

TO: Mike Mahon
President and Vice Chancellor

DATE: June 9, 2015

FROM: Robert A. Boudreau
Chair, Academic Quality Assurance Committee

RE: Bachelor of Health Sciences – Public Health, Academic Quality Assurance
Review

In accordance with the U of L *Academic Quality Assurance Policy and Process*, the Academic Quality Assurance Committee approved the review of the Bachelor of Health Sciences – Public Health program at its May 22, 2015 meeting.

The Program Review Committee for this review was comprised of Sharon Yanicki (Program Review Coordinator), Ali Walker, Cheryl Currie, and Chad Witcher. The review produced four documents:¹

1. *Academic Quality Assurance Review 2015, Self-Study Report: Bachelor of Health Sciences, Public Health, Faculty of Health Sciences, University of Lethbridge* (received January 12, 2015) – Self Study Report, developed by the Public Health Self Study Committee.
2. *External Review Report - University of Lethbridge, Bachelor of Health Science - Public Health* (received March 12, 2015) – External Review Report by Lori Laing (University of Alberta) and Ron Labonte (University of Ottawa) based on their site visit of March 4 - 5, 2015.
3. *Bachelor of Health Science Public Health Quality Assurance Review: April 27 2015 - Response to external review report* (received April 27, 2015) – response of the Self Study Committee to the external review.
4. *Dean's Response to the Public Health Program Review* (received May 4, 2015) – response to the review, written by Chris Hosgood, Dean of the Faculty of Health Sciences.

¹ All documents are available upon request.

Self Study

The body of the report mentioned several program strengths:

- The Public Health program supports the strategic plans of the Faculty of Health Sciences and the U of L as a whole.
- The Public Health Agency of Canada's Core Competencies for Public Health in Canada can be mapped to the program's core courses.
- There is a set of values and beliefs used in the program, based on the Public Health Leadership Society's Public Health Code of Ethics.
- The program remains unique in Alberta and across the country because of its emphases.
- The program has evolved to include a stronger focus on infectious disease control.
- The curriculum has been revised in response to feedback from instructors, students, or stakeholders.
- There are several curriculum options to enhance student learning, including: undergraduate thesis; cooperative education; applied studies; independent studies; international public health experiences; and a Health Sciences/Management combined degree.
- The program supports experiential learning through service learning, student participation in research, and the curriculum options (above).
- Students have the option of a public health practicum experience.
- There are several financial awards available to Public Health students.
- Student feedback reveals that academic advising is perceived as being of high quality.
- According to student feedback, the key strengths of the program are: the faculty and instructors; the small class sizes; and the quality of the course content.
- According to student focus group data, the strengths of the program are: supportive faculty and program advisors; interesting and relevant curriculum; opportunities for skill development; practicum experience; and general student experience.
- According to a survey of faculty members, the key strengths of the program are: committed program director; the inclusion of many facets of public health; practicum opportunities; engaged students; collaborative faculty; instructors with multidisciplinary expertise; passionate and motivated teachers; small program numbers and class sizes; and connections to other disciplines.
- The program is housed in Markin Hall, one of the U of L's newest and most innovative buildings.

There were several challenges discussed in the body of the report:

- Graduates require additional training to become competitive in the area of infectious disease control.
- The program does not presently have a formal vision or mission statement.
- There has been a continual decline in student average entry grade.

- Compared to other undergraduate Health Sciences programs, the percentage of students on academic probation is higher in the Public Health program.
- Enrolments have risen, impacting class size, teaching loads, and the general sustainability of the program.
- Some international students use the Public Health program as a bridge to enter other programs rather than completing the degree.
- Some students in Public Health who were unsuccessful in gaining entry to Nursing later leave the program when they do get accepted to Nursing.
- Annual demand for Public Health practicum placements has steadily risen, leading to a need to secure more practicum placement options.
- According to student focus group data, the key challenges of the program are: the practicum process; a lack of career-specific advising; and the recycling of course content across the curriculum.
- To meet curriculum demands the program has to draw teaching staff from non-program specific and non-Health Sciences areas.
- According to a survey of faculty members, the key opportunities for growth of the program are the need for: more instructors; more administrative support; more support by other departments regarding cross-listed courses; more resources to support practicum placements; and more faculty involvement in public health research.

