Master of Public Health Alumni Survey (2013): Major Findings
The University of Tennessee

An anonymous electronic survey of MPH alumni, graduated during calendar years 2011 and 2012, was completed in late 2013. The survey was designed to secure satisfaction ratings, information and recommendations from alumni to guide and assist the faculty and MPH Academic Program Committee in their quest to continuously improve the MPH degree program. The MPH program has three concentrations of study: Community Health Education (CHE), Health Planning & Administration (HPA), and Veterinary Public Health (VPH).

Survey Instrument

A Web-based survey instrument identified as Qualtrics was used to create and conduct the online survey. The survey questions from 2011 were revised and modified by several MPH faculty members. Two new questions were added to the survey related to core competencies and the proposed development of a DrPH degree. The new survey version was pilot-tested with three individuals from the Department of Public Health. These three individuals were invited to test the link to the survey and the ease of movement through the questions. Following review of the pilot data and suggestions made by those completing the pilot, the MPH program director and alumni survey director made additional modifications to clarify wording.

Rating of satisfaction levels on a five-point Likert scale was requested. Regarding satisfaction levels, the survey items focused on one's "experience as a student" in the program, the MPH program's contribution to increasing one's "personal and professional skills levels" and on self-assessment of one's "ability to perform the MPH competencies in a work setting." Additionally, respondents were asked about perceived strengths, weaknesses, and overall value of the program. The survey system required a response to each of 29 items, including demographic questions in order to advance in completing the survey. Opportunity for response to several open-ended questions was provided on an optional basis. On average, respondents were able to complete the survey in approximately 10-15 minutes. However, respondents were able to save and return to the survey over multiple sessions until it was completed.

Dissemination of the online survey

The survey was administered online during the period of late September through early November. An initial email on 25 September 2013 provided advance notification that an e-mail with the survey link was forthcoming. Five days later, a second e-mail was sent providing the survey link. Two weeks later, a third e-mail was sent providing the first reminder to complete the survey. The alumni survey director, serving as the responsible graduate assistant, distributed the first three e-mails. A fourth e-mail from the MPH program director on 21 October 2013 provided the second reminder to complete the survey. Two other reminder emails were sent from both the alumni survey director and the MPH program director in late October.

During calendar years 2011and 2012, 53 MPH students were graduated; and they all received the survey. Thirty-seven of 53 alumni completed the survey for an overall response rate of 70%.

Data were downloaded to an electronic database and analyzed using both Qualtrics and IBM SPSS 20.

Demographic Information

Regarding demographic information, the survey requested information related to MPH degree concentration, graduation year, race, gender, age, and degree completion (full-time or part-time). These data were used to determine the distribution of survey respondents across each category and to determine the response rate to the survey based on the total number of graduates from calendar years 2011 and 2012 who participated. The distribution of respondents for each demographic question was fairly uniform. Thirty-two of the survey participants were MPH graduates and five were dual MS-MPH graduates. Eighty-six percent of the 2011 and 2012 MPH alumni participated in the survey, and 14% of the MS-MPH alumni participated in the survey. The survey achieved a response rate well over 70% for all concentrations, except VPH, for which the response rate was 44%. In total, there were 18 CHE graduates, 26 HPA graduates, and nine VPH graduates during calendar years 2011 and 2012 invited to participate in the survey. These numbers were used to calculate the response rate by concentration.

Table 1. Respondents by Concentration

Concentration	Number	Percent	Response Rate*
CHE	13	35	72
HPA	20	54	77
VPH	4	11	44
Total	37	100	70

* Response Rate based on the percentage of total 2011 and 2012 alumni by concentration who responded to the survey.
Note: Percentages may not add to 100 due to rounding.

In total, there were 25 graduates from 2011 and 28 from 2012 invited to participate in the survey. These numbers were used to calculate the response rate by graduation year.

Table 2. Respondents by Year

Graduation Year	Number	Percent	Response Rate*
2011	19	51	76
2012	18	49	64
Total	37	100	70

* Response Rate based on the percentage of total 2011 and 2012 alumni by graduation year who responded to the survey
Note: Percentages may not add to 100 due to rounding.

Of the 53 MPH students who received the survey, one was American Indian, four were Asian or Asian American, four were international black, 13 were African American, and 31 were white. Two survey respondents indicated they were of Hispanic/Latino ethnicity.

Table 3. Respondents by Race

Race	Number	Percent	Response Rate*
American Indian	1	3	100
Asian or Asian American	2	5	50
Black or African American	10	27	59
White	24	65	77
Total	37	100	70

* Response Rate based on the percentage of total 2011 and 2012 alumni
by race who responded to the survey.
Note: Percentages may not add to 100 due to rounding.

The remaining demographic information indicates that the majority of respondents were female and 29 years of age or younger. In addition, the majority of respondents completed the MPH program as full-time students.

Table 4. Respondents by Gender

Gender	Number	Percent
Female	29	78
Male	8	22
Total	37	100

Note: Percentages may not add to 100 due to rounding.

Table 5. Respondents by Age

Age	Number	Percent
<29	19	51
30-39	14	38
40-49	2	5
50 or older	2	5
Total	37	100

Note: Percentages may not add to 100 due to rounding.

Table 6. Respondents by Full-time or Part-time Status as a Student

Student Status	Number	Percent
Full-time (MPH Program)	26	70
Full-time (Dual degree MS-MPH)	4	11
Full-time (Concurrent with DVM degree enrollment)	2	5
Part-time	5	14
Total	37	100

Note: Percentages may not add to 100 due to rounding.

Employment Information

The survey sought information related to employment status, geographic location, skills utilized in employment, and type of employing organization. These data were used to determine the distribution of employed respondents, as well as the distribution of employing organizations by concentration and overall. Of the 37 respondents, 31 alumni (84%) were employed and six alumni (16%) were unemployed.

Table 7. Respondents by Employment

Currently Employed	Number	Percent
Yes (full-time)	28	76
Yes (part-time)	3	8
No	6	16
Total	37	100

Note: Percentages may not add to 100 due to rounding.

Of the 31 respondents reporting current employment, 12 alumni (39%) were employed within Tennessee and 19 alumni (61%) were employed outside of Tennessee. Among those employed outside of Tennessee, the highest percentage of respondents (13%) was employed in Indiana followed by Florida (10%) and Georgia (6%). In addition, 25 (81%) alumni indicated that they were employed in a position utilizing skills and knowledge developed during the MPH program.

