     | 20      |
| Four times per year   | -        | 3      | -         | 3     | 7       |

QUESTION

As a Vanderbilt MPH Program student/graduate, how would you like to **receive news and updates** from the program?

|                        | Students | Alumni | Employers | Total | Percent |
|------------------------|----------|--------|-----------|-------|---------|
| N=                     | 44       | 73     | 0         | 117   | 100     |
| Bi-annual e-newsletter | 20       | 37     | -         | 57    | 49      |
| Website                | 12       | 13     | -         | 25    | 21      |
| Facebook               | 6        | 8      | -         | 14    | 12      |
| LinkedIn               | 5        | 9      | -         | 14    | 12      |
| Instagram              | 1        | 3      | -         | 4     | 3       |
| Twitter                | 0        | 2      | -         | 2     | 2       |
| Other                  | 0        | 1      | -         | 1     | 1       |
| SnapChat               | 0        | 0      | -         | 0     | 0       |

Please specify other:

| Students         | Alumni   |
|------------------|----------|
| • periodic email | • Emails |

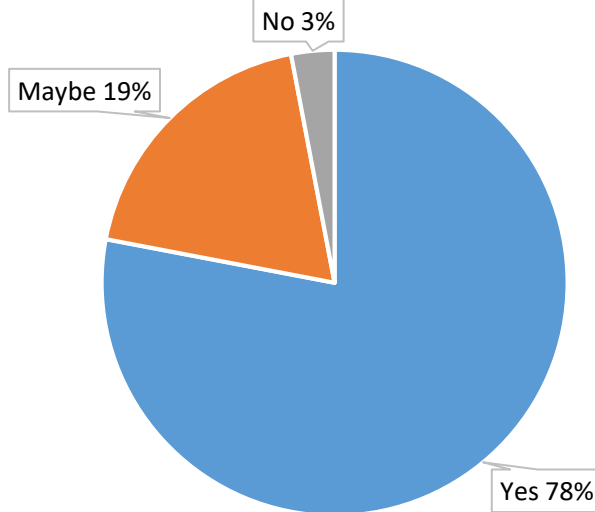
QUESTION

Should the Vanderbilt MPH Program be **engaged in advocacy** around public health issues?

|       | Students | Alumni | Employers | Total | Percent |
|-------|----------|--------|-----------|-------|---------|
| N=    | 21       | 41     | 17        | 79    | 100     |
| Yes   | 19       | 33     | 10        | 62    | 78      |
| Maybe | 2        | 8      | 5         | 15    | 19      |
| No    | 0        | 0      | 2         | 2     | 3       |



**Should the Vanderbilt MPH Program be engaged in advocacy around public health issues?**



**QUESTION**

Choose **up to three issues** you think the Vanderbilt MPH Program should focus on in advocacy efforts.

|                                    | Students  | Alumni     | Employers | Total      | Percent    |
|------------------------------------|-----------|------------|-----------|------------|------------|
| <i>N=</i>                          | <i>63</i> | <i>122</i> | <i>46</i> | <i>231</i> | <i>100</i> |
| Health Equity                      | 10        | 17         | 8         | 35         | 15         |
| Mental Health                      | 6         | 17         | 4         | 27         | 12         |
| Health Care Reform                 | 5         | 12         | 2         | 19         | 8          |
| Drug Overdose                      | 7         | 10         | 1         | 18         | 8          |
| Built Environment / Transportation | 6         | 6          | 5         | 17         | 7          |
| Gun Violence                       | 7         | 8          | 2         | 17         | 7          |
| Vaccines                           | 5         | 10         | 1         | 16         | 7          |
| Climate Change                     | 3         | 10         | 1         | 14         | 6          |
| Antimicrobial Drug Resistance      | 3         | 8          | 1         | 12         | 5          |
| Homelessness / Affordable Housing  | 4         | 3          | 4         | 11         | 5          |
| Mass Incarceration                 | 1         | 6          | 2         | 9          | 4          |
| Obesity                            | 2         | 2          | 5         | 9          | 4          |
| Reproductive and Sexual Health     | 1         | 5          | 4         | 10         | 4          |
| Tobacco                            | 2         | 2          | 2         | 6          | 3          |
| LGBTQ Health                       | 1         | 3          | 1         | 5          | 2          |
| Suicide                            | 0         | 2          | 1         | 3          | 1          |
| Other                              | 0         | 1          | 2         | 3          | 1          |

Please specify other:

| Students       | Alumni   | Employers   |
|----------------|--|---|
| [no responses] | <ul style="list-style-type: none"> <li>• Global health issues</li> </ul> | <ul style="list-style-type: none"> <li>• I dont think the "program" should have and advocacy priority but individual faculty and students can advocate on the topics of interest to them and their professional areas.</li> <li>• Refugee health/ advocacy</li> </ul> |

What **other ideas should the program explore regarding philanthropy and scholarships, alumni engagement, and increasing the program's visibility?**

**Students**

- I strongly believe, if the program chooses to engage in advocacy in one or more of the above issues, that it should be much more engaged in the Nashville/TN/national public health sphere. Between community outreach and service days (which I think there should be a strong focus on for the program) and other advocacy activities, it would be great in the future if Vanderbilt MPH program was well known for advocating for health issues and really was present in the community.

