



College of Public Health 2010 Alumni Survey Report
For 2006/2007 COPH Graduates

The Office of Academic and Student Affairs, 8/5/2010

COPH 2010 Alumni Survey Report

For 2006/2007 CPH Graduates

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Executive Summary

In April of 2010 an email was sent to 234 USF alumni who graduated in 2006 or 2007 inviting them to participate in the online USF College of Public Health Alumni Survey. The survey was designed to gather information about their career, publishing, alumni and CPH educational experiences. A total of 64 of 234 CPH students responded for a response rate of 27%. Of the 64 graduates who responded to the survey, 95% received a master's degree and 5% a doctoral degree. Most respondents were white, female, residents of Florida and had no previous graduate degree. The survey sample is similar to the 2006/2007 graduate population in gender, race, degree received, Florida residency. There are significant differences in number of foreign graduates, and previous graduate degrees.

Respondents rated their educational experience and skills gained as positive. However results suggest that some areas could be improved, specifically writing and information technology skills to access, evaluate, and interpret public health data. Respondents suggested more applied work in courses, new course offerings, and new certificates.

Upon graduation 71% of the respondents reported that as a result of their study in public health they obtained public health employment, a promotion, or a salary increase that took advantage of their new learning. Eighty-eight percent reported they worked in the field of public health or had a public health-related mission. Some respondents felt that more practical experience would make them more competitive in the job market. Twenty percent of the respondents reported taking professional proficiency or certification examinations. When asked if they planned to take the national public health certification exam 64% said no or that they never heard of the exam.

Thirty-nine percent of the respondents published since graduation and 61% presented. Twenty percent of those who did publish published results of their project, thesis, or dissertation. Two of three doctoral graduates reported publishing their dissertation.

Eleven percent of respondents reported they had attended a college sponsored event and another 35% said they would consider attending an event. Fifty-two percent reported they live too far away to attend or would not be interested. Comments suggest alumni would like to see the CPH sponsor an open house, reunions, or learning and job opportunity events. Eighty-eight percent of respondents reported they would be interested in receiving job opportunities, continuing education opportunities, field reports, or alumni news either via email or by visiting a CPH alumni website. Almost half (48%) reported they find the Monday Letter an effective tool in keeping them informed on CPH events, 49% do not receive the letter.

It is recommended that the College work with the office of USF Health Development & Alumni Affairs to improve alumni data updating processes and to create new avenues for alumni to participate in the CPH. More opportunities should be created for students to improve their practical skills set, including writing, publishing, and information technology skills to access, evaluate, and interpret public health data. Processes should continue to inform alumni of the National Public Health Certification Exam and its benefits.

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Introduction

This is a report on the College of Public Health Alumni Survey for 2010. In April of 2010, 234 invitations to participate in the survey were sent to CPH students who graduated in 2006 or 2007. The purpose of the survey was to gather information about their career, publishing, alumni and CPH educational experiences. A total of 64 CPH students responded to the survey for a response rate of 27%. Their responses and comments are summarized in this report.

Methods

The 2010 survey was based on the 2008 CPH alumni survey. The 2010 survey was constructed online using the USF HEALTH IT supported tool Checkbox. Some questions were modified and the order was changed to include a skip patten for the questions regarding employment. Contact information for CPH alumni who graduated in 2006 or 2007 was gathered through the office of USF Health Development & Alumni Affairs and the email addresses for these alumni were entered into the USF-IT Listserv server in preparation for sending email invitations.

In April of 2010 a notice of the upcoming survey was sent via US mail and Email to 234 USF alumni who graduated in 2006 or 2007. Twelve days later and Email was sent to the 234 alumni inviting them to participate in the online USF College of Public Health Alumni Survey and supplying them with a link to the survey. One week later a reminder was sent via US mail and Email to the 234 alumni.. Two weeks after that a final reminder was sent via US mail and Email. The survey was closed at the end of May with 64 completed responses (response rate of 27%. Of the 234 messages sent, 30 Email address were bad (returned) and 10 postcards were returned to sender. The response rate was not modified to reflect the undelivered messages.

