

Final Assessment Report

Master of Public Health

Graduate Program

(reviewed 2024/25)

A. Summary

1. The Program's Self-Study was considered and approved by the Senate Academic Review Committee February 13, 2024.
2. The Review Committee consisted of two external reviewers: George Mutwiri (University of Saskatchewan) and Gerald McKinley (Western University), and one internal reviewer, Michael Owen (Brock University).
3. The site visit occurred March 19-20, 2025.
4. The Reviewers' Report was received April 29, 2025.
5. The Senate Graduate Studies Committee response was received May 22, 2025
6. The Program's response was received May 23, 2025.
7. The Dean, Faculty of Applied Health Sciences, response was received May 29, 2025.
8. The Vice-Provost and Dean, Faculty of Graduate Studies and Postdoctoral Affairs response was received July 7, 2025.
9. Annual Implementation Reports will be submitted from 2026-2029.
10. The next Cyclical Academic Review is scheduled to take place in 2032/2033.

The Self-Study was prepared under the conditions of the Codicil with the Review and responses conducted under the terms and conditions of the June 2023 IQAP.

Program Outcome Categories:

Based on their knowledge of the discipline, the content of the Self-Study and the interviews conducted during the site visit, the Review Committee gave the programs the following Outcome Categories:

Program(s)	Excellent Quality	Good Quality	Good Quality with Concerns	Non-Viable
Master of Public Health		X		
<i>If you have chosen 'Good Quality with Concerns', please summarize the specific concern(s) briefly below. If you have chosen 'Non-Viable', please summarize the specific reason(s) below.</i>				

Executive Summary:

The Reviewers wrote:

The MPH Program was started 8 years ago and was initially planned for 20 students. The program has experienced tremendous growth and currently has an enrollment of 130+ students. During that period there has been significant innovation, exemplified by dual degree programs (MPH-MBA and MPH-MEd) both of which are unique in Canada. In addition, there are two accredited specializations: health information management and infection control. The MPH program is offered fully online and is one year in duration, a competitive advantage over similar programs for working professionals.

The program’s objective and learning outcomes are aligned with those of Brock University. This would be strengthened if the program intentionally built curriculum around Public Health Agency of Canada (PHAC)’s competencies for public health as final qualifications to better align with the workforce.

Admission to the program is solely based on a GPA of 80% plus. While this is a high standard, GPA is only one dimension, and the cohort of students in the program may lack diversity in terms of work experiences / background and other diversity metrics.

The quality of the program is high overall, but all factors considered (including the rapid growth and innovation), it would benefit from a systematic mechanism for improving the curricular content. This process would collect inputs/feedback from a variety of sources (students, alumni, other stakeholders), which is then reviewed and considered (either by Graduate Program Director or Committee) and decisions made on actions to be taken. Such a mechanism would have easily identified a concern we heard from several current students and alumni: that the program did not offer students ample opportunities for presentations to develop/improve oral/verbal communication skills.

B. Program Strengths

The reviewers noted the following strengths:

One of the strengths of this MPH program is innovation. In particular, two unique career pathways have been developed that are quite rare in other public health programs across Canada. These include the MPH-MBA and the MPH-MEd.

In addition, there are two specializations: Health Information Management and Infection Prevention and Control. These two specializations are apparently accredited by their respective bodies and is evidence to their high quality.

Collectively, these innovations support the notion that Brock University MPH graduates are likely more competitive in the job market.

Another strength of the program is that it's fully online and of a relatively shorter duration than most other MPH programs across Canada. This makes Brock's MPH Program highly competitive, especially working professionals who may not wish to relocate.

C. Opportunities for Improvement and Enhancement

<p>Recommendation #1: Develop a systematic process for continuous improvement of the program.</p> <p><i>Supporting/clarifying text: The curriculum in the program in its current state is excellent. However, there's no documented process to systematically monitor, access and respond to any feedback/inputs to inform continuous quality improvement in the future. The only evidence of period feedback is this external review which is occurring 8 years after the program was started. During those 8 years, we have had events that may significantly impact the program curriculum and hence quality. For example, post-pandemic, PHAC and other stakeholders in public health sector have embarked on review and revamp of the Core- competencies of public health in Canada. The new version coming shortly will include exciting areas such as social justice, health equity and indigenous health, among others. Similar initiatives to improve public health education are going on globally.</i></p> <p><i>Therefore, there is an urgent need to develop a systematic process for collecting inputs/feedback from a variety of sources, review this information, and then formulate actions. For example, we did hear from students, alumni and practicum partners who provided suggestions about "gaps" or areas that needed improvement in the program including lack of or inadequate content in indigenous health, and lack of or limited opportunities for students to develop verbal/oral communication skills through presentations. These stakeholders can be a valuable resource for the program but there needs to be a systematic mechanism in place to collect these inputs, which can then be reviewed by the Director or Program committee to formulate action. The input could potentially include any periodic questionnaires for students or faculty peer reviews.</i></p>

