

# University of Washington

## Graduate School Five-Year Review

### University of Washington School of Public Health Graduate Certificate Programs in Public Health

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## **Background:**

The School of Public Health Graduate Certificate Program (SPH-GCP) was approved by the Board of Regents January 16, 2004. A certificate program was chosen to meet the needs of three groups of students: 1) students already enrolled in an existing School of Public Health (SPH) graduate program for whom a certificate offers “a formal, flexible, and cost-efficient mechanism to organize and recognize areas of specialization in public health”; 2) students in other schools who are enabled to “engage in a structured and high-quality experience that would offer them substantial public health training, as well as institutional recognition of their training on their transcripts”; and 3) public health workers with a “recognized and growing need . . . for continuing education”. Initially the SPH had four pathways under the SPH-GCP. Six additional pathways have subsequently been added. There is also one other graduate certificate program with the SPH. The Public Health Genetics certificate was created independently of the SPH-GCP but is one of the certificate programs available to students in Public Health and hence, was a part of this review process.

The SPH-GCP was “conceived as an ‘umbrella’ administrative device to streamline the review of additional pathways”. New certificate pathways require SPH faculty and administrative approval but do not require review and approval by the Graduate School Council and the Higher Education Coordinating (HEC) Board. All proposed, new certificate programs must meet the requirements of the University of Washington Graduate School’s requirements including at least 15 credits (or which at least nine must be graded), a structured progression of courses, and a unifying capstone experience. The SPH is one of at least two Schools in the University of Washington to have local authority to approve new certificate programs under an umbrella approval.

This is the initial five-year review of this new program, as required by the Graduate School.

## **Procedures:**

In autumn 2009, the internal members of the review team met in person and by conference call with Associate Dean Frederick Connell to discuss the review questions and agenda for the site visit in May 2010. The review team members were provided with copies of the School of Public Health self-study, specifically prepared for this review. The team also received the original request for authorization for the program and reviewed the SPH website where details of admissions and curricular requirements are located. A one-day site visit was held on May 21, 2010, during which the review team met with Dean Patricia Wahl; Associate Dean Fred Connell; Curriculum Committee & Program Director for the Public Health Genetics Certificate Program Melissa Austin; GCP Pathway Directors including Drs. Randy Beaton, Dave Grembowski, Colleen Huebner, Nina Kim, Thomas Koepsell, James Pfeiffer, and Will Welton; GCP Pathway Student Service staff; and three students (one currently enrolled, one former student and a non-PH student).

## **Findings:**

1. The SPH-GCP is a mechanism for a high quality educational experience: The graduate certificates appear to be meeting the goal of providing a structured and high-quality learning opportunity in a variety of public health specialties.

The three students with whom we met praised their different pathways and the faculty and staff within those pathways. These students commented on the high quality, rigor of program, presence

in classroom of faculty, and the variety of faculty with whom they interacted. They stated that the program was more than sum of the parts; that it was not just a series of classes but rather that the curricula seem to be well designed and to create for students a sense of receiving a valuable product. An added value of the certificate for one student in the Maternal & Child Health pathway was that she believed it was more recognizable than the masters and, she felt, “opened doors”. One student commented that her reason for pursuing the certificate was the rigor of the program and compared it to “university honors”. She felt the certificate was as valued by employers as her eventual degree would be. Another student stated, “It takes a commitment” due to the increased demands. All three emphasized the value of the interdisciplinary nature of the programs however it was not completely clear whether this was due to the certificate program specifically, or public health in general. However, the two students who were in the School of Public Health commented that certificate pathways served to “get Public Health out of its [usual/set] tracks.” The students praised the opportunities they experienced while in the program including exposure to faculty, specific content that would be directly relevant to their future employment, and unique experiences (ie, presentation of poster at research conference).

The curriculum committee oversees all individual courses and these are reviewed on regular basis. Unfortunately, we did not have time to access and evaluate individual course syllabi but the regular review process would insure that faculty oversight of courses is occurring. Each new certificate offering is evaluated overall at inception to insure it meets the criteria of the umbrella certificate and the Graduate School. However, the individual pathways are not evaluated globally on a regular basis after this initial review beyond submitting an annual report to the Associate Dean. In addition, the capstone experience is not reviewed by the curriculum committee. In this review it was noted that expectations for the capstone experience vary substantially between the ten pathways, ranging from attendance and participation in an interactive seminar to an international public health experience with attendance at an interactive seminar. This variability will be further addressed in recommendations.