The Self Study summarized its major findings into 13 major issues, with some initial reflections on how to address these issues:

1. There is no program mission statement.	<ul style="list-style-type: none"> • Use QA review findings in the development of vision and mission statements. • Ensure the goals, objectives, and priorities of the program align with the future directions of the program and are achievable.
2. The average entering grade has steadily declined.	<ul style="list-style-type: none"> • Develop an entry process that is more competitive yet still affording access. • Before admitting students, evaluate their interest in public health training and in finishing their degree.
3. The program has a higher percentage of students on academic promotions than in the entire Faculty.	<ul style="list-style-type: none"> • Develop a more competitive entry process. (This was done in 2012.) • Develop ways to enhance the success of struggling students.
4. Rising admissions are a strain on resources.	<ul style="list-style-type: none"> • Increase program capacity. • Cap annual student intake. • Decrease the number of annual intakes from two to one. • Develop a more competitive entry process.

5. The demand for practicum placements is rising.	<ul style="list-style-type: none"> • Look into hiring a practicum coordinator. • Develop a process and guidelines for practicum. • Expand placement opportunities. • Ensure a long lead time for practicum placement requests.
6. Update and simplify practicum evaluation forms.	<ul style="list-style-type: none"> • Revise the practicum evaluation and feedback tools.
7. Students who have to move for a practicum opportunity do not receive funding.	<ul style="list-style-type: none"> • Secure more practicum placements that are local. • Secure additional scholarships for students that have to relocate within 500km of Lethbridge.
8. Increase the breadth of public health courses to include: health care systems; public policy; environmental health; global health; infectious disease control; and Aboriginal health.	<ul style="list-style-type: none"> • Add a course on environmental health (courses have already been added on health care systems and Aboriginal health.) • Launch a major in Aboriginal Health in Fall 2015. • Follow up with an individual who is interested in teaching a course on infectious disease control. • Offer PUBH 1000 twice a year instead of three times, thereby freeing faculty to teach additional courses. • Consider one annual Fall intake, which will mean the Faculty does not have to accommodate student access to core courses at different times. • The Chair in Rural Health may teach two additional public health courses.
9. There is recycling of course content across course levels.	<ul style="list-style-type: none"> • The Curriculum Committee will review the curriculum matrix. • New faculty will be exposed to the curriculum matrix as part of their orientation.
10. Students would like access to research opportunities.	<ul style="list-style-type: none"> • Attract faculty with strong research programs. • Collaborate with faculty from other units on public health related research.
11. Data from teaching evaluations are not available to help track and improve teaching effectiveness.	<ul style="list-style-type: none"> • Encourage faculty members to access training opportunities through the Teaching Centre.
12. More opportunities are needed for experiential learning.	<ul style="list-style-type: none"> • Consider developing more assignments that include experiential learning, plus a core course that has this focus. • Support faculty in developing the skills to incorporate experiential learning.

13. There is increased competition from public health programs in Canada, and a lack of awareness about the role of public health graduates in the health care field.

- Expand contracts with agencies for practicum placements.
 - Work with Recruitment to effectively market the program.
 - Explore way to improve awareness of the capabilities of graduates from the program.
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External Review

Throughout the body of the document and in the commendations section, the External Review Report summarized the strengths of the Public Health program:

- The Public Health program is consistent with the U of L's Mandate and Strategic Plan.
- Enrolment has been increasing significantly since 2008.
- The program is strong in health promotion, social determinants of health, and social justice.
- There are many positive student comments about the high quality of the professors who teach in the program.
- Faculty expertise is a good mix of research and practice. Faculty are closely involved with the communities in which they practice or conduct research.
- Practicums, field studies, and independent studies provide rich and practical learning experiences.
- The option for students to take independent studies associated with a faculty member's research program is commendable.
- Academic advising for students is high quality.
- Facilities, equipment, library resources, and information technology for the program are all very good.
- Survey results indicated that 74% of graduate respondents were currently employed, not in a field related to public health or health.