The Program responded:

- We agree that our current MPH program is of high quality. Moreover, the curriculum aligns well with the new Public Health Agency of Canada (PHAC) Core Competencies for Public Health Version 2.0, released at *Public Health 2025* in Winnipeg this month [April]. However, I regret that I did not fully explain the process through which our MPH Program Committee has developed the curriculum over the past eight years. That process is as follows:
 1. The MPH Graduate Program Director (GPD) is an active member of the Network of Schools and Programs of Population and Public Health (NSPPPH), a national committee representing all MPH programs in Canada since 2016.
 2. The NSPPPH committee meets annually at Canada's annual public health conference, where we discuss national public health priorities and challenges. These discussions help guide curriculum development across MPH programs, aiming to enhance public health education nationwide.
 3. The MPH GPD brings these insights back to our Program Committee, which meets at least twice a year. Over the past eight years, we have systematically incorporated NSPPPH recommendations into our curriculum development, growing from 12 half-credit courses in 2016 to 25 in 2024. Examples of curriculum improvements informed by this process include the development of courses such as *Measuring Health Equity* (MPHA 5P09), *Leading Change in Public Health* (MPHA 5P14), and *Colonization, Reconciliation, and Indigenous Health* (MPHA 5P16) all align with PHAC's Version 2.0 core competencies. In this manner, our program has been proactive and responsive to Canada's evolving public health education needs—a strength acknowledged by the

external reviewers who described our program as “excellent.”

- We acknowledge that the alumni and student feedback included in the review was relatively limited, particularly in proportion to our number of current and former students. Furthermore, some feedback may reflect experiences prior to the more recent curriculum updates. For example, Indigenous health content was only introduced in 2020/2021, meaning earlier cohorts did not have the opportunity to take this course. As a generalist MPH program, specialized topics such as Indigenous health are offered as electives, which students may or may not choose. Nevertheless, instructors could be encouraged to integrate such content into core courses through examples or case studies.
- Our capstone course *Policy and Practice: Critical Evaluation and Synthesis in Program Planning* (MPHA 5P06) currently includes an oral presentation component, and several electives offer similar opportunities. Students enrolled in those electives would gain additional experience in this area. We agree that it would be beneficial to consider incorporating oral presentations into other required courses. For instance, the practicum courses (MPHA 5P11 and 5P21) have recently introduced new components such as elevator pitches and mock interviews using an AI-powered career acceleration platform called VMock. These were implemented this year and may not have been reflected in the feedback provided by alumni or current students during the recent review.
- Although we have developed exit and alumni surveys, we currently face administrative limitations that prevent their consistent and systematic implementation. Moreover, previous attempts to distribute these surveys have yielded low response rates, limiting our ability to gather representative feedback.
- Moving forward, we have already responded to this issue by creating an MPH Curriculum Committee that will ensure greater consistency and transparency across the course syllabi. This committee will standardize the inclusion of clear, measurable learning objectives and explicitly identify which PHAC Version 2.0 core competencies are addressed in each course. While some courses already do this, making it a standard practice would enhance both clarity and coherence. Additionally, as a professional program, highlighting relevant and specialized competencies in syllabi would better support students in connecting coursework to their practicum experiences and future employment opportunities.
- While we value the student and alumni feedback gathered during the review, we caution against drawing broad conclusions based on this limited and potentially unrepresentative sample. Not all comments reflect the most recent curriculum updates, and some respondents may not have experienced newer components or had access to recently introduced electives. Additionally, we received feedback from some students who expressed concerns about the amount of group work or synchronous requirements, suggesting that increased oral presentation components may not align with all learners’ preferences. As a large, exclusively online MPH program, we recognize that we cannot tailor our curriculum to meet every individual’s needs or preferences – we cannot be everything to everyone! Students who are seeking a program with more in-person interaction, or who feel they need significant practice in oral presentations, may find that another MPH program is better suited to their professional development goals. With a wide range of MPH programs available across Canada - particularly in Ontario - students have options to seek a program that better matches their learning style and/or career preparation needs. Given the size and diversity of our current and former student body, it is essential to avoid making sweeping curriculum changes based on feedback from a small subset. Instead, we need more consistent