Table 8. Respondents by Employment Area

Employment Area	Number	Percent
TN Tennessee	12	39
IN Indiana	4	13
FL Florida	3	10
GA Georgia	2	6
TX Texas	2	6
VA Virginia	2	6
MD Maryland	1	3
MA Massachusetts	1	3
MO Missouri	1	3
NY New York	1	3
NC North Carolina	1	3
OH Ohio	1	3
Total	31	100

Note: Percentages may not add to 100 due to rounding.

Figure 1. Respondents by Employing Organization (n=31)
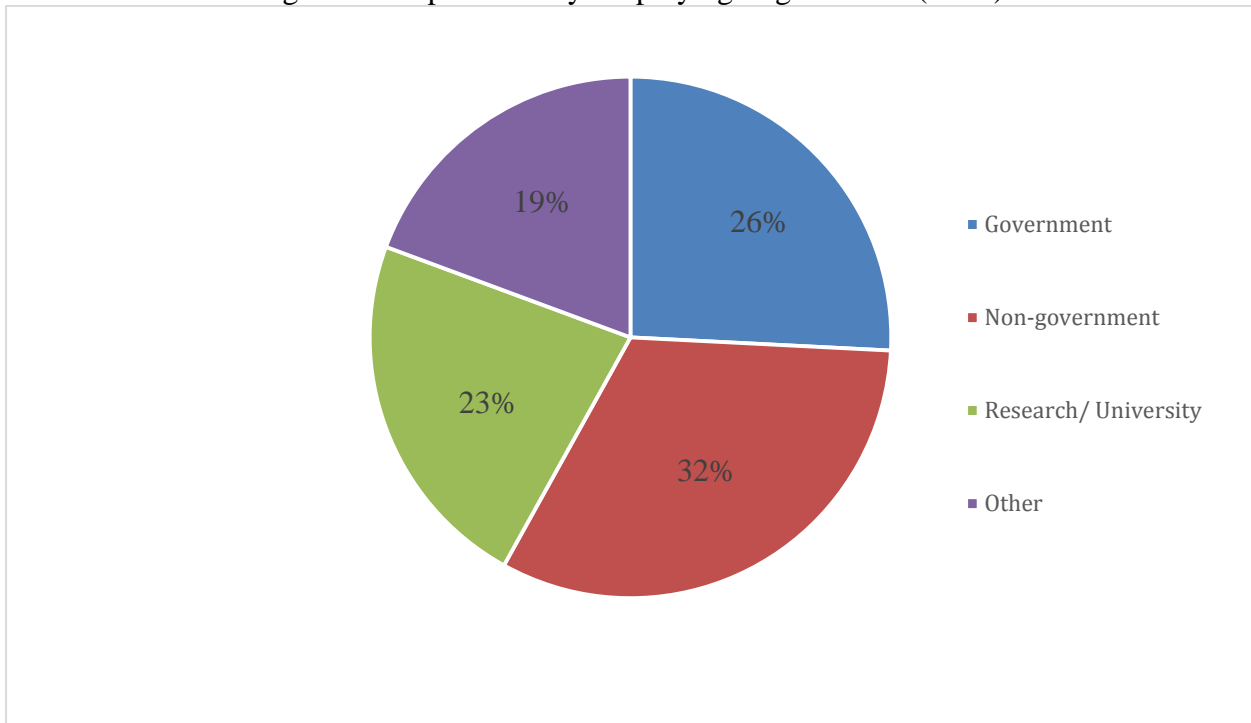
**Which is the best descriptor of the organization in which you
are currently employed?**

Table 9. Respondents by Type of Government Agency

Type of Government Agency	Number	Percent
Public health agency	5	63
Other agency (e.g., agriculture, education, military)	3	38
Total	8	100

Note: Percentages may not add to 100 due to rounding.

Overall, respondents were more likely to work in non-government settings (32%). Employment by government organizations (26%) was the second likeliest employing organization followed by research/university (23%) and other (19%). Of the eight respondents reporting employment by government organizations, five alumni (63%) were employed by a public health agency and three (38%) were employed by other agencies such as Department of Veterans Affairs, Veterans Administration, and Environmental Protection Agency. The highest percentage of respondents (50%) in government settings indicated employment by local government followed by federal (38%) and state (13%) governments. Of the 10 respondents reporting employment in non-government settings, seven alumni (70%) were employed by proprietary (for-profit) organizations and three were (30%) were employed by non-profit organizations.

The highest percentage of CHE respondents indicated employment in a research/university setting, while the highest percentage of HPA respondents reported employment by government and non-government organizations. The majority of VPH respondents indicated employment by non-government organizations.

Table 10. Respondents[1] by Employing Organization and Concentration

Organization Descriptor	CHE		HPA		VPH		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Government	3	27	5	31	0	0	8	26
Non-government	2	18	5	31	3	75	10	32
Research/University	4	36	2	13	1	25	7	23
Other[2]	2	18	4	25	0	0	6	19
Total	11	100	16	100	4	100	31	100

[1]Based on 31 employed respondents
[2]'Other' responses include: self-employment and healthcare delivery.
Note: Percentages may not add to 100 due to rounding.