Data on gender, race, degree earned at the CPH, previous degrees, US residency, and Florida residency were gathered on all 2006 and 2007 CPH graduates from the Academic Affairs student database. A chi-square test was utilized to compare the data gathered on 2006/2007 graduates with the same data for the survey respondents. Due to small cell counts, the race variable was collapsed to "White", "Black", "Other", the degree variable collapsed to "Masters" and "Doctoral", and the previous degree variable was collapsed to "master's degree" and "Doctorate Degree" for the chi-square tests.

Some percentages in this report have been rounded to the nearest whole number for ease of reporting.

Results

The Respondents

Sixty-four surveys were returned to the College of Public Health. Respondents were 69% female, 31% male and their average birth year was 1973 (SD=10.4, n=55). Ninety-four percent of the respondents were U.S. citizens, 6% were non-U.S. citizens. Of the 60 U.S. citizens, 68% were White, 15% were Black, 8% Asian, 7% Hispanic, and 2% were multi-ethnic (non-Hispanic). Most (67%) were residents of Florida, 27% lived in 13 other U.S. states, and 6% were not residing in the United States. When asked about graduate degrees they held before entering the CPH, 16% replied they had a master's degree and 15% a doctorate degree.

The survey sample is similar to the population of 2006 and 2007 graduates in gender ($\chi^2 (1, 364) = .048, p = .826$), degree received ($\chi^2 (1, 364) = .706, p = .401$), number of Florida residents ($\chi^2 (1, 364) = 1.236, p = .226$), and race ($\chi^2 (2, 312) = .897, p = .638$). There is a significant difference in number of foreign graduates ($\chi^2 (1, 364) = 4.095, p = .043$) with foreign graduates under-represented in the survey

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sample, and degrees held before graduates entered their COPH program ($\chi^2 (1, 364) = 6.788, p=.034$) with those holding a previous doctoral degree over-represented in the survey sample.

Educational Experience

While at the COPH, 88% of the respondents earned a MPH degree, 5% a Ph.D., 6% a MSPH, and 2% a MHA. Three percent reported earning a dual degree in public health. Table 1 shows respondents' departments. Twenty-seven percent of the respondents reported earning a certificate in one of the

Dept	Frequency	Percent
GLO	18	28%
CFH	13	20%
EPB	10	16%
PHP	12	19%
EOH	7	11%
HPM	2	3%
EPB&GLO	2	3%
Total	64	100%

following areas: Infection Control; Environmental Health; Interdisciplinary Women's Health; Safety Management; Clinical Epidemiology; Disaster Management; Humanitarian Assistance; Other. More students (35%) started their course of study in the year 2005 than any other year, and 1996 was the earliest reported start. Fifty percent earned their degree in 2006 and 50% in 2007.

Respondents were asked to evaluate some of their experiences while studying at the COPH. Results are shown in tables 2 and 3. Table 2 suggests that most respondents were satisfied with their experience in obtaining a degree at the COPH. Table 3 shows respondents rated highly the general skills gained and their program overall. However, more than 20% of the

respondents felt they were not provided with a solid foundation in systems thinking skills, leadership skills, or information technology skills.

General comments suggested respondents felt there was a lack of practical skills gained in their education. Suggestions to improve practical skills included public health rotations, work in the community, and using practical skills across the curriculum. Some respondents commented that their field experience or graduate assistantship helped them learn practical skills and was very useful post graduation. One respondent would have liked to see field experience opportunities beyond Latin America and Panama. One of the most common comments was that the COPH provided a positive educational experience and that good experiences with faculty contributed to their education. Others commented on the usefulness of providing evening classes and some felt the programs needed to challenge the students more, require higher quality. One felt the dual degree needed more structure connecting the two programs. See appendix A for a full listing of comments.

Respondents recommended adding courses and certificates programs. Many of the suggestions center on improving skills useful in their area of specialty. Suggestions include courses to improve skills in research, computer tools, grant writing, curriculum and policy development, and advocacy.