data collection—including structured exit and alumni surveys—to gain a clearer understanding of curriculum gaps and areas for improvement as the program moves toward a steady state. Moreover, although two practicum organizations participated in the review, they represent only a small fraction of the 120+ unique practicum placements across Canada completed by students per year. Where skill gaps are identified, directing students toward relevant elective courses may be a more effective and appropriate strategy than broad curriculum changes.

- To conclude, we believe our new MPH Curriculum Committee will play a leading role in developing and implementing structured exit surveys for both students and practicum organizations. This will help us track which content gaps are most relevant across the broader student population and ensure any curriculum changes are grounded in consistent and representative evidence. This would also facilitate us in tracking student trends in preparedness and identifying any recurring areas where curriculum adjustments may be warranted based on representative data from across the program.

The Dean of Applied Health Sciences responded:

I support the Program’s efforts for regular review, updating, broadening and improving its curriculum and understand that many of the issues identified by the reviewers have already or are currently being addressed. I applaud the development of the MPH curriculum committee which I expect will continue to now systematically monitor and to enhance the quality of the program as per the ways suggested in the recommendation. I also support the program’s fulsome explanations regarding the limitations to program scope and the potential limitations of the input provided to the reviewers which may have influenced some of their comments/recommendations.

I anticipate the timeline to begin implementation to be short-term (1 year) and ongoing.

The Senate Graduate Studies Committee responded:

The reviewers noted a need for more regular review of the program and curriculum in addition to the IQAP review process. This recommendation is both an operational and pedagogical issue for the program to consider. SGSC encourages programs to make use of available resources at Brock (e.g. CPI) to assist with regular reviews.

The Vice-Provost and Dean, Faculty of Graduate Studies and Postdoctoral Affairs responded:

All programs should regularly review their curriculum, and the creation of a Curriculum Committee is a great initiative. I anticipate the implementation timeline to be short-term (1-year) and then ongoing.

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted and in the process of implementation. The Committee expects that the Curriculum Committee will establish processes to ensure continuous program improvement.

Implementation Plan (1st Priority)

Responsible for approving:	Program
Responsible for resources:	Program/Dean
Responsible for implementation:	Program
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

Recommendation #2: Mitigate administrative gap.

Supporting/clarifying text: The current GPD and GPC are carrying too much of the administrative workload of this program. This has created a critical breakage point in the system. If one of them leaves, the program could be in jeopardy. In part, this has been caused by the growth of the program from 19 enrolled students in 2016 to 106 in 2023 plus the development of the MPH-MBA, MPH-MEd, specialization programs, and the articulation agreements.

Therefore, we recommend pressure be taken off this critical point. The program should consider adding either a Program Committee or Curriculum Committee consisting of MPH faculty. The committee should meet monthly and have clear terms of reference. Their role would be to support the administration of the program at the academic level and take pressure off the GPD and GPC. Additionally, a Graduate Chair role can be used to support areas that are academic in nature, including academic discipline and tracking graduation rates.

The Program responded:

- The MPH program has always had a Program Committee. However, regular meetings need to resume on a per-term or quarterly basis, as outlined in the Faculty Handbook.
- The proposal to establish specific MPH committees was addressed at our recent MPH retreat. We have created three new committees including 1) Admissions, 2) Curriculum, and 3) Scholarship/Awards. All three committees have established Chairs' that have begun operations this Spring. These committees will support efforts to address content gaps and drive continuous improvement, particularly in response to Recommendation #1, with a focus on integrating the recently launched new PHAC core competencies (Version 2.0).
- The role of the GPD is equivalent to that of a graduate chair, encompassing responsibilities such as academic oversight, and monitoring graduation rates. As much of the relevant data is accessible through BrockDB, appointing an additional administrative chair for this function would be redundant. Data collection remains under the scope of the GPD and GPC. Further, the aforementioned creation of three new committees still require data pulled by the GPD and GPC, and do not reduce the ongoing day-to-day administrative burden, resting heavily on the GPC.
- A major and persistent challenge is the lack of adequate administrative support. As a fully online program, the MPH requires intensive, individualized advising, practicum management, and coordination of 400+ applications annually. Key tasks include deposit tracking, prerequisite verification, student orientation, handbook, course collection and scheduling, calendar updates, onboarding of sessional instructors/TAs, and legal documentation for practicums, etc. These responsibilities extend beyond the scope and can be reasonably managed by a chair or committee and require dedicated staff, both to meet the scale of the student population and to manage the complexity and volume of the administrative workload involved.
- The current GPC role is carrying an unsustainable workload, covering responsibilities that would typically be distributed across multiple positions. With the program's rapid growth, this structure has become unmanageable. To alleviate pressure and ensure continued program effectiveness, a separation of core administrative duties and practicum management is essential. This restructuring would enable targeted and efficient support in each area, particularly as new committees focused on curriculum, data tracking, and student experience are established.
- To address current operational challenges and support future program expansion, two dedicated staff positions are required:
- Graduate Program Administrative Coordinator (GPAC) – to coordinate core program operations and student services

- Graduate Experiential Education (EE) Coordinator – to oversee practicum development and manage placements
- This request reflects a modest and pragmatic restructuring rather than a significant expansion of resources. It involves adding only one additional staff member, separating existing duties rather than duplicating them. In comparison, other Canadian MPH programs (including the MPH programs of the two external reviewers) with considerably smaller student intakes typically operate with 3-4 dedicated staff members. This highlights the disproportionate administrative burden currently placed on our GPC's role. The external review committee also identified this as a critical concern, particularly in terms of sustainability and program continuity. The current staffing model poses a significant risk of burnout and disruption, should any personnel changes occur.
- Currently, the GPD receives a half course release, equivalent to approximately 195 hours annually. Assigning an additional chair role with the same limited allocation will not significantly mitigate the administrative strain. Without the addition of a dedicated staff position, the program risks continued overload and limited capacity for growth or quality improvements.
- There are additional considerations that need to be addressed regarding the IPAC (Infection Prevention and Control) and HIM (Health Information Management) specializations. As the program moves toward securing key accreditations and endorsements, corresponding responsibilities will need to be reflected in the roles of both the GPD and GPC.
- Currently, representation in professional organizations such as CHIMA are in place, but equivalent engagement is needed for IPAC Canada accreditation. Assigning a dedicated faculty point person to support these responsibilities would ensure effective communication with professional bodies, and timely dissemination of resources and updates to students—such as through the program's Brightspace platform.
- Practicum development for IPAC and HIM also present a significant challenge. Existing placements are primarily designed to support the general MPH program and a range of student interests. However, the specialized streams require distinct placements that align with their competencies and learning outcomes. While a limited number of IPAC and HIM placements have been maintained, these are currently insufficient to meet the demand from students pursuing specializations. This situation underscores the necessity of assigning a dedicated staff member for Graduate EE to manage practicum placements. The current model places a dual burden on the GPC, who must now coordinate an estimated 50-60 additional HIM and IPAC specialization practicums to support the new program structure and student expectations in preparation for their national certification examinations through CHIMA's College and IPAC Canada, respectively. With the increasing complexity and growing involvement required for HIM and IPAC-related initiatives, it is essential that dedicated roles and resources be identified to ensure the long-term success of these specializations.

The Dean of Applied Health Sciences responded:

I understand that the MPH program will now have a more active and engaged Program Committee as well as several sub-committees dedicated to providing support and guidance for admissions decisions, curriculum review and development and scholarships and awards. These developments will go a long way to helping ease the administrative loads on the GPD and GPC. Nevertheless, many of the identified resource issues and limitations noted in the Program's response remain and could hamper future

program growth and limit the effectiveness of the current curriculum. These are resource issues which will need to be considered by the incoming Dean in budget and long-term planning preparations in consultation with the Provost. Given the rapid growth and diversification of the program and its potential for further development I am confident that many of the above noted issues can be addressed over time with appropriate planning and considered resource allocations. However, as these are resource issues, I believe their consideration is beyond the mandate of ARC and as such, expect that comments/direction from ARC will be limited to the pedagogical recommendation implications of this recommendation.