**Alumni**

- Should also try to partner with Meharry. What they do is true public health. Without the rewards of being at Vandy.
- I like the idea of increasing advocacy for public health issues that are relevant to Nashville and TN.

**Employers**

- Attend community meetings around public health issues Partner with organizations that are applying for grants around public health related issues Create a quarterly newsletter that includes a spotlight of an alumnus
- Larger presence at regional and statewide TPHA meetings, connect students and alumni in workplace practicum experiences, have alumni come back (in-person or virtually) to discuss what they do now, and critically assess how alumni's public health education is being used in their current positions.
- expand outreach to traditionally black colleges alumni events on campus with a fund raising component
- Implement more community education and forums open to the community. Utilize the expertise of existing staff and faculty to host community talks on topics, provide training to CBOs and collaborate on projects with organizations like Project Return, Open Table and Operation Stand Down. Advocate for change within our own institution, i.e. livable wage for our own employees, more professional development for our lowest paid workers so that they can move up.

**QUESTION**

Please enter **any additional ideas, comments, or questions** you have regarding the strategic plan.

**Students**

- The program also seems to make changes to schedules and program requirements midway through the degree without consultation of the students, a practice which does not reflect well on the program. In particular, students were notified of the requirement to take an Epi course on measurement in the Fall 2018 semester via a single sentence in a very long email about course registration. I feel that making a change as substantial as requiring a new course to graduate should warrant a dedicated email regarding the need for the change and invite commentary. This was not done and caused a significant amount of frustration within the program. An additional demonstration of the lack of communication was the decision to move up the thesis presentations without discussing with the students. Many students had planned clinical activities for the spring semester based on last year's thesis presentation dates. However, these dates appear to have been moved up without any notification until we were asked to choose a date within 5 days of receiving a Redcap survey. While the changes themselves would be okay, the manner in which they were made is a significant problem. These are only some

examples of many other issues that have arisen within the program. The lack of communication and transparency causes frustration and distrust, and it is not a positive as you look to promote the MPH program in the future. Healthcare (and VUMC) is shifting toward optimizing the patient (consumer) experience. I feel that the MPH program may benefit from adopting some similar principles.

- The MPH Program must focus on improving the overall experience for students. A survey should be sent to students at the end of first year to ask about students' opinion of the overall program and tracks. This may require making more events that are currently optional required. The Program must shift to think about students that are truly graduate students i.e. not medical professionals or faculty. The Program should also prioritize creating new courses for second year students; the lack of PUBH courses is truly frustrating and makes the price of tuition unjustifiable. The summer semester must also be changed; a student paying tuition during the summer but not taking a course is ridiculous. Create online summer electives, so all students, not matter the track or location of the practicum, can take the courses and gain skills. The argument that the tuition goes toward the "credit hours" of the practicum is not sufficient as the practicum is essentially a job that the students found themselves without assistance from the program. This point is especially important for MPH students that do not have jobs/professions other graduate assistantships. Completing a practicum, paying tuition, and not being able to work as a GA during the summer does not allow a traditional graduate student to have the best situation financially.
- Please add a Dr of Public Health!!
- I think there should be a wider variety of electives on public health issues offered.
- As the program continues to grow with different tracks and attempts to meet the needs of an increasingly diverse student population, I would encourage it continue to keep in mind the needs of the "traditional" MPH candidates that established the program. As a practicing MD interested in research, I chose the program (over the MSCI program) based on the strong recommendation of mentors who had completed the degree at Vanderbilt. Specifically, they spoke to how the program was tailored to the needs of physician scientists and that they valued the collaborations they established with like-minded physicians in the process. I have found that the more often than not, my academic interactions with those in other tracks has diluted my experience, rather than enriched it. As these students often have limited clinical experience, I found discussions and learning opportunities slowed to explain concepts already understood by most clinicians (often by clinicians in small group settings). Additionally, as core classes stretch to meet the needs of those in different tracks, I have found more time spent on concepts that are less helpful to my education. Most importantly, I hope that the program continues to keep in mind the unique and often competing commitments of those completing the degree program while working full time. While we as students made a commitment to the program and should be expected to meet requirements, it is also equally important for the program to communicate expectations clearly and not add additional requirements (i.e. new required courses, meetings, etc) without sufficient notice.

### Employers

- Best to you as you move to improving the work that you are doing.
- These are challenging questions and important decisions. The sweet spot will be one where you expand to bring in more students without losing the small program feel.
- It's really impressive that the program is taking such a thoughtful approach to gaining outside insight into ways it can grow and improve. Best of luck to you. I look forward to seeing next steps!

# Recommendations for Vanderbilt School of Medicine Master of Public Health Program

## Design Session Final Group Report Out Notes

The following recommendations are the output from a day-long design session held at the Vanderbilt Medical Center's Innovation Space.