Table 2: Overall Ratings

Evaluate the following	<i>n</i>	Mean	Excellent or Very Good	Fair or Poor
Field Experience	58	3.88	69.0%	13.7%
Overall satisfaction rating with your experience in obtaining a degree at the USF College of Public Health	64	3.78	65.6%	11.0%
Overall satisfaction rating with advancement you have been able to accomplish as a result of obtaining your degree at the USF College of Public Health	59	3.53	55.9%	20.4%

Note: *n*= number of responses less those that chose "Not Applicable", there were no missing answers. (1= Poor, 2= Fair, 3= Good, 4=Very Good, 5=Excellent)

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Table 3: Program Evaluation

Rate the following	Mean	Disagree	Agree
The availability of courses enabled me to proceed through the program in a timely manner (<i>n=63</i>)	3.32	6.3%	93.7%
I would recommend the degree program that I attended to a colleague (<i>n=62</i>)	3.29	12.9%	87.1%
<i>My degree program provided me with a solid foundation in: (n=64)</i>			
- Public Health Ethics	3.39	6.3%	93.7%
- Concepts and theories related to public health	3.58	1.6%	98.5%
- Research skills and/or concepts	3.11	14.1%	85.9%
- Skills related to my area of concentration	3.27	10.9%	89.1%
- Knowledge/concepts related to my specific program of study or concentration	3.44	4.7%	95.3%
Cultural and Diversity aspects of public health	3.30	12.5%	87.6%
Problem solving skills	3.14	12.5%	87.5%
Analytic / assessment skills	3.16	15.6%	84.4%
Systems thinking skills	3.05	21.9%	78.2%
Basic public health sciences skills	3.45	4.7%	95.3%
Cultural competency skills	3.16	14.1%	86.0%
Writing skills	3.08	17.2%	82.8%
Oral communication skills	3.19	14.1%	86.0%
Leadership skills	3.00	21.9%	78.1%
Skills to conceptualize problems related to field of expertise	3.22	7.8%	92.2%
Skills to analyze determinants of health and disease using an ecological framework	3.17	17.2%	82.8%
Information technology skills to access, evaluate and interpret public health data	2.86	32.9%	67.2%

1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree

Career Experience

Upon graduation, nearly 35% of the respondents worked full-time in the same position as prior to or concurrent with their public health degree program, 27% worked in a new position full time, 19% pursued another degree or training, 10% were actively seeking employment. Of respondents who reported being employed at the time of the survey (*n=52, 83%*), 90% reported their work was currently based in the United States. Eighty-eight percent reported they worked in the field of public health or had a public health-related mission. Nineteen percent reported their current position was in a medically underserved area and six percent in a developing country and medically underserved area. Asked if they considered their current position to have a research focus, 40% replied no research focus, 39% some research focus, and 21% fully research focused. Table 4 shows the types of organizations that employed the respondents.

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Table 4: Organizations of Employment for Respondents

Organization Type	2010	
	Count	Percent
* <i>University or college staff or faculty</i>	-	29%
University or college staff	9	17.3
State or local government	8	15.4
Hospital or other health care provider	7	13.5
Federal Government (U.S. or foreign)	6	11.5
University or college faculty	6	11.5
Association, foundation, voluntary, NGO, or other non-profit organization	5	9.6
Other	4	7.7
Military	3	5.8
Self-employed	3	5.8
Other industrial or commercial firm	1	1.6
Non-health related position	0	0
Consulting firm	0	0
Pharmaceutical, biotech or medical device firm	0	0
Total respondents	52	

* When Staff and faculty positions are combined, University or college is the largest employer of respondents. In 2006, staff and faculty positions were not separated.

Thirty-five percent of the employed respondents reported that, as a result of their study in public health, they obtained public health employment and 18% reported they obtained a promotion that took advantage of their new learning. The mean number of months reported between completion of their degree and subsequent employment or promotion was 6.5 (*S.D.*=9.01, *n*=30) with a median of 3.5.

Fifty-seven percent of the employed respondents reported their degree helped them obtain an increase in salary. Of those that reported an increase most received an increase of 5-10% (31%) or 11-25% (28%). Seventy-one percent reported new employment, a promotion, or a salary increase as a result of their public health degree from the COPH. Respondents reported a median salary range of \$40,000-\$49,999 (*n*=51). Students who graduated with a master's degree and had no prior graduate degree had a median salary range of \$40,000-\$49,999 (*n*=35). Of the 11 respondents (17%) who reported being unemployed, six (55%) reported the inability to find employment due to lack of available positions and five (45%) reported pursuing another degree.