I anticipate that the pedagogical related elements of the above issues can be addressed in the short-term (1-2 years), but given the current financial climate, more fulsome responses related to resourcing may be in the realm of mid- to long-term timeliness. I provide the latter as courtesy information as I do not anticipate ARC comment directly on it.

The Senate Graduate Studies Committee responded:

The recommendation relates to reducing the administrative load being carried by the GPD and GPC in the Public Health Program by adding a Program Committee. This recommendation is an organizational and resource issue for the program to consider. Adding a Program Committee to this growing program is consistent with the BUFA collective agreement.

The Vice-Provost and Dean, Faculty of Graduate Studies and Postdoctoral Affairs responded:

I agree that the Graduate Program Committee needs to meet more regularly, and I appreciate the development of sub-committees to take on more of the administration of the program. I anticipate the timeline for the implementation of these committees to be short-term. In terms of the other resource issues, this goes beyond the purview of FGSPA.

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted for consideration. Although the allocation of resources lies outside the jurisdiction of the Committee ARC expects that the Program, in consultation with the Deans, is best positioned to develop strategies to mitigate the administrative gaps and that they will continue to advocate for resources through available channels.

Implementation Plan (1st Priority)

Responsible for approving:	Program
Responsible for resources:	Program/Dean
Responsible for implementation:	Program/Dean
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

Recommendation #3: Ensure that software packages taught in the program meet industry standards.

Supporting/clarifying text: Feedback provided by current students and alumni indicated that some of the software packages taught in the MPH program do not match current industry standards. For example, a focus on using SPSS when the industry may be using R.

Therefore, we recommend that the program evaluate this area of its teaching and ensure that a larger variety of software packages are taught to students. The program can also update itself on the use of generative AI in the workplace and respond appropriately. This can be achieved by a survey of program alumni who inform the program on the current use of software packages and generative AI.

The Program responded:

- The MPH program recognizes the value of equipping students with experience in multiple analytical software packages. As the time of this review, software instruction is integrated into several courses, including:
 1. MPHA 5P05 (Biostatistics in Public Health) – SPSS
 2. MPHA 5P12 (Environmental and Occupational Health) – GIS and QGIS
 3. MPHA 5P17 (Artificial Intelligence: Theory and Managerial Application) – Python and R
- The program is also aware of common software tools used across health sector settings:
 1. Academic/government: SAS, Stata, SPSS, R
 2. Industry/consulting: R, Python, SAS, SPSS
 3. Data science roles: MySQL, R, Python
- Software preferences often depend on a student's intended career path. While some students may seek advanced analytics tools, it is important to clarify that Canadian MPH programs, including ours, are not designed to produce advanced biostatisticians. Rather, the goal is to provide foundational biostatistics training that enables students to interpret statistical analyses, assess research findings, and apply methods in public health contexts. In our courses, we emphasize practical applications (e.g., hypothesis testing, evidence-based decision-making) and guide students through real-world data using accessible software.
- SPSS continues to serve as the widely adopted and user-friendly platform, particularly well-suited to students with diverse academic backgrounds. It allows for meaningful engagement with statistical analysis without requiring advanced programming skills, while still offering both point-and-click and syntax-based functionality.
- Regarding generative AI, the program is in the preliminary stages of exploring tools such as ChatGPT, Microsoft Copilot, and others, which are increasingly used in both academic and public health contexts—for tasks such as literature review, code generation, and public health messaging. While these tools offer significant utility, concerns remain regarding ethical implications, accuracy, authorship, learning integrity, and the potential for misinformation or bias. In our course *Artificial Intelligence: Theory and Managerial Application* (MPHA 5P17), the program incorporates R and Python, aligning with common practices in the public health and AI fields. As noted in the cyclical review, the Digital Scholarship Lab (DSL) at Brock University offers open-access workshops on programming (e.g., R, Python), data management, and GIS. Many of these sessions are delivered online and promoted through platforms such as ExperienceBU and Eventbrite. The MPH Graduate Program Coordinator routinely refers students to the R and

Python workshop series to support their learning in MPHA 5P17 and to enhance preparation for practicum placements.

