Graduate Assessment by Degree/Certificate Program

I. List in detail your Student Learning Outcomes (SLOs) for each graduate degree/certificate offered.

IA. MPH Learning Outcomes

The learning objectives for the MPH are structured around the Public Health Faculty/Agency Forum competencies. By graduation, MPH students must demonstrate ability to apply public health perspectives, knowledge and skill in the areas of cultural understanding, communication, policy development, program planning, critical analysis and public health practice perspectives. Knowledge and skills are assessed by means of student performance in the classroom, field practicum and oral presentation/final paper. Level of mastery of these learning objectives will vary depending on the degree program developed.

Analytic Skills

AS1: Define a public health problem.

AS2: Determine appropriate use of data and statistical methods.

AS3: Collect and summarize data relevant to an issue.

AS4: Evaluate the quality and comparability of data and identify gaps in data sources.

AS5: Describe how the data illuminate ethical, political, scientific, economic, and overall public health issues.

AS6: Identify research designs used in public health, including advantages and flaws of specific designs, and determine designs appropriate to specific needs.

Communication Skills

CS1: Communicate effectively to professional and lay audiences both in writing and orally (unless a disability precludes oral communication).

CS2: Solicit input from individuals and organizations.

CS3: Advocate for public health programs and resources.

Policy Development/Program Planning Skills

PP1: Relate historical development and structure of local, state and federal public health agencies to current public health practice issues, policies and program implementation.

PP2: Identify the feasibility and expected health, fiscal, administrative, legal, social and political implications of policy/program options.
PP3: Develop a plan to implement a policy/program including goals, outcome and process objectives, implementation and mechanisms to monitor and evaluate programs for their effectiveness.

**Cultural Skills**

CS1: Interact sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, and professional backgrounds.

CS2: Identify the role of culture, social, behavioral factors in determining disease, disease prevention, health promoting behavior, and medical service organization and delivery.

CS3: Develop and adapt approaches to problems that take into account cultural differences.

**Basic Public Health Skills**

PHS1: Define, assess, and describe the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services.

PHS2: Apply the basic public health skills from behavioral and social sciences, biostatistics, epidemiology, and environmental health to improve health status.

PHS3: Demonstrate mastery of access and use of public health literature.

PHS4: Use advanced computer skills as appropriate.

**IB. MS Learning Outcomes**

In addition to each specialization’s respective objectives, learning objectives for MS students include the following:

**MS in Epidemiology:**
MSE1: Demonstration of an understanding of epidemiologic-specific theoretical constructs, research design, research methodology, and analytic strategies.

MSE2: Participation in an original research project that makes a contribution to the body of knowledge in epidemiology

**MS in Social and Behavioral Health Sciences:**
MSS1: Develop a study protocol detailing research questions, sampling strategies, and quantitative and/or qualitative research methods.

MSS2: Use the scientific method to design, conduct and report on a study on a question concerning the social and behavioral health sciences.

**II. Where are these SLOs published (e.g., departmental web page)?**

SLO are published in the student handbook and on the departmental webpage.

**III. Explain how your SLOs map onto your curriculum, i.e., how does your program of**
graduate studies produce the specific SLOs in your students?

Adult learning theory and problem-based learning will be used to ensure that graduates develop the skills to become self-directed learners. The five competency domains include analytical skills, communication skills, policy development and program planning, cultural skills, and basic public health skills. The SLO are all addressed through required courses in the curriculum. The matrix below shows where each of these learning objectives is taught.

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Additional MS competencies are addressed in the thesis.

IV. What population(s) is covered by your assessment(s)?

All students enrolled in the MPH and MS in public health are covered in the assessments described in this document.

V. Please list/describe all the assessment events and devices used to monitor graduate student progress through the program. Consider the following questions:

VA. How are written exams used to assess graduate students?

A. Written exams, usually multiple choice, are the main basis for grades in our courses. These are constructed, as much as possible, using questions with which we have prior experience. They are intended to define a minimal competence in the subject matter of each course. Together with other behaviors defined by the
instructor (class participation, reviewing a classic or recent paper, literature review paper, etc.) they form the basis for the course grade.

B. **Literature review papers** are part of the evaluation scheme in some courses. They are intended to exercise literature search techniques, critical thinking, and expository writing skills. They are evaluated for these attributes by the faculty who teach the subject matter of the paper.