Twenty percent of the respondents reported taking at least one professional proficiency or certification examination. Of those, 39% took the CHES exam, 31% took the Public Health Certification exam, 8% took the Certified Safety Professional exam and 47% took other exams. All respondents who took exams reported passing on their first attempt. When asked if they planned to take the national public health certification exam, 9% said yes, 28% said they were unsure, 47% said no, and 17% said they had never heard of the exam. Of those that commented on the exam (*n*=31), nine (29%) believed there was no benefit to taking the exam, seven (23%) felt it was too expensive or did not prepared for the exam, 6 (19%) or felt the exam was not applicable to their situation, four (13%) were not aware of the exam or knew little about it, and 5 others (16%) left other comments.

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The one MHA respondent reported not being in an executive management position before acceptance into the MHA program. At the time of this survey (two years post graduation), they were in an executive and health care management position.

In the general comments on their career experience, some respondents felt uncompetitive in the job market. They felt more practical experiences in writing, analysis, and computer tools would have made them more competitive in the very tight market. Others suggested their Field Experience and experiences as a Graduate Assistant greatly helped them in their careers. One suggested continuing ties with CPH faculty has been helpful in their career. A few found it difficult to find Public health opportunities in Florida. See Appendix A for a full listing of comments.

Publishing and Presenting Experience

Of all respondents, 39% reported that since graduation, they have or were in the process of being published. Sixteen percent selected multiple publishing categories, 27% published other research, 14% were in the process of being published, 8% published results of project, thesis, or dissertation, and 9% published non-research topics. Two of three (67%, $n=3$) doctoral respondents published results of their dissertation.

Sixty-one percent of respondents reported that, since graduation, they have presented or were scheduled to present. Twenty-two percent selected multiple presentation categories, 33% presented other research, 31% presented non-research topics, 19% presented the results of their project, thesis, or dissertation, and 8% were scheduled to present.

Alumni Experience

When asked if they had participated in any alumni events, 11% reported they had attended college sponsored and 2% attended university sponsored events. Thirty-six percent of the respondents reported they had not attended any events because they lived too far away, 35% said they had not but they would consider attending college sponsored events, and 16% said no because they were not interested. Respondents listed events they would like to see offered which included a reunion, open house, educational or program specific events, and job fairs among others.

Of the 56 respondents (88%) who reported interest in receiving information about the CPH electronically, 58% reported interest in receiving job opportunities, 45% continuing education opportunities, 24% alumni news, and 17% the Field Reports newsletter via email, while 20% would rather access the information on the College's website at their convenience. Forty-nine percent of respondents reported they do not receive the Monday letter, 48% agreed the Letter is an effective tool to keep them informed about CPH activities and events, while 3% disagreed.

In the general comments on alumni experience, of the 22 respondents who left comments, 15 (69%) specifically mention having a positive experience at the College. One mentions a bad experience as a student and that still negatively impacts their current support of the College. See appendix A for a complete listing of comments.

Notes on the 2008 and 2010 Survey Results

This section highlights differences between the results of the 2010 alumni survey and the 2008 surveys. There were 64 respondents for the 2010 survey (21% of all 2006/2007 graduates) and 50 respondents 2008 (17% of all 2004/2005 graduates).

Areas that had an eight percentage point or greater improvement in the educational rating from 2008 to 2010 were field experience, cultural competency skills, oral communication skills, and leadership skills. Only one educational area had a decreased of more than eight percentage points in

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the positive category and that regarded information technology skills to access, evaluate, and interpret public health data.

In the 2006, 2008, and 2010 surveys alumni were asked to suggest courses they would like to see added. Courses in the areas of research/evaluation (including computer tools), grant writing, epidemiology, health marketing and promotion were mentioned by several alumni in each of the surveys.