The body of the report noted the weaknesses and challenges of the program:

- Uncapped admission numbers are a concern for the sustainability of the program.
- If research were to be greater emphasized in the program, then more PhD-level faculty would be needed.
- The program needs to become broader in scope.
- The program needs the academic component of public health to be stronger. There is too much focus on the social sciences with a nursing orientation. It is not always clear to students how the non-public health courses are relevant to the program.
- The small number of faculty members mean it is difficult to provide expertise in all areas of public health. Students want courses in: health care systems; public policy; environmental health; global health; and infectious disease control.

- It is not clear how the Public Health Agency of Canada's Core Competencies are used in program and course development.
- The high expectations for teaching make it difficult for faculty to develop or maintain a research program.
- There are a relatively high number of students on academic probation.
- Time to graduation is a concern.
- Individual course evaluations are not publicly available.
- There is increasing competition for practicum placements from other programs in the province.
- The Moodle online sessions for the practicum experience are not well accessed by students.
- Students have expressed a need for more career-specific advising.

There were several suggestions for improvement contained in the body of the report:

- Consider streaming third and fourth year students into one of two streams: (1) for those moving to the workplace; and (2) for those moving to graduate study. Also consider streaming students into specific public health focus areas like health promotion, environmental health, health protection/infectious disease, Aboriginal health, and community development.
- To clarify how non-public health courses are relevant to the program, hold retreats for non-Health Sciences faculty and involve core Public Health faculty in all course development.
- To relieve the teaching load on core faculty, consider using more practitioners as sessional instructors and look into course sharing with other universities.
- Revisit the entry criteria for the program.
- Course evaluations should be publicly shared amongst faculty members to determine strengths and weaknesses.
- Related to the practicum: develop strong partnerships with a wider range of agencies; develop partnerships beyond the Lethbridge area; consider allocating funding to support partial travel expenses for students travelling to a practicum; investigate how to handle the Alberta Health Services process for vetting practicums; and to grow non public health placements, develop a list of organizations and cultivate a relationship with them.
- Create a program mission statement and specific program goals that guide what aspects of public health education the program provides.
- For research and scholarly activity, encourage faculty to focus on specific core areas of public health scholarship.

The report included four main recommendations in its concluding section:

- Develop vision and mission statements for the program. Use an external facilitator to guide the development of these statements.
- Address the program gaps, which include: infectious disease epidemiology; advanced epidemiology; and health policy.

- Institute an enrolment cap and a competitive enrolment process, with a process for GPA exceptions. Have only one student intake, in the Fall.
- Add faculty with training and experience in: comprehensive public health; epidemiological sciences; health and physical sciences; social sciences; and political sciences.

Program Response

The Self Study Committee provided their response to the key recommendations they drew out of the External Review Report:

1. Detailed planning is needed to prepare for new leadership, new course directions, and program planning.	<ul style="list-style-type: none"> • Externally-facilitated program planning sessions are scheduled. Planning will consider: curriculum overlap or duplication; new course offerings; and potential niche areas. • A voluntary process for sharing and reviewing data from course evaluations will be developed in Summer 2015. • The curriculum committee will review core, optional, and proposed courses and develop a system for leveling course content across the four years of the program.
2. Develop mission and vision statements to guide the desired outcomes of the program.	<ul style="list-style-type: none"> • A facilitated planning session will be held to develop vision and mission statements.
3. Institute an enrolment cap and a competitive enrolment process, with a process for GPA exceptions.	<ul style="list-style-type: none"> • A revised enrolment process has been proposed for Fall 2016 which caps enrolment at 25 full-time equivalents. • A competitive enrolment process is currently under review.
4. Have only one intake of students (Fall).	<ul style="list-style-type: none"> • A proposal for switching to one fall intake beginning Fall 2016 is under internal review.
5. Develop a more rigorous means of gathering data on the employment of graduates.	<ul style="list-style-type: none"> • Update the annual graduate survey to include more details on employment. • Implement a regularized system for the annual collection of graduate survey data.
6. Enhance the connections between preceptor,² student, and faculty in the practicum.	<ul style="list-style-type: none"> • Recruitment is underway for a faculty position that will support practicum coordination, the expansion and diversification of practicum placements, and improved connectivity between preceptors, students and faculty. • Develop an orientation package for students and preceptors.

² A clinical instructor.

7. Consider streaming third and fourth year students into focal areas of public health.	<ul style="list-style-type: none"> • The three program streams that were originally part of the program were eliminated, based on feedback from students and the academic advisor. • Program faculty will discuss streaming at future planning sessions.
8. Orient non-program faculty to the goals of the program and the relevance of their content for public health.	<ul style="list-style-type: none"> • Representatives from the Faculty of Health Sciences and the Faculty of Management already participate on the Public Health Advisory Committee. • Invite representatives from partner Faculties to facilitated planning sessions. • Develop strategies to better support non-program faculty who teach Public Health students in required courses. • Develop orientation materials to communicate program goals.
9. Help students understand the value and application of critical theory from courses outside Public Health.	<ul style="list-style-type: none"> • Public Health faculty and the faculty advisor will help students understand how the content of required courses outside the program are relevant to the foundations of public health. • Explore other strategies, like: co-teaching; interdisciplinary guest lectures; and an interdisciplinary seminar course.
10. There is a need for advanced courses in core areas of Public Health, such as: epidemiology; infectious disease; and health policy.	<ul style="list-style-type: none"> • Additional courses can only be added based on funding support and if changes are made that maximize the program capacity (such as an enrolment cap). • Through program surveys and planning sessions, the Public Health Advisory Committee and the Public Health Curriculum Committee will explore the development of advanced courses. • Consider recruiting a broader range of community professional as sessional instructors to teach special topics courses.
11. Enhance collaboration with the Teaching Centre and the Library to strengthen research skills and teaching innovation.	<ul style="list-style-type: none"> • Explore the use of workshops through the Teaching Centre to support teaching innovation. • Collaborate with the Library on new approaches to support student learning and skill development.
12. Broaden the current faculty complement to include those with training and/or experience in comprehensive public health.	<ul style="list-style-type: none"> • Expand recruitment of faculty with expertise in core public health disciplines. • Explore focus areas in public health.

Dean's Response

The Dean of the Faculty of Health Sciences reiterated the key recommendations from the External Review Report and the Self Study Committee's response.

In his response, the Dean went on to note that Public Health program is already in the process of addressing several of the recommendations. Addressing recommendation 8 (Orient non-program faculty to the goals of the program and the relevance of their content for public health) will require the continuing development of partnerships with colleagues in other faculties. The program needs to diversify through adding another Public Health disciplinary focus.

Addressing the recommendations related to programming (such as 10 and 12) will need new investments in the program. Continued investment in the B.H.Sc. Public Health is justified given the high quality of the program, the success of its graduates, and the ongoing demand for the program.

The Academic Quality Assurance Committee is satisfied that the B.H.Sc. Public Health program academic quality assurance review has followed the U of L's academic quality assurance process appropriately, and acknowledges the successful completion of the review.

Sincerely,

ORIGINAL SIGNED BY:

Robert A. Boudreau

Chair, Academic Quality Assurance Committee

Cc: Andrew Hakin, Provost and Vice President (Academic)