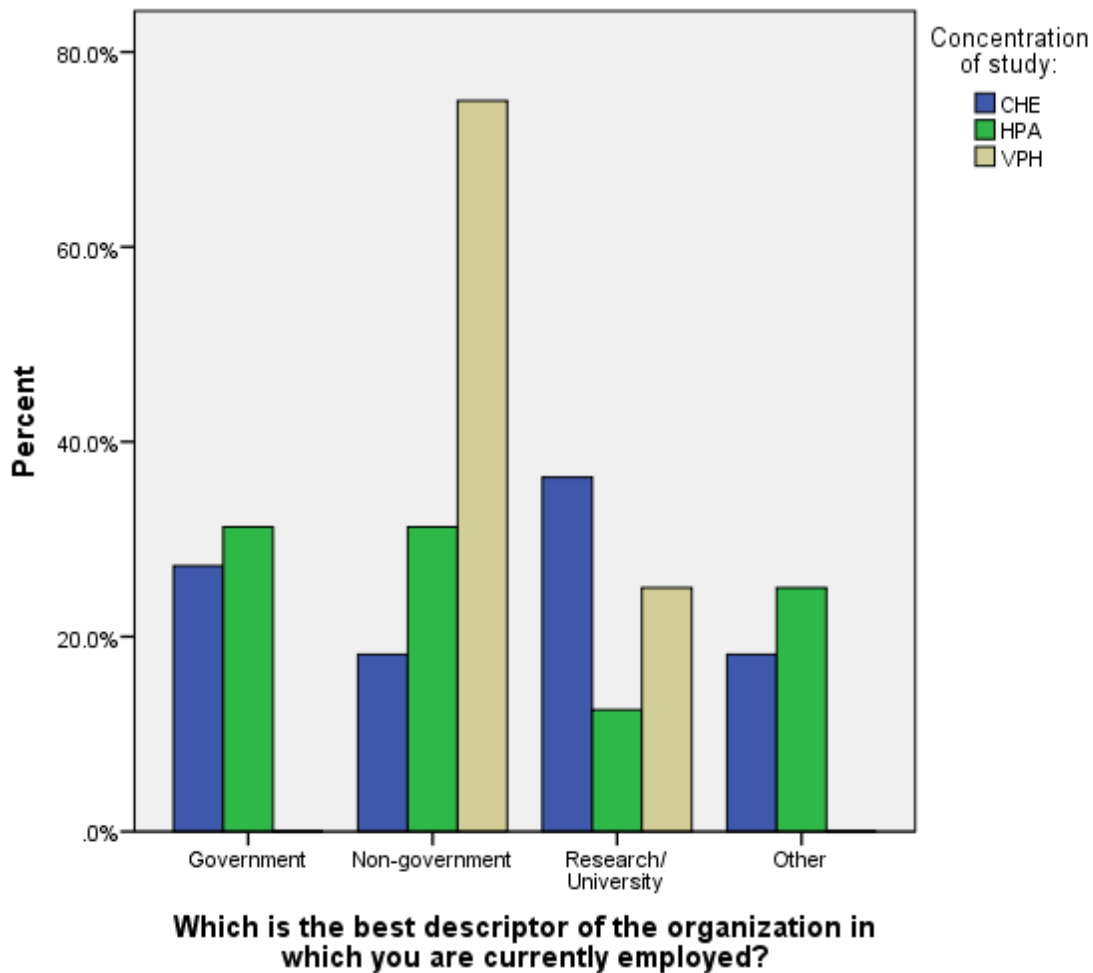Figure 2. Respondents by Employing Organization and by Concentration

Which is the best descriptor of the organization in which you are currently employed?

Table 11. Self-Assessment of the Ability to Perform MPH Competencies in Work Setting (n=37)

Core Competencies	Mean			
	CHE	HPA	VPH	Total
Define a health problem in a population	4.64	4.13	4.50	4.35
Collect, summarize, and interpret information relevant to an issue	4.36	4.13	4.25	4.23
Lead and participate in groups to address specific issues	4.45	4.06	4.25	4.23
Collaborate with community partners to promote the health of the population	4.73	4.00	3.50	4.19
Make relevant inferences about patterns of health and potential causes from quantitative and qualitative data	4.27	3.94	4.25	4.10
Evaluate internal and external issues that may impact deliver of essential public health services	4.73	3.69	4.00	4.10
Identify and apply basic research methods used in public health	4.73	3.69	3.75	4.06
Appraise the role of cultural, economic, social, and behavioral factors in determining the delivery of public health services	4.27	3.88	4.00	4.03
Facilitate collaboration with internal and external groups to ensure participation of eye stakeholders	4.73	3.63	3.75	4.03
Identify community assets and available resources	4.64	3.75	3.25	4.00
Manage programs within budget constraints	4.82	3.63	3.25	4.00
Utilize current techniques in decision analysis and health planning	4.18	3.69	4.00	3.90
Total Mean Assessment	4.55	3.85	3.90	4.10

With regard to self-assessing one's ability to perform the MPH core competencies in a work-setting, the survey sought information for twelve different competencies (see Table 11). A five-point Likert assessment scale was used: 1=poor, 2=fair, 3=good, 4=very good and 5=excellent. These data were used to determine the mean self-assessment distribution by concentration, as well as overall.

Respondents overall reported their ability to perform MPH competencies in their work setting was "very good" in all twelve categories with the exception of "utilize current techniques in decision analysis and health planning." Overall, the highest mean was for "define a health problem in a population" (4.35) while the lowest mean was for "utilize current techniques in decision analysis and health planning" (3.90), falling slightly below the rating of 4.

Assessment levels based on concentration revealed that CHE respondents assessed their ability to perform MPH competencies as "very good" with a mean around 4.55. Both HPA and VPH respondents also assessed their ability to perform MPH competencies as close to "very good," with both means around 3.90. The CHE means were highest of the three concentrations in all categories of MPH competencies. The CHE respondents reported "very good" in every category; and HPA and VPH respondents reported "very good" in four categories or more.
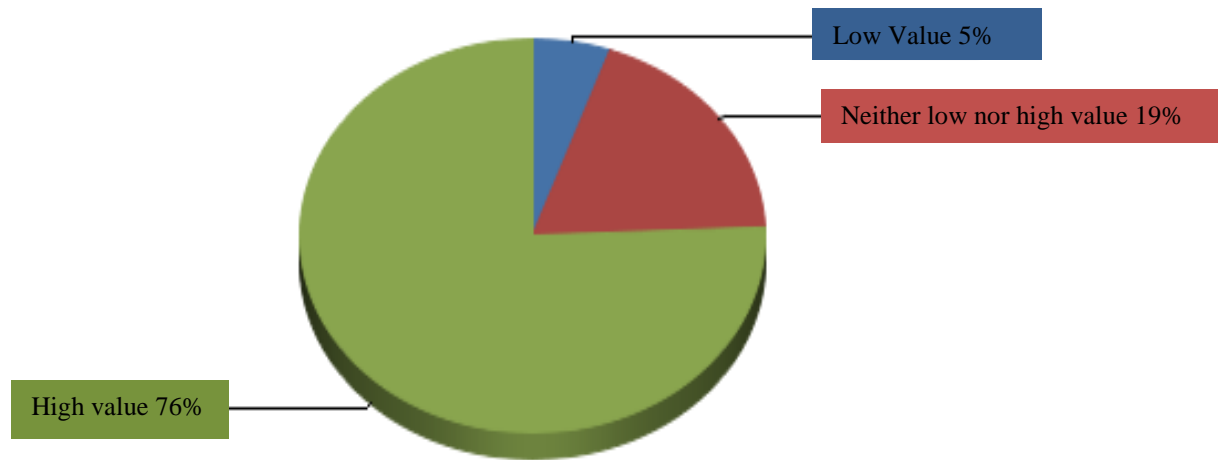
Value of the MPH Degree

The survey sought information on the perceived value of the MPH degree in preparing alumni to achieve professional goals. Respondents were able to assign a value of low, neutral or high. These data were used to determine the distribution of values chosen by concentration and by total respondents. Overall, 76% of respondents assigned a high value to their MPH degree. The majority of respondents within each concentration also gave a high value to their MPH degree. When asked if they would recommend the MPH program to prospective students, 34 of 37 (92%) respondents replied in the affirmative. Two of the three who responded they would not recommend the program cited that the program is not effective in providing career training and that insufficient attention was given to the administration path in hospital settings.