- Although previous versions of the Brock website provided a direct link to R and Python workshops, recent changes have affected navigation. It may be beneficial to formally request a dedicated R/Python workshop as a supplemental learning opportunity for our required course *Biostatistics in Public Health* (MPHA 5P05). This would allow students seeking deeper programming skills to opt in early. Such workshops can be facilitated through the Makerspace Workshop portal at <https://brocku.ca/library/makerspace/workshops/>.
- Ultimately, the program's instructional priority remains focused on teaching appropriate statistical methods and their interpretation, rather than emphasizing software mastery alone. The objective is to ensure students understand when and why specific methods are used, while making a range of tools and supports available to help them develop relevant technical competencies.

The Dean of Applied Health Sciences responded:

I support the Program's broad based pedagogical approach to statistical analytics and note the availability of multiple statistical analytic packages to students over a range of courses. I am hopeful that the regular program reviews to be conducted by the program curriculum committee will continue to address AI developments as they impact public health and changes in industry standards/practices and use of software packages.

I anticipate implementation timeline to be short-term (1 year) and ongoing.

The Senate Graduate Studies Committee responded:

The recommendation relates to feedback from students regarding the use of SPSS in their training rather than R. This recommendation is a pedagogical issue for the program to consider.

The Vice-Provost and Dean, Faculty of Graduate Studies and Postdoctoral Affairs responded:

The establishment of the Curriculum Committee will go a long way towards addressing this recommendation and I support the program's response. I anticipate the implementation timeline to be short-term.

ARC Disposition of the Recommendation

ARC considers this recommendation to be already current practice. The Committee believes that the Program is best positioned to ensure software packages meet industry standards.

No Implementation Plan required.

Note: The Program is still encouraged to report on any activity annually.

Recommendation #4: Build oral Presentations in Public Health Practicum I & II.

Supporting/clarifying text: From surveys of current students and alumni reported in the self-study report, as well as views gathered from interviews during the site visit, there was consistent feedback that one of the weaknesses of the program was that students did not get opportunities present their work to an audience, at least to that of their peers. Alumni felt that they could have improved their oral communication skills if such opportunities were available. This weakness was recognized in the self-study report and a suggestion was made that all required courses would be revised to offer opportunities for students to present. This is good, but an undertaking that will require more time and may depend on first developing a process for quality improvement (see recommendation #1). However, a more practical, efficient and equitable way of creating an opportunity for all students to present their work to an audience is to build in presentation as a learning outcome in the practicum. This way students can present to audiences at their practicum sites and/or their peers when they return to the program in the fall term.

The Program responded:

- Please refer to the response provided under Recommendation #1, as there is overlap.
- These are valuable recommendations; however, implementing them within a fully online program is challenging without additional administrative support, which is currently at over-capacity. Even at the course level, execution would require teaching or administrative assistance—either through a Teaching Assistant (TA) or the GPC. Given current financial constraints, it is important to assess whether this recommendation could be implemented using asynchronous formats (e.g., recorded presentations) rather than synchronous sessions. It is also important to note that not all students benefit equally from synchronous components— many have expressed concerns about the burden of live class meetings, particularly when scheduling oral presentations across Canada's six time zones. To meet diverse learning needs, any new initiative must be carefully planned and supported with adequate TA or administrative resources.
- We will consider incorporating this recommendation into our MPH curriculum, particularly within the practicum courses. Moving forward, a portion (TBD) of the student evaluation in *Public Health Practicum II* (MPHA 5P21) will include a requirement for students to present the results of their completed research practicum. In addition, the development of presentation skills will be explicitly reflected in the course's learning outcomes.
- In response to this recommendation, all MPH teaching faculty have been encouraged to explore opportunities for integrating student presentations—synchronous or asynchronous—within their required and/or elective courses. Potential opportunities include participation in:
 1. course-specific presentations;
 2. Brock University's Mapping New Knowledge Conference (pending discussions with FGSPA to include video presentations from our students across Canada, as the MNK symposium currently focuses on poster presentations only);
 3. presentations at provincial, national, and/or international conferences that offer virtual and/or in-person formats.

The Dean of Applied Health Sciences responded:

I support the Program's efforts to enhance development of oral presentation skills for students as described in its response, noting the current resource, logistical and other pedagogical limitations to a potentially more fulsome incorporation into its curriculum. With these considerations, the steps proposed to be taken are measured and appropriate and will address the points raised by the reviewers. I anticipate the implementation timeline to be short- to medium term (1-3 years).