**VB. How are independent and/or culminating projects (theses, dissertations, performances, capstone courses, etc.) used to assess graduate students?**

**MPH (non-thesis option)**
Public health practice (PH 791) is a required 3-credit course that is taken, ideally, in the student’s last semesters. The policies and procedures to be followed by a student when selecting a site are outlined in the *Student Handbook*. In linking students with practicum sites, the student works with his/her faculty advisor to identify areas of interest and to assess the student’s strengths and weaknesses relative to the MPH and SBHS program specific learning objectives. Based on these data, the faculty and student discuss a variety of sites and preceptors in the student’s area of interest that may be able to help the student develop the MPH competencies. Qualified preceptors hold master’s degrees (at a minimum) and are recognized for exemplary practice in public health. Once a practicum site/preceptor is selected, the student and supervisor meet with faculty advisors to discuss the practicum and to develop a contract for the placement. A student contract (Form 15) is completed by the student and signed by the practicum faculty supervisor who insures that the site is appropriate for the needs of the student, that the project should be able to be completed satisfactorily, and the field supervisor identified by the student is willing and able to direct the required activities. Students may complete their practicum in a single semester or over two semesters. The faculty provide supervision of the practicum.

The student’s faculty advisor and the field supervisor for the student direct the student’s activities and keep informed of the student’s progress. The student is expected to meet with the committee to discuss progress on the project. Upon completion, the student is required to prepare a report. In addition to assessing student performance through evaluation of final reports and an oral presentation, preceptors complete an assessment of the student’s achievements on the MPH and program-specific learning objectives. Students receive a letter grade based on the quantity and quality of work and the degree of understanding of public health exhibited. They must receive a grade of “B” or better in PH 791 to be awarded the MPH degree.

**MS (thesis option)**
This culminating experience is the basis for judging the attainment of research expertise, and the acquisition of scientific maturity. Each thesis is reviewed by a faculty committee chosen for background in the relevant subject matter. To the extent that deficiencies are identified in the student’s product, remediation of those deficiencies becomes an opportunity for further, focused, development of the student.

**VC. How are oral presentations/reports/performances used to assess graduate students?**

Oral presentations are required in most of our courses, in seminars, and in the culminating
experience. Oral presentations are used to provide feedback, and remedial assistance if needed, on organizing the flow of a presentation, on how to prepare materials for presentation, and on articulate delivery. Both faculty observation and student evaluations of instructor performance and are used to provide feedback to graduate students on their ability to communicate effectively.

VI. Please list/describe how your graduate students contribute to your discipline/academic area?

Our MPH and MS students actively engage in scientific presentations and publications with our program faculty. Sections VIA & VIB list these products.

VIA. To what extent do your graduate students present their work at professional conferences?

Presentations & Published Abstracts (2000-2005 students)

Public Health students in bold


13. **Richards, K., Choy, L.,** & Maddock, J.E. (2005). Examining the knowledge gap in a social marketing campaign. Presented at the Annual Bio-Medical Sciences Symposium, John A. Burns School of Medicine, Honolulu, HI.


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**VIB. To what extent do your graduate students publish their work?**
Publications


VII. What attempts are made to monitor student post-graduate professional activities?

The department conducts an alumni survey every three years. Results from our most recent survey in 2004 show that our graduates are successful their post-graduate activities. Upon completion of their program, 71.4% started their first position within 1-3 months. The remaining respondents started their position before graduation (28.6%). The reasons most frequently cited by the respondents as instrumental in getting their first job after graduation was earning the degree (25.0%), returning to previous employer (25.0%) and other (25.0%). Those who provided a written response for other cited personal contacts as instrumental in finding their first job.

The majority of respondents indicated that they are currently working in a health-related field, though not specifically in public health (50.0%). The remaining respondents are employed in the public health field (25.0%) or are enrolled in an advanced degree program. A substantial majority of respondents work in Hawaii (75.0%) while 25.0% work in the US Mainland.

The state government is reported as the employer of 62.5% of respondents. This is followed by the federal government (12.5%), non-profit organizations (12.5%) and academic institutions (12.5%).

VIII. How were the assessment data/results used to inform decisions concerning the curriculum and administration of the program?

Our curriculum and assessment has been rigorously reviewed and accredited in 2002 by the Council on Education in Public Health. Based on their recommendations, the following changes were made.

– Was pedagogy changed?
  No changes were recommended.

– Did you make administrative changes?
  A permanent chair was appointed to replace the acting chair. No other changes were recommended.

– Were there changes in interactions with students? Advising, counseling, etc.
  No changes were recommended.

– Were degree requirements changed?
  The degree requirements have changes slightly over the past years based on student evaluations and exit surveys.
– Were courses changed?
  Based on recommendations, all courses now have specific learning objectives which map onto the degree requirements.