Table 12. Value (or potential value) of MPH Degree (n=37)

Value	CHE		HPA		VPH		Total*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Low	0	0	2	10	0	0	2	5
Neither Low Nor High	1	8	5	25	1	25	7	19
High	12	92	13	65	3	75	28	76
Total	13	100	20	100	4	100	37	100

Note: Percentages may not add to 100 due to rounding.

Figure 3. Value of MPH Degree

Low Value 5%

Neither low nor high value 19%

High value 76%

Overall, how do you characterize the value (or potential value) of your MPH degree in helping achieve your professional goals?

Figure 4. Value of MPH Degree by Concentration
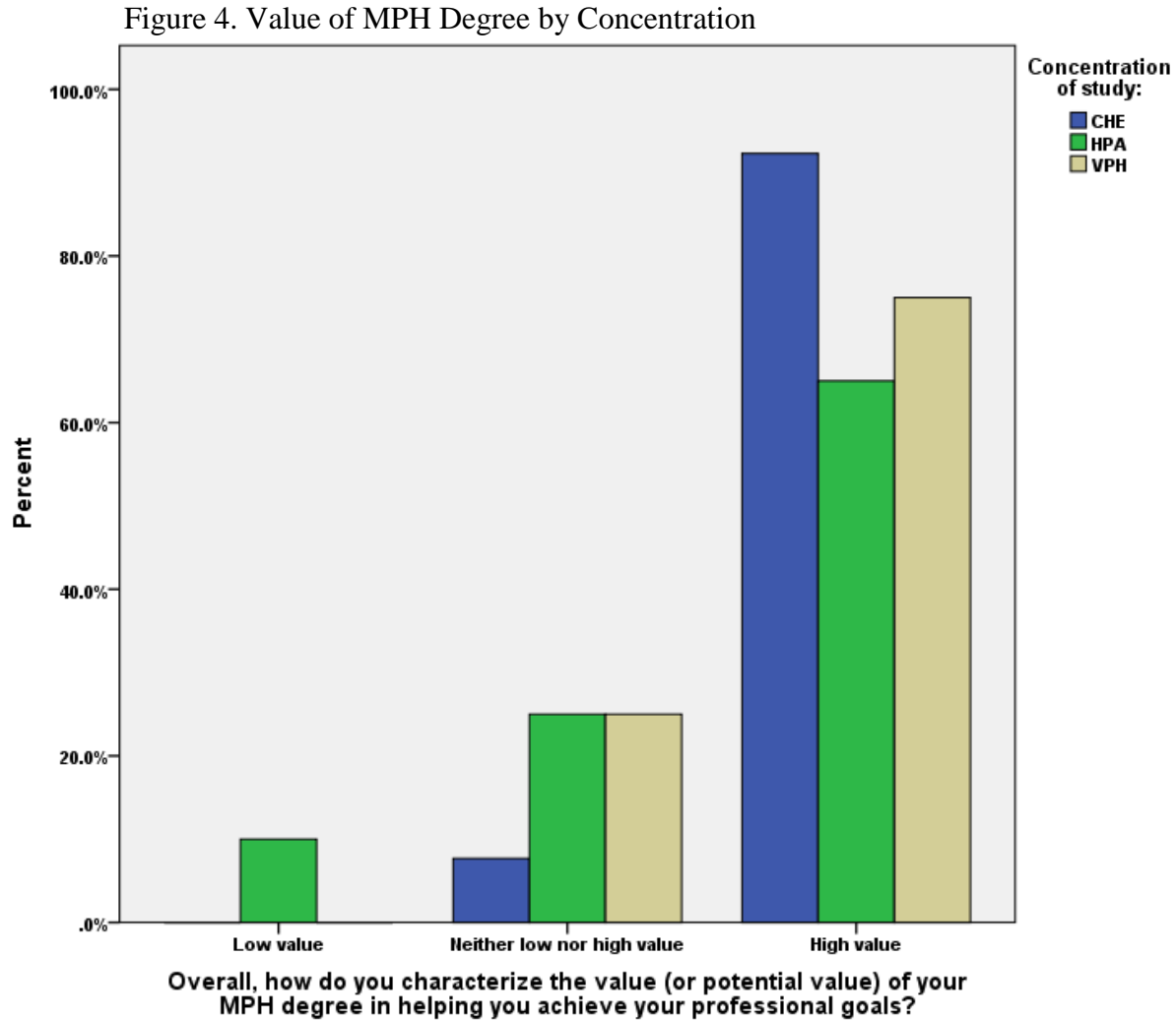
Experience as a Student

With regard to experience as a student, the survey sought information for seven different categories: quality of faculty advising, timely communications with faculty, quality of instruction, support of the peer group, overall quality of the MPH program, effectiveness of career guidance, and usefulness of field internship (practice component). A five-point Likert satisfaction scale was used with: 1=not very satisfied, 2=less than satisfied, 3=satisfied, 4=more than satisfied and 5=very satisfied. These data were used to determine the mean satisfaction distribution of experience by concentration, as well as overall.

When asked about student experience in the MPH program, respondents indicated overall satisfaction. Respondents overall reported they were "satisfied" or above in all seven categories and "more than satisfied" in four categories. Means for each category were closer to 4 than 3, suggesting that most respondents chose a higher satisfaction level. Overall, the lowest level of satisfaction was with effectiveness of career guidance while the highest level of satisfaction was with quality of faculty advising. Of the 37 respondents, two chose "not very satisfied" for effectiveness of career guidance.