The Senate Graduate Studies Committee responded:

This recommendation responds to feedback from students regarding a desire to hone their public presentation skills during the degree. Adding oral presentations to learning objectives in practicum courses is a pedagogical issue for the program to consider. Honing oral communication skills is consistent with Brock’s Degree Level Expectations at the Master’s level. SGSC encourages all programs to review their course objectives and mapping regularly and to take advantage of the resources available through CPI.

The Vice-Provost and Dean, Faculty of Graduate Studies and Postdoctoral Affairs responded:

I appreciate the challenges that might be present to implement this recommendation given the online nature of the program. That said, I think the program’s response to encourage faculty to consider more opportunities in their courses to be reasonable. I anticipate the implementation timeline to be short-to-medium term (1-3 years).

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted and in the process of implementation. The Committee believes the Program is best positioned to determine how to move forward with this issue.

Implementation Plan (1st Priority)

Responsible for approving:	Program
Responsible for resources:	Program/Dean
Responsible for implementation:	Program/Dean
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

Recommendation #5: In workload discussions with the Dean, consider assigning practicum course to a faculty member.

Supporting/clarifying text: The practicum is a graduate course, with clear learning outcomes, including experiential learning, and involves a field supervisor who’s often from a third-party, non-academic, organization. It is critical that a faculty member (e.g. “Practicum coordinator, or Instructor”) be assigned the duty to oversee the development and implementation of the learning contract, and finally to determine if sufficient learning has taken place. It is our experience that not every practicum goes as planned and “gaps” in learning can occur and the faculty member would be most appropriate to determine if such gaps occur and how they can be addressed. Also, this person will be responsible for resolving any conflicts that may arise during or after the practicum project is completed.

The Program responded:

- We did not anticipate this recommendation, as the external reviewers were informed, both through the self-study and during cyclical review discussions, that the practicum courses (MPHA 5P11 and MPHA 5P21) are led by a dedicated course instructor. As instructor for these two courses and full-time faculty member, I am responsible for overseeing the practicums and ensuring alignment with the Public Health Agency of Canada (PHAC) core competencies.
- As the practicum courses instructor, I acknowledge that practicum experiences can vary and, at times, reveal learning gaps, often due to challenges with the student and community supervisor. That said, any issues that have emerged over the past eight years have been addressed promptly

and effectively. However, I would note that such incidents are more likely to occur with increasingly large practicum class sizes.

- We remain committed to assigning a full-time faculty member as instructor for both practicum courses, to ensure academic oversight and maintain the quality of student experiential learning across Canada and internationally.
- What the MPH program urgently requires, however, is a dedicated Graduate Experiential Education (EE) Coordinator. This position must be distinct from a Graduate Program Academic Coordinator and should not include general administrative duties associated with coordinating and supporting the MPH program.
- While the current faculty instructor ensures that academic objectives and learning outcomes are met, the GPC continues to manage the extensive administrative and logistical components of the practicum process. This includes coordinating pre-placement requirements, managing affiliation agreements and corresponding legalities, resolving placement conflicts, and ensuring appropriate placements across all provinces - each of which is unique and requires individualized attention.
- This workload is especially burdensome from February to August, when the GPC is also responsible for:
 1. Processing 400+ admission applications,
 2. Registering approximately 100 students in prerequisite courses (MPHA 6P01 and 6P02), and
 3. Supporting over 300 incoming and current students with competing deadlines and diverse needs.
- Importantly, all student practicums must be finalized each year by May 1st, at the latest, which coincides with the peak admissions and onboarding period—placing an unsustainable strain on the GPC.
- A dedicated Graduate EE Coordinator is essential to manage this process efficiently and, in a student,- centered manner, while enabling a Graduate Program Academic Coordinator (GPAC) to focus on program-level administrative responsibilities.

The Dean of Applied Health Sciences responded:

It appears that this recommendation is already the practice of the Program and no further action in this regard is required. It also appears that some of the potential issues raised by the reviewers with regard to the practicums are also regularly addressed. I agree with the Program' response that no further action needs to be taken with regard to this recommendation.

The additional resource issues raised in the response should be taken up with the incoming FAHS Dean and be considered as part of the go forward planning process.

The Senate Graduate Studies Committee responded:

Assigning the practicum course on load to a faculty member relates to departmental resourcing therefore outside of the purview of SGSC. That said, SGSC feels that it is important to bring resource issues to the attention of Senior Administration and more broadly to Senate.