Participants engaged in user-centered design exercises focused on both the current state and future needs of the public health sector, with the goal of understanding Vanderbilt's unique position and stated mission:

To train future research scientists and public health professionals to be leaders and innovators dedicated to improving public health in a program environment rich in learning, discovery, and service.

After a review of the history of the M.P.H. program at Vanderbilt and the expanding nation-wide ecosystem of programs, the participants engaged in a user-centered design exercise to model programs based upon student personas, and ended the day by generating ideas in three areas:

1. Student Recruitment & Mentoring
2. Program Content & Structure
3. Applied Research in the Community

What follows are a short list of suggestions for improvements and evolution of the current program.

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## Recruitment & Mentoring

### SHORT-TERM

1. Connect prospective students with current students
2. Identify mentors for prospective students
3. Recruitment and partnerships with HBCU's, HBCU alumni associations, undergrad programs, and entry-level staff at health departments, and other organizations.
4. Increase transparency about admissions criteria and price point.
5. Determine what distinguishes VU M.P.H. program.
6. Help students present at national conferences.
7. Evaluate and survey mentors, provide training.
8. Identify non-traditional mentors
9. "Speed dating" for faculty and students
10. Include MPH in more VU/VUMC Diversity resources

### LONG-TERM

1. Increase scholarships
2. Stipend for housing, living expenses
3. Build or buy graduate housing
4. Recruit and retain faculty of color
5. Expand national reputation:
  - coordinated marketing plan
  - social media
  - student stories

6. Identify and incorporate diverse mentors from community organizations
7. Develop alumni and peer mentorship programs
8. Determine mentor compensation structure

#### RETREAT TEAM MEMBERS

- Annie Smart
- Doug Heimburger
- Leah Alexander
- Kimberly Glenn

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## Content & Structure

### SHORT-TERM

1. Add Public Health Informatics track or curricula
2. Develop and emphasize case-based team learning
3. Revamp Public Health 101
4. Allow for Capstone vs. Thesis
5. Management and Leadership Training
6. Advance tech training, including statistics, data visualization (R, SQL, PYTHON) and database skills

### NEW CONTENT & STRUCTURE FOR NON-TRADITIONAL STUDENTS

1. Explore more dual degrees (MBA, JD, Nursing, Pharmacy)
2. Conduct demand assessment for hybrid and other models
3. Faculty capacity and willingness
4. Dedicated space

### KEY PARTNERSHIPS

1. Get students into the community with coordinated site visits
2. Leverage existing programs
3. Identify groups engaged in data science

#### RETREAT TEAM MEMBERS

- David Stevenson
- Elizabeth Rose
- Jason Stamm
- Marie Martin
- Melissa McPheeters

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## Applied Practice

### SHORT-TERM

1. Improve instructions for employers of students
2. Graduate Assistantships (GA) as a recruiting tool (community-based)

### MID-TERM

1. RFP for GA (Organization – Faculty – Student)
2. Adjunct, affiliates, non-academic faculty teach or co-teach

### 3. Longitudinal relationships for student placements

#### LONG-TERM

1. Recruiting and rewarding community-engaged faculty
2. VU/VUMC coordination of community efforts and/or "no wrong door" (into working with VU and VUMC)

#### RETREAT TEAM MEMBERS

- Elisa Friedman
- Gilbert Gonzales
- Leslie Meehan
- Marie Griffin
- Melinda Buntin

A CALL TO ACTION FOR PUBLIC HEALTH TO MEET THE CHALLENGE OF THE 21<sup>ST</sup> CENTURY...

**4 BROAD RECOMMENDATIONS TO ACHIEVE PUBLIC HEALTH 3.0**

- PH LEADERS EMBRACE CHIEF HEALTH STRATEGIST ROLE FOR COMMUNITIES
- PH HEALTH DEPARTMENTS ENGAGE WITH COMMUNITY STAKEHOLDERS TO FORM VIBRANT, STRUCTURED, CROSS-SECTOR PARTNERSHIPS
- TIMELY, RELIABLE, ACTIONABLE DATA MADE ACCESSIBLE TO COMMUNITIES; CLEAR METRICS TO DOCUMENT SUCCESS
- FUNDING ENHANCED; SUBSTANTIALLY MODIFIED

**PUBLIC HEALTH 3.0**

[www.nam.edu/perspectives](http://www.nam.edu/perspectives)

**CDC'S 3 BUCKETS OF PREVENTION**

1. TRADITIONAL CLINICAL PREVENTION  
INCREASE USE OF EVIDENCE-BASED SERVICES
2. INNOVATIVE CLINICAL PREVENTION  
PROVIDE SERVICES OUTSIDE THE CLINICAL SETTING
3. TOTAL POPULATION PREVENTION  
IMPLEMENT INTERVENTIONS THAT REACH WHOLE POPULATIONS

\* PUBLIC HEALTH 3.0 FOCUSES ON 2 + 3

**KEY BARRIERS:**

- RESOURCE CHALLENGES FROM LOCAL FINANCING STREAMS
- ABSENCE OF NON PROPRIETARY TOOLS FOR DATA, ANALYTICS METRICS
- THE BASIC FOUNDATIONAL STRUCTURE OF LOCAL GOVERNMENT