Table 13. Satisfaction with Student Experience in MPH Program (n=37)

Student Experience	Mean Satisfaction			
	CHE	HPA	VPH	Total
Quality of faculty advising	4.23	4.05	4.25	4.14
Timely communications with faculty	4.23	4.00	4.25	4.11
Usefulness of field internship (practice component)	3.85	4.15	4.50	4.08
Overall quality of MPH program	4.15	3.85	4.25	4.00
Support of my peer group	4.38	3.65	4.25	3.97
Quality of instruction	4.15	3.75	3.75	3.89
Effectiveness of career guidance	3.62	3.10	3.50	3.32
Total Satisfaction with Student Experience	*4.09*	*3.79*	*4.11*	*3.93*

Based on overall satisfaction, both CHE and VPH respondents were "more than satisfied" with their experience in the MPH program. Responses from the HPA respondents were close to "more than satisfied," with a mean nearing 3.8. The VPH means were highest among the three concentrations in four categories of student experience. VPH respondents were "more than satisfied" in every category except the quality of instruction and effectiveness of career guidance, for which they were "satisfied." CHE respondents were also "more than satisfied" in every category except the effectiveness of career guidance and usefulness of field internship. HPA respondents were "more than satisfied" in three categories: the quality of faculty advising, timely communication with faculty, and usefulness of field internship (practice component).

Personal/Professional Skills Levels

Satisfaction with the Program Helping Increase Personal/Professional Skills

With regard to personal/professional skills levels, the survey sought information related to twelve categories including such skills as: articulating prevention approaches of public health, interacting with persons of diverse cultural, racial/ethnic and SES backgrounds, conducting needs assessments for planning purposes, providing effective presentations, collaborating with community partners, managing programs and projects, leading professional work groups, and others. A five-point Likert satisfaction scale was used: 1=not very satisfied, 2=less than satisfied, 3=satisfied, 4=more than satisfied and 5=very satisfied. These data were used to determine the mean satisfaction distribution by concentration, as well as overall.

Overall, respondents were satisfied with the MPH program in helping them increase their professional skills. Obtaining grant funding was the only skill area below a "satisfied" level with a total mean of 2.76. All other skill areas were well above the "satisfied" mean of 3. Overall, respondents were "more than satisfied" with three of the skills areas: articulating prevention approaches of public health, providing effective presentations, and communicating clearly in written form.

Table 14. Satisfaction with the Program Helping Increase Personal/Professional Skills (n=37)

Personal/Professional Skills Level	Mean Satisfaction			
	CHE	HPA	VPH	Total
Communicating clearly in written form	4.23	3.95	4.50	4.11
Providing effective presentations	4.23	3.85	4.50	4.05
Articulating prevention approaches of public health	4.15	3.85	4.50	4.03
Using data to make relevant inferences	3.69	3.90	4.50	3.89
Interacting with persons of diverse cultural, racial/ethnic and SES backgrounds	3.77	3.90	4.00	3.86
Conducting needs assessments for planning purposes	3.69	3.95	3.75	3.84
Leading professional work groups	4.08	3.65	3.75	3.81
Collaborating with community partners	3.85	3.65	3.75	3.73
Managing programs and projects	3.85	3.60	3.75	3.70
Evaluating health programs/projects	3.54	3.65	4.50	3.70
Engaging in advocacy of policy	3.77	3.40	3.75	3.57
Obtaining grant funding	2.69	2.70	3.25	2.76
Total Average Satisfaction	*3.80*	*3.67*	*4.04*	*3.75*

Satisfaction levels based on concentration revealed the VPH concentration alumni were "more than satisfied" overall with the MPH program in helping them increase their personal/ professional skills. The CHE and HPA concentrations were "satisfied." CHE respondents and VPH respondents were "more than satisfied" in four of 12 and six of 12 skills areas respectively. With the exception of "obtaining grant funding," the HPA respondents were "satisfied" in all skill areas, approaching "more than satisfied" for six of the 12 skills areas.

Preparation for Effective Work Performance

In addition, the survey sought information related to perceptions about preparation for effective work performance. A five-point Likert preparedness scale was used: 1=unprepared, 2=slightly unprepared, 3=slightly prepared, 4=prepared and 5=well prepared. These data were used to determine the distribution of preparedness by concentration, as well as the mean preparedness overall. The majority of respondents (81%) indicated that they were "prepared" or "well prepared" for effective work performance. Specifically, 49% of respondents felt "prepared" and 32% felt "well prepared."

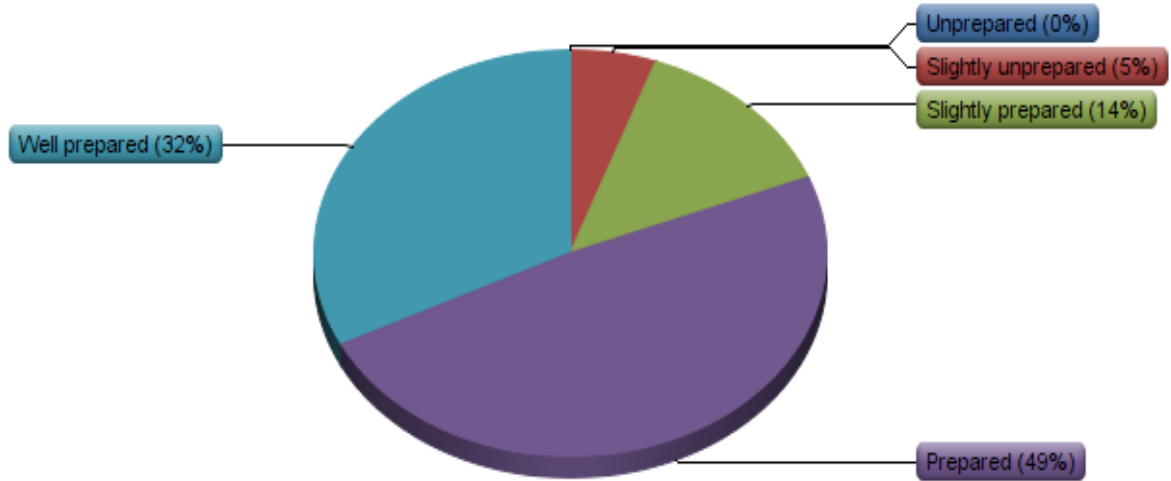Figure 5: Perceptions of Preparation for Effective Work Performance (n=37)

Table 15. Preparation for Effective Work Performance (n=37)

Preparation	CHE		HPA		VPH		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Unprepared	0	0	0	0	0	0	0	0
Slightly unprepared	0	0	2	10	0	0	2	5
Slightly prepared	0	0	5	25	0	0	5	14
Prepared	7	54	9	45	2	50	18	49
Well prepared	6	46	4	20	2	50	12	32
Total	13	100	20	100	4	100	37	100

Note: Percentages may not add to 100 due to rounding.

