

**University of Florida
College of Public Health and Health Professions**

**Public Health External Advisory Committee
Summary of Small Group Discussions**

September 29, 2006

Marketing the MPH

Currently, the MPH has been marketed primarily to undergraduate and graduate students on the UF campus, while the certificate (now available online) has been marketed to a broader group of working professionals and graduate students.

What feedback do you have about the current marketing strategies and materials?

These are ways current strategies can be enhanced:

- Highlight general reputation of UF (though public health is still developing)
- Play up UF advantages through development of combined degrees (e.g., MD/MPH, JD/MPH, Agriculture, MBA/MPH)
- Identify a niche for UF, as USF has established a niche in public health leadership.
Potential niches for UF to develop:
 - Public health practice/effectively translating practice into outcomes (Karen Eaton, Director of PH Nursing)
 - Food safety-IFAS connection
 - Disaster Preparedness: Rhonda White & Jennifer Bencie – may have resources
- Create expectation of available jobs
- Use national studies showing need for public health providers
- Develop a catchy slogan (e.g., MPH – The best terminal masters that you can get!)
- Emphasize interesting careers (also depends on average pay which can differ by track)
- Use successful student stories

What additional groups or individuals should we target with our materials?

- Consider high school students
- In Jacksonville, MD fellows need MPH degrees but would like to stay in Jacksonville
 - Combination of online courses and field experience
 - Minimize trips to Gainesville but avoid diluting the MPH
 - Satellite campus in Jacksonville
- South Florida schools market “south” and internationally
- Market to Alumni – Gator Nation – and their children

What are the best methods for reaching the different target audiences, such as undergraduate students from other universities, practicing health professionals currently not in a public health environment, current Florida public health workers, those seeking a joint degree, and graduates from bachelors or masters programs who are looking for a career change?

- Target new emerging markets – non-profits and other organizations in public health
- University needs to have relationships
 - Face of UF at Public Health and with Department of Health
 - Need stronger relationships with Florida DOH
 - Tuition waiver for 6 credit hours per semester
 - State waiver does not cover online certificate
- Tap into the Florida Hospital Association and the Florida Association of Community Health Centers
- CDC Public Health Scholars recruits science teachers to learn about public health → could help recruitment as well
- Management/Administrative focus for County Health Departments and Community Health Centers
- Article in Alumni newsletter about the program
- Put links on association websites
- At the state level, the dental program needs can tie into public health

What methods would you suggest for reaching out-of-state students?

- It is preferable to focus on potential in-state students first because of tuition costs

Evaluating Workplace Competencies of MPH Graduates

The evaluation of workplace competencies of our MPH graduates is a CEPH requirement. The guidelines specify that data must be periodically collected from alumni and employers of graduates regarding the ability of the school's graduates to effectively perform the competencies in a practice setting.

Has anyone been involved in providing this type of feedback for other public health programs in the state? If so, please comment on how the process worked.

- No

What issues do you perceive in providing this type of feedback to the college? Are there specific confidentiality concerns that would need to be addressed?

- Just work with the center/health department (won't violate HIPPA), but the centers/health departments will need to have lawyers decide what they can say about an employee
- It is important to remember that the assessment is not a judgment of individual performance, but rather of the ability of the MPH program to impart entry-level competence in key public health skills
 - Assessments may work best at state level
- Can evaluations be done more anonymously?
 - Can use ID number without revealing names

- How can the process be simplified (i.e., An agency has 5 MPH graduates and 5 different bosses and they're all from different schools. How can this be made easy?)

In general, who would be the best person in the organization to provide this type of feedback and how could this person best be identified?

- Need chief clinical, not CEO or HR → They would not be able to respond to questions about competencies
- Making contact with the employer through the employee, via alumni, may be the best method
- If we are looking to evaluate job competencies, we need to go via alumni → get job descriptions from alumni and then send appropriate questions to employers
- Look at alumni and look at job titles

What type of evaluation form would most likely be completed by both alumni and employers? For example, an on-line form, a telephone interview, or a written survey that would be returned by mail?

- Online – must be exactly the same everywhere; too difficult when it is different at different centers
- Face-to-face feedback is desired, but online would be easier
- Could use one side of evaluation as employer evaluation and the other side as CEPH evaluation

What other suggestions do you have regarding the best way to meet this requirement?

- Need buy-in from worksite to accomplish
 - Do not add financial incentive to help (even with preceptor program)
 - Make worksite part of the process and let them know why evaluation is being conducted
- Don't make process too hard to do
- It should be mandatory & there should be accountability
- There needs to be a written quality standard
- Sending these core-standards to centers/health departments will only improve the centers/health departments
- Cross-cutting competencies vs. all competencies
 - CEPH wants all competencies
 - May need to paraphrase or cut down
 - Should address these two questions –
 - Are grads able to do the job?
 - Do they need additional training?
- An MPH graduate may never use all competencies → may need to allow them to say “N/A” in some competencies for employer
- Need only 4-5 questions
- Look at work environment to adjust questions to fit and still be same questions
- Must evaluate the role of a graduate in the role they were hired to do – do they fit their environment?

- “Be” vs. “Become” – What are competencies an employee has to “be” for the employer to hire them or what competencies they have to “become” to be the employee you need to hire?
 - Do they have the learning competencies to go forward?
 - CEPH is stating that we know what the employers “should want” in an employee
- Defining public health position
 - Is a hospital public health? A clinic?
 - Do we only look at public health? (i.e., if a graduate went into fundraising, is this a position in the public health profession?)

Measuring our Progress

The Council on Education for Public Health (CEPH) requires that we identify outcome measures for our programs. There are many measures from which to choose. Which ones would you find informative?

- Creating an academic environment that includes public health in everything we do
- Evidence of student scholarship
- Research activities
- How many high school students we touch
- Teaching evaluations
- Number of public health agencies where we have interns rotating or working
- Job opportunities for graduates
 - Recognize the ratio of students/graduates to jobs opportunities in this area
- Students getting the jobs they want
- Students who work in public health (hard to define exactly public health is)
- Certification exam
 - Participation rate
 - Pass rate
- Student involvement in publications
- Student involvement in presentations
- Student involvement in research
- Hits at our website
- Involvement with local and state health departments

Add to list of public health priorities in Florida (see 1/19/06 meeting)

Maternal & child health

Financing

Immigrant health

Safety net

Infant mortality

Multiculturalism

Health disparities, including disabilities (demographic, not outcome)