2. The SPH-GCP pathways meet multiple needs for students but have varying benefits and burdens for faculty and staff. The student feedback that was available to us suggests that students value the interdisciplinary nature of certificate programs. Pathways were attractive to both external students (non-SPH) and internal students. Faculty also valued the opportunity for interdisciplinary students that certificates presented but the interdisciplinary involvement in each pathway varied widely. Some certificate programs provided the opportunity for SPH students to interact primarily with SPH students from other tracks or departments within the school. For other certificate programs, the value was in interaction across a broad range of students. In some cases, certificate students brought a different and valuable expertise to the learning community such as for epidemiology where certificate students often have clinical expertise. The major obstacle to interprofessional students was often prerequisites for some programs, most notably in Public Health Genetics (PHG) and Clinical Research.

The effect on faculty and staff workload of the certificate programs was nuanced. Staff reported that the certificate programs made advising more streamlined as the structured programs were available on the website, easy to access, clear and straightforward. Students with an interest in a particular area in public health were able to identify key faculty in that area and relevant courses efficiently. However, three consistent problems occurred across pathways. First, some capstones were difficult to arrange, particularly the requirement for an overseas experience required in the Global Health pathway, increasing staff time in helping students problem solve. Second, certain

courses were difficult to access either because of scheduling or because priority was given to degree students. In some cases this made completing a certificate within one year unrealistic. Third, some students had trouble getting faculty sponsors. This was particularly true for GNM students and in the Global Health pathway, which is the largest certificate. As a result, faculty from other schools were utilized as capstone mentors. Staff mentioned this presented a current challenge for recruiting and orienting faculty mentors and a potential challenge related to Activity Based Budgeting (ABB) in the future.

Faculty also commented that certificate pathways were a way to foster an interdisciplinary culture within SPH. Faculty felt that certificates, because they appear on students' official transcripts, serve the purpose of a minor. For some pathways, faculty noted that most students opted to get a concurrent degree either because of the workload or to gain access to courses. However, Global Health was the exception where faculty stated that students used the certificate to "get a foot in the global health world". Faculty also noted obstacles to successfully obtaining a certificate including those mentioned by staff above (ie, difficulty arranging some capstones, access to courses, and difficulty identifying a faculty sponsor) . In addition, faculty noted that for some certificate programs, one or two faculty played a key role in the pathway making the program vulnerable to a faculty member's departure (ie, Dr. Ann Kurth's recent relocation).

3. The SPH-GCP student completion rate varies considerably. The student completion rates for the ten pathways over the past five years vary from approximately 40-85%. This may be anecdotal or acceptable. However, it may be related to the challenges of completion of the capstone experience in some pathways, the obstacles of arranging the study abroad experience required for one pathway, and the challenge of accessing several high demand courses (eg, Epi 511). In addition, it is likely that there were unavoidable individual student issues that may have a significant influence on the overall rates given the relatively small numbers for most pathways. The decision to not complete a certificate may be acceptable to faculty and students alike. Or there may obstacles to completion that the SPH would like to address to facilitate timely completion.
4. The SPH-GCP provides an opportunity for formal linkages between faculty. An unexpected finding was that the certificates seem to have created intellectual communities for SPH faculty and colleagues in other UW schools. The certificates were designed to reflect student demand , public need, and faculty research interests. In some cases this appears to have had a synergistic effect. Unfortunately, we did not have the time to review historical documents to verify the development of ideas around particular areas. However, it appears that certificates may create structured opportunities for faculty both within and outside the SPH to collaborate around particular areas of interest. One example is the Global Health pathway. If our understanding is correct, it appears that the early period of the certificate (as International Health) helped to lay the groundwork for the future development of the Department of Global Health. Similarly, the Emergency Preparedness and Public Health Genetics pathways have resulted in successful grant funding. Hence, for some areas, the certificate mechanism may be a springboard for faculty scholarly interests to coalesce.

#### **Recommendations:**

1. Internal review: We believe the SPH-GCP provides a high quality educational experience for learners. Nonetheless, we recommend that the SPH school-level curriculum committee complete internal reviews of all certificate programs curricula regularly (every 2-3 years) to evaluate best practices and ongoing program quality. An example is the capstone experience.