Figure 6. Preparation for Effective Work Performance by Concentration
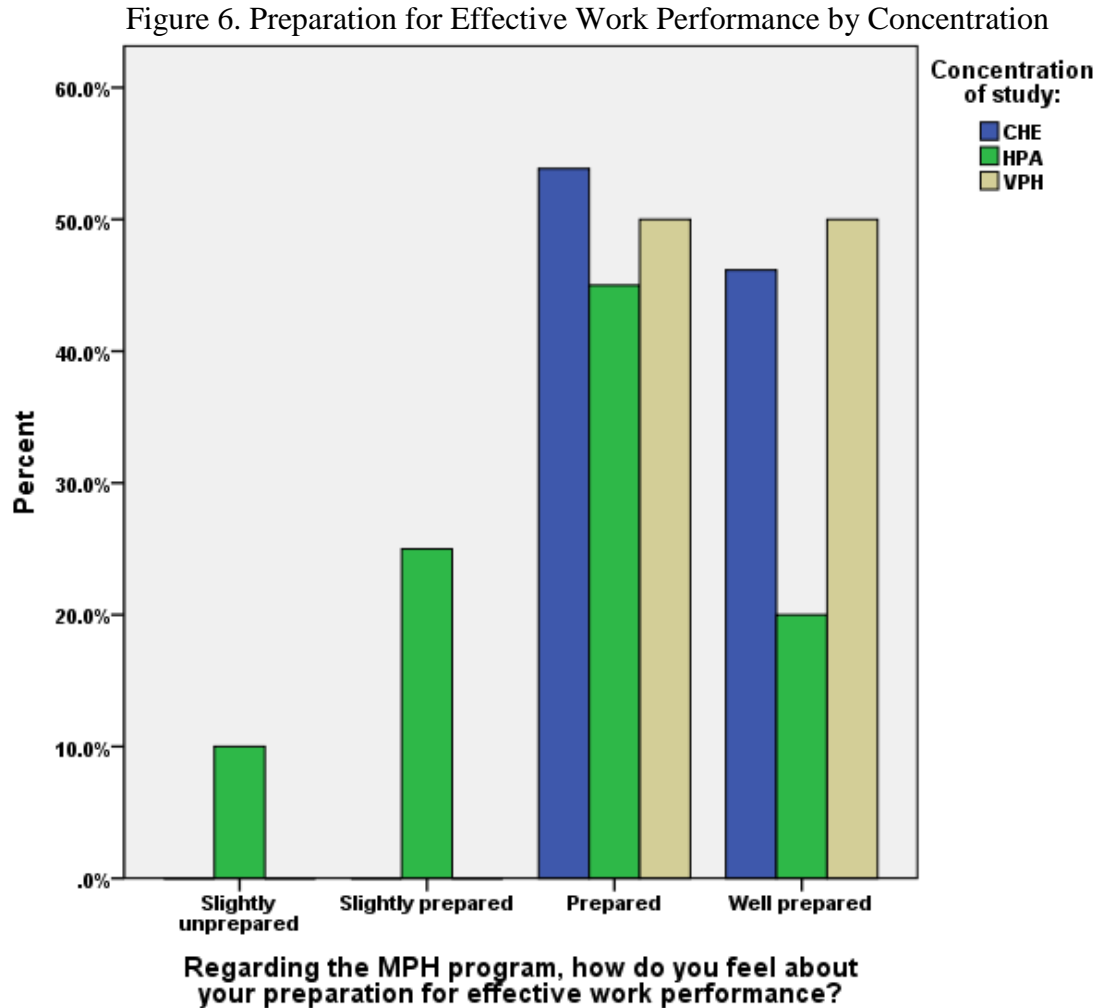
Likelihood of Pursuing a Doctoral Degree with the Department of Public Health

In 2013, the Department of Public Health proposed to replace the current PhD in Education degree with a DrPH degree. The survey asked if DrPH degree availability would influence one's decision of pursuing further graduate education at UT. These data were used to determine the distribution of likelihood of pursuing further graduate education at UT by concentration and by total respondents. The highest proportion of respondents (46%) indicated that they have no interest in pursuing further graduate education at this time, so replacing the current PhD in Education degree with a DrPH degree would not influence their decision. Twenty–seven percent of respondents reported that they were not sure whether this new program will influence their decision and they would need more information about it. Only 8% of respondents were more likely to pursue further graduate education at UT. Likelihood based on concentration revealed that the highest proportions of alumni from all three concentrations have no interest in pursuing further graduate education at this time.

Figure 7. Likelihood of Pursuing a Doctoral Degree with the Department of Public Health

I am not sure whether this new program will influence my decision; I would need more information about it.

I am more likely to pursue further graduate education at UT.

I am less likely to pursue further graduate education at UT.

I plan to pursue graduate education elsewhere, so it will not influence my decision.

I have no interest in pursuing further education at this time, so it will not influence my decision.

8%

5%

27%

14%

46%
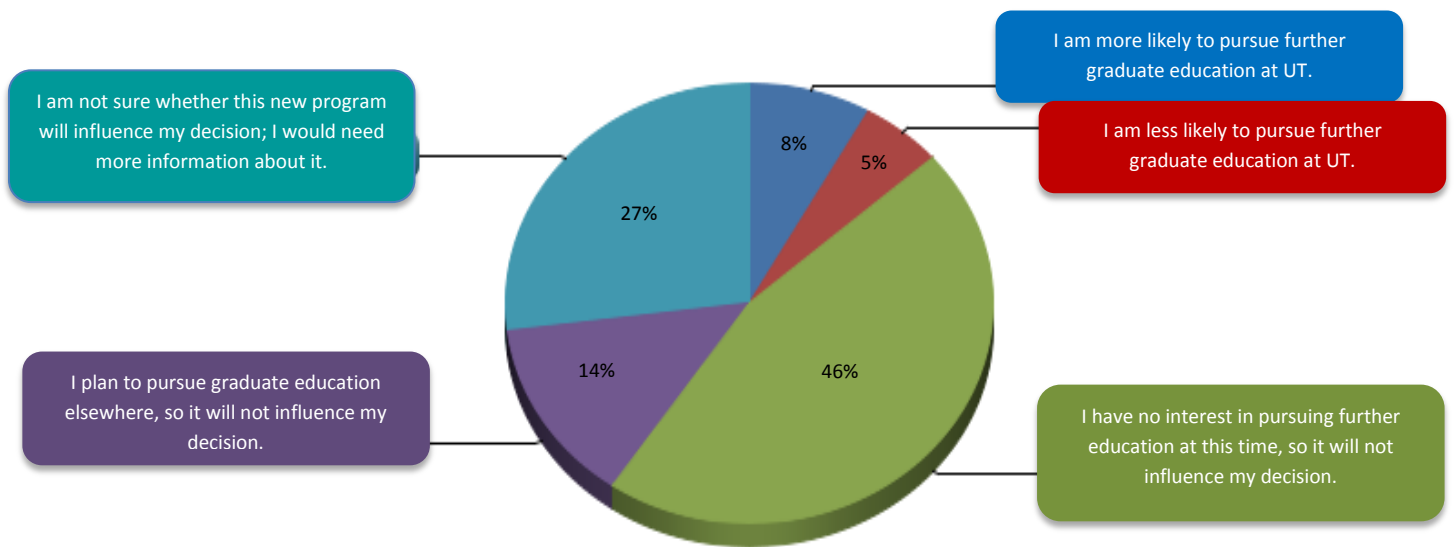
Note: Percentages may not add to 100 due to rounding