The Vice-Provost and Dean, Faculty of Graduate Studies and Postdoctoral Affairs responded:

As the program has clarified, it is already current practice that a faculty member oversee practicum placements. The other resource issue raised by the program is outside of FGSPA's purview.

ARC Disposition of the Recommendation

ARC considers this recommendation to be already current practice. The Committee also notes that workload matters lie outside its jurisdiction.

No Implementation Plan required.

Note: The Program is still encouraged to report on any activity annually.

Recommendation #6: Investigate ways to increase the number of international students admitted to the program.

Supporting/clarifying text: Many of the challenges we face in public health are international in scope. This includes the rise of vector-borne disease, climate change, the global COVID-19 pandemic, growing social and economic inequality and inequities, and changing migration patterns. Increasing the number of international students admitted to the program will increase the quality of the program by exposing domestic students to a global perspective and by ensuring that international students benefit from learning with Brock University faculty.

We recommend that the program sets international admission targets and establishes a recruitment plan to meet those targets. One advantage that can be explored is the potential lack of a need for a PAL for international students in an online setting. Additionally, as the student visa process becomes more restrictive, Brock is in a position to leverage their online status to their advantage.

The Program responded:

- We agree that our international enrollment target is low, typically ranging from 2 to 5 applicants annually. Despite setting this modest target, we have been unsuccessful in attracting international students. A key barrier is that, upon admission, international applicants often decline their offer once they learn that our exclusively online program does not qualify our students for a 3-year Post-Graduation Work Permit (PGWP). While our admissions materials and website clearly indicate that physical presence in Canada is not required, the lack of a 3-year PGWP eligibility remains a significant deterrent. In addition to stating on our MPH website that we welcome international applicants, we have consulted with Brock International for their perspective. They have confirmed that PGWP ineligibility is a major factor in the decision-making process for international students. They also emphasized that students from regions such as Asia, the Middle East, Latin America, and Africa often prefer in-person programs in Canada to benefit from the full academic experience, access on-campus services, and pursue post-graduation opportunities, including employment and immigration pathways.
- To address this challenge, the MPH program seeks guidance from the Faculty of Applied Health Sciences and Faculty of Graduate Studies and Doctoral Affairs regarding strategies to attract and support international students who are willing to complete their studies remotely. Potential strategies include:
 1. reducing international tuition fees, and/or
 2. offering targeted scholarships to offset costs and enhance the appeal of online learning.
- Despite these ongoing challenges, we anticipate increased interest from U.S. applicants due to the newly established MD–MPH dual degree pathway with the American Canadian School of Medicine (ACSOM). This initiative is promising considering U.S. students are not concerned with

PGWP eligibility, and ACSOM provides their MD students full scholarships to complete our MPH degree.

The Dean of Applied Health Sciences responded:

I agree with the Program’s response which points out the barriers and limitations of the MPH program which limit the interest and enrollment of international student. Further consultation within our Faculty and with the Faculty of Graduate Studies and Postdoctoral Affairs regarding potential reductions in international student tuitions for the MPH program might go some ways in mitigating these limitations and should be explored. Additionally, as pointed out in the response, the MD-MPH dual degree with (ACSOM) will result in an increase in international students via this pathway.

I anticipate the implementation of any tuition related considerations to enhance international student enrollment to be short- to medium (1-3 years).

The Senate Graduate Studies Committee responded:

This recommendation relates to the global needs in the areas of public health and the potential reach of this online program. This recommendation raises both a pedagogical and resource issue for the program to consider. SGSC encourages all programs to explore opportunities to promote diversity by increasing international enrollments.

The Vice-Provost and Dean, Faculty of Graduate Studies and Postdoctoral Affairs responded:

We are open to discussing International Student Recruitment Strategies with the program. There is now a new AVP International who will be helpful in exploring options. The major challenge (perhaps greater than tuition or scholarships) is the online nature of the program which does not support a Post-Graduation Work Permit (PGWP) opportunity. I anticipate the implementation timeline to be short-to-mid-term.

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted. The Committee believes the Program, in consultation with the Deans’ offices, is best positioned to investigate strategies to move forward on this issue.

Implementation Plan (1st Priority)	
Responsible for approving:	Program
Responsible for resources:	Program /Deans
Responsible for implementation:	Program /Deans
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

D. Summary of Recommendations:

First Priority: Recommendations: 1, 2, 4, 6

Already Current Practice/No Implementation Plan: Recommendations: 3, 5