Current practice is that capstones vary considerably in both faculty and student effort requirements. This may be contributing to completion and enrollments differences, faculty enthusiasm for certificate student mentorship, and staff time for advising. This variability may be appropriate and desirable. Alternatively, it may be that the review process will help to identify common expectations. Faculty commented that the review meeting was a first opportunity for many to hear unique requirements for each pathway and to identify common problems. We would suggest that opportunities for pathway directors to meet annually to briefly review requirements, program changes, and obstacles may be useful.

2. Capstone variability: The range of intensity required for the capstone is large. In the emerging ABB environment, you may wish to consider structuring the capstone to better capture the faculty effort either through documentation of student credit hours (ie, course credit) or looking for creative opportunities for integration (ie, an integrative seminar or research symposium that might address multiple certificate programs). For the Global Health pathway, we saw several issues. One is that the students need to have an international experience (in addition to the other practicum experiences in their programs). This was viewed as both an opportunity for students – something that drew them to the certificate program – but was also described as an obstacle for completion. The international experience appears to be the responsibility of the student’s mentor. Yet this person may be from another department creating the potential for conflicting or unmet expectations. With a shift to an ABB model of funding, a separate department may not be willing to assume responsibility for a time-intensive activity such as mentoring around the capstone experience. Some pathways have successfully adopted an integrative seminar as their capstone experience (eg, PHG) involving faculty from the SPH and across the broader university.
3. Assess outcomes of certificate programs via central mechanism: We noted that the information from the students who participated in this review process, albeit a very small sample, did not entirely echo the concerns and frustrations heard from staff and faculty. This may be a sampling issue with the students who chose to attend the session. Alternatively, it may be that students have a different perspective on the certificate programs. We would recommend that you consider evaluating the value of the SPH certificate programs for marketing and student recruitment purposes, employability, and success in future career goals. You might want to consider using student exit surveys, alumnae surveys, employer surveys, and the like. In addition, surveying students who do not complete the certificate might be useful to better understand obstacles and perceived benefits from their perspective.
4. Consider requesting a mechanism to sunset pathways: At this time it appears that pathways that are no longer being offered, and where there are no plans to offer in the foreseeable future, remain listed in official school documentation. If a program is not needed, then a mechanism to remove it from books would be desirable. At this time, Health Behavior has not enrolled any students in the prior five years and it is our understanding that this pathway is no longer useful. However, we also note that this certificate may be desired if this mechanism is used to replace tracks within the SPH.
5. Tracks versus certificates: The self-study asked for guidance on whether certificates could replace tracks within the SPH. The answer to this question is not clear. For some, the certificate allows specialization across departments. In others, the certificates are an added value to the graduate degree. It is not clear whether removing tracks will solve the problem as

articulated. In addition, it is not clear how this decision will be affected by implementation of ABB. We are not able to offer guidance for this question.

6. New topics for pathways: This issue was raised in the questions poised in the self-study. One student in the review session suggested a new pathway in nutrition. No faculty suggested new pathways. All but the Global Health and HIV&STI's pathways have relatively small numbers of students. The value of size of program is difficult to evaluate at this time however. On the one hand, a small program may mean that certificate students take existing courses and any additional advising burden and capstone mentorship is minor. However, a larger program, such as Global Health or HIV&STI's may offer the opportunity for exploring funding through a fee-based mechanism. How generation of certificates (versus degrees or tracks) are counted in ABB will be critical to your decision-making.
7. Expansion of certificate programs to GNM students via fee-based mechanism: As noted in the self-study, this question has become considerably more complicated in the ensuing months. Meeting the needs of practicing public health workers and other likely GNM students was not raised by faculty as a key theme. However, we did not specifically probe for this issue given our limited time. As the SPH makes decisions around whether to expand into this market, we would note several issues pulled from the information we did gather. As pre-requisites were problematic for some pathways, programs with pre-requisites that students either will already have from prior degrees or can easily obtain are more likely to be successful. Second, the issue of access to high demand courses will need to be addressed to allow fee-based students to progress unimpeded. Third, timely access to capstone mentors will be necessary and those mentors will need to be reimbursed for their time through the funding mechanism supporting the program. Fourth, some pathways had relatively small numbers while one is heavily subscribed.

Thank you for the opportunity to visit the School of Public Health and to learn more about your Graduate Certificate Programs.

**Recommendation for next review: ten years**