If the current PhD in Education degree is replaced with a DrPH degree, how will this influence your decisions about further graduate education in public health at UT?

Figure 8. Likelihood of Pursuing a Doctoral Degree with the Department of Public Health by Concentration
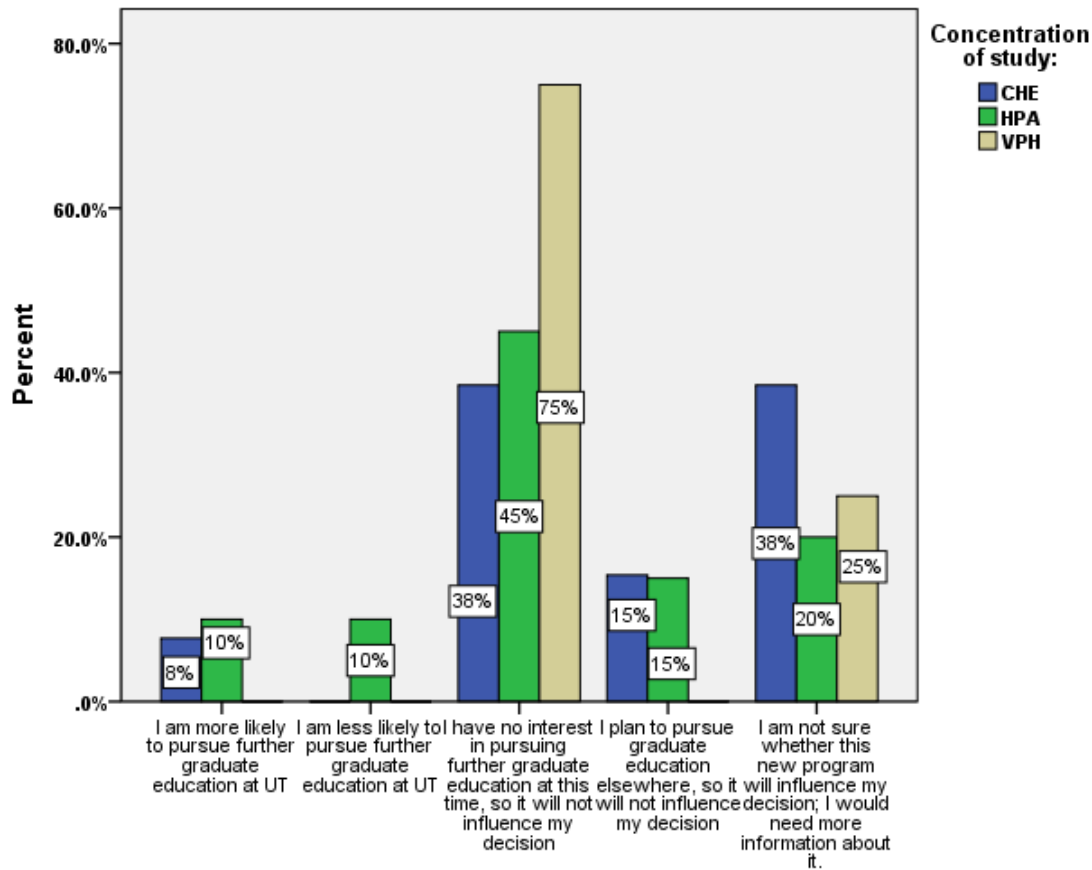
If the current PhD in education degree is replaced with a DrPH degree, how will this influence your decisions about further graduate education in public health at UT?

Comments Section

To determine qualitative information, alumni were asked four open-ended questions regarding the effectiveness of the MPH program. They were also given the opportunity to provide general additional comments. A response was not required for any of these questions. Table 16 displays the overall number of responses for each question by individual alumni in each concentration. A sampling of comments from each open-ended question is included below.

Table 16. Comment Question Responses

Question Category	CHE	HPA	VPH	Total
Liked Most	12	16	3	31
Liked Least	7	15	2	24
Suggested Improvements	7	14	3	24
Value Chosen	10	12	3	25
Total Responses	36	57	11	104

Respondents were asked, "What did you like MOST about the MPH program?"

Liked Most about the MPH Program Comments
- "The support of the faculty as well as opportunities to participate in 'real-life' projects and community events."
- "The courses were thorough as well, and provided different techniques of learning…."
- "Challenging and interesting."
- "The quality of the faculty, their interactions with the students is the best I have seen at any school."
- "All professors were more than competent; they were also compassionate and helpful. I felt that I had a significant relationship with the majority of my instructors."
- "The program is organized and designed to prepare you for a career in the public health field…The faculty sincerely cares about the success of their students. I feel that I am constantly using the skills and tools that I learned during my graduate studies to help me in my career… (I) also really appreciate the continued MPH alumni communication."
- "There was never a situation in which a professor was not available and willing to spend extra time on any project or assignment…the opportunity to customize your education experience…The option to get a minor in statistics or epidemiology was fantastic and a very important addition."
- "The curriculum and my field placement along with the tremendous amount of support I received from faculty."
- "Focus on practical skills, and classroom projects that enhanced these skills."
- "Experience I gained through group projects and the field placement."
- "I loved the feeling of "community" and closeness among fellow students and faculty."
- "Working directly with community agencies was an invaluable aspect of the program."

Respondents were asked, "What did you like LEAST about the MPH program?"

Liked Least about the MPH Program Comments
- "There wasn't enough support in finding a job while almost finished with the program."
- "Rigidity of the coursework schedule (i.e., only offered in specific semesters)."
- "Some students did not seem prepared for the rigor. It distracted from the classroom experience."
- "I think a grants class needs to be a required part of the curriculum."
- "There were no online courses offered…this would have helped with the fact that I worked full time."
- "The program is currently geared towards funneling people into the County Health Department and not into private business. I believe that is a mistake."
- "There isn't a dual DVM program…We were forced to take several classes twice in order to count for each program individually (not the exact same class but the exact same material) which was a waste of time, energy, and money."
- "Course scheduling with DVM program."
- "The class hours, because it was hard to work and attend school at the same time."
- "Some of the professors lacked interpersonal skills and seemed to have a negative disposition with students; also, the faculty lacked cultural diversity."

- "While I was enrolled, there were not enough environmental health courses and epidemiology courses."
- "Better elective courses would have been beneficial; better guidance with internship placement and career options based on your concentration."
- "Navigating the dual MS/MPH program was kind of difficult."

Respondents were asked, "What would you recommend to improve the program?" The need for more grant writing and guidance on course enrollment and field placement were mentioned most often by the respondents.

Suggested Improvements for the MPH Program Comments
- "More epidemiology courses and grant writing courses, since data and funding drive public health programs."
- "Provide opportunities for more part-time experiences for non-traditional students."
- "Offer online courses."
- "On the HPA side, there definitely needs to be more focus on quality improvement."
- "I would like to see the Administration track become more hospital and program management orientated… I believe that looking into some of the core courses and seeing if they add value or not will provide a more positive experience for the students and increase the overall percentage of graduates who are employed in their fields."
- "Make it a dual-degree program with the DVM."
- "Work on course scheduling with DVM program."
- "More education on grant writing."
- "Adding diversity to the faculty."
- "I would recommend more proactive outreach to find placement options that are more tailored to the student and of wider range in fields of expertise."
- "Guidance for those interested in American College of Veterinary Preventive Medicine specialty exam."

The question regarding the value of preparation to achieve professional goals requested that respondents provide rationale for their choice of "high," "neither high nor low," or "low" value of the MPH program. Respondents were asked, "Why did you choose this value?"

Value Chosen Comments
- "The MPH degree is extremely versatile and has been useful in many different circumstances."
- "I have used almost all concepts in each class offered in my MS-MPH program in my current field."
- "My personal and professional goals are aligned with my MPH degree 100%. There is no other professional degree program suitable for my current needs and my short and long term goals."
- "My MPH degree and the internship completed at the end of my studies have provided me with various professional opportunities."
- "The degree has propelled my career opportunities."
- "I have had the opportunity for significant advancement in my career as a result of obtaining my MPH degree."

- "First and foremost, I would recommend the MPH program because it is CEPH accredited. I would not have qualified for my post-graduate fellowship if the program was not accredited."
- "Told by employer (that the) MPH was a deciding factor in hiring."
- "I wouldn't have my current job if I didn't have a MPH degree."
- "I feel that the unique mix of coursework and experience achieved at the UT MPH program adequately prepared me for the newly created position I now hold."
- "A valuable addition to the DVM degree."
- "This degree opens the door to opportunities although it is vastly overrated. As a single degree it is not worth much but in conjunction with a DVM it does offer additional options."
- "Right now, I do not use many of the skills provided by my MPH, but this could change. My career has the potential to become more dynamic at this institution."
- "… my goal was to become a hospital administrator; I feel this program did not prepare me to become competitive in the job market."
- "Major barriers to public health work and particularly Community Health Education include lack of viable, good paying positions where one can effectively do the work of a Health Educator."

Respondents were asked, "Do you have any additional comments?"

Additional Comments
- "Loved the program and my time spent there."
- "I was surrounded by Faculty and Staff who cared about my professional development!"
- "Thank you for a positive experience!"
- "Keep up the great work!"
- "I am daily finding myself using skills learned in MPH program."
- "Overall, I enjoyed my experience in the MPH program at UT."
- "I would like to see more emphasis on policy evaluation and writing…maybe offer an advanced policy course)."
- "They have made some excellent changes over the past couple of years that I think are much needed and will put them on par to reach a level of other programs hoping to potentially become a School of Public Health."

Summary

The anonymous MPH alumni survey sought information from 53 alumni who graduated during calendar years 2011 and 2012. With 37 respondents, the overall response rate for the survey was 70%. There was a fairly even distribution of respondents with regard to demographics including concentration, graduation year, and race. With regard to employment, 81% of employed respondents indicated they were in a position utilizing skills and knowledge they developed during the MPH program. The percent of respondents working in government agencies, non-government organizations and research/university settings was nearly equal. With regard to value, 76% of respondents assigned a high value to their MPH degree. This high value was reported by all three concentrations. Ninety-two percent of respondents indicated they would recommend the MPH program to prospective students. Respondents were "more than satisfied"

overall with student experiences and reported a high level of satisfaction overall with the MPH program in helping increase personal/professional skills. In addition, 81% of respondents indicated they were "prepared" or "well prepared" for effective work performance.

Respondents provided numerous comments related to academic themes including quality and support of the faculty, as well as inadequate guidance with internship placement and career options. When respondents were asked to suggest improvements for the MPH program, the need for more grant writing and more guidance on elective course enrollment and field placement were mentioned most often by the respondents. With regard to value of the MPH program, respondents were asked the reason for their choice of value (high, low, neither high nor low). The majority of respondents chose a "high value." Most respondents commented on increased career opportunities and the belief that obtaining an MPH degree was necessary for their career.

Although 30% of graduates during calendar years 2011 and 2012 did not respond to the survey, it can be assumed that the respondent data can be generalized to all alumni and can be utilized to guide faculty and the MPH Academic Program Committee in improving the program. The demographic characteristics of the respondents were similar to characteristics found for all alumni of the MPH program. By keeping the survey completely anonymous, the MPH program director and alumni survey director endeavored to provide an opportunity for honest, non-influenced responses by participants. However, maintaining anonymity prevented follow-up requests directly to non-respondents. Comments should be considered cautiously, because the MPH program and its academic home have continued to make changes since these alumni graduated. Although the comments provide important insights regarding student perspectives of the MPH program in calendar years 2011and 2012, the data for all open-ended questions are limited and may not provide a generalizable perspective for each area addressed.

Survey conducted & report assembled by:
Yoonwon Jung, GTA
Alumni Survey Director

Charles Hamilton, DrPH
MPH Program Director

March 10, 2014