In 2010, 61% of the respondents reported working in the same or a new full time position after graduation compared to 56% in 2008. Nineteen percent of the 2010 respondents pursued another degree, additional training, or fellowship after graduation compared to 26% of 2008 respondents. The 2010 respondents reported the largest employers for alumni were Universities or colleges (29%), state or local government (17%), hospitals or other health care providers (14%). In 2008 alumni reported the largest employers to be university or college (22%), other employers (18%), and Hospitals (16%). The percent of respondents reporting promotion or employment that took advantage of their new training fell from 58% in 2008 to 52% in 2010. The percent of respondents that reported their position to be in a medically underserved area or in a developing country decreased from 30% in 2008 to 21% in 2010. The percent of respondents that reported their work to be at least partially research focused decrease from 68% in 2008 to 60% in 2010. Students who graduated with a master's degree and had no prior graduate degree reported a median salary range of 40,000-\$49,999 in 2010 and \$50,000-\$59,999 in 2008.

The percent of alumni who had published or were in the process of publishing fell from 46% in 2008 to 39% in 2010. In 2008 60% of respondents had presented or were in the process compared to 61% in 2010.

In 2010 13% of the respondents reported they participated in alumni events compared to 12% of the 2008 respondents. The percent of respondents who found the College of Public Health Monday Letter an effective tool to keep them informed about COPH activities and events rose from 42% of 2008 respondents to 48% of 2010 respondents. In the previous surveys respondents were most interested in receiving job opportunities and alumni news, in 2010 that changed to job opportunities and continuing education opportunities.

In both surveys, respondents' open-ended comments suggested they wanted to see more applied/practical courses or have more opportunities to apply what they learned. Respondents from both surveys suggested employers are looking for students that have more applied experience. Respondents from both surveys suggested it was difficult to find public health employment in Florida. Respondents from both surveys also left several comments on their positive experiences while at the COPH and how the degree they earned has assisted them in their career. Those comments included knowledgeable faculty, helpful staff, strong programs, and building relationships while at the COPH.

Conclusions

From Spring 2006 to Fall 2007 the COPH graduated 300 students. Of those students, 234 email address were available for this survey through the USF Health Development & Alumni Affairs. Sixty-four of the 162 graduates invited responded to the survey for a response rate of 27%, representing 21% of all graduates in 2004 and 2005. The sample of 64 graduates was similar to the entire population of 300 graduates in gender, race, degree received, and number of Florida residents. The two groups differed on number of foreign graduates and degrees held before entering COPH so these findings may not be generalizable to all 2006/2007 graduates.

In 2008 recommendations from this report suggested the College find ways to improve cultural competency, oral communications, writing, leadership, and accessing, evaluating, and interpreting public health data. Data from the 2010 alumni survey suggests improvements were made to skills

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regarding cultural competency, oral communications, and leadership. Even though respondents felt leadership and writing skills were stronger in 2010 than the 2008 respondents, 17% or more still felt their foundation in leadership or writing was weak. Sixty-one percent of the alumni have not published since graduation. This is up from 54% in the 2008 survey. Respondent comments suggest a lack of opportunities to write and publish while a student. Results also indicate some improvement is still needed in providing a foundation in information technology skills to access, evaluate, and interpret public health data. Respondents rated this area nine percentage points lower in 2010 than respondents did in 2008. As well, open ended comments and course recommendations by respondents suggest more training is needed in practical skills. These data may suggest the College needs to find ways to improve student writing/publishing and information technology skills. A few of the alumni who published and commented positively on their practical skills suggested their field experience and graduate assistantships greatly increased their skill set.

Seventeen percent of respondents did not know of the National Public Health Certification exam. Of those that commented on the exam, 31% saw no benefit in taking the exam or never heard of it. Though this is down from 41% of alumni from the 2008 survey, the data suggests the exam should continue to be publicized to our alumni and should include information on benefits in terms of employment. This may become more clear in the future if employers begin to make use of the certification in public health.

Recommendations

- Work with the office of USF Health Development & Alumni Affairs to improve retention of valid email and mailing addresses for and communication to alumni. Create new avenues for alumni to participate in the COPH.
- Create more opportunities for students to improve their practical skills set, including writing, publishing, and information technology skills to access, evaluate, and interpret public health data as well as leadership skills. Additionally, students need more venues to apply their coursework in real-world settings.
- Better inform graduates of the National Public Health Certification exam and its benefits.

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Appendix A: Responses to open ended questions

Suggestions for New Certifications

- Applied Anthropology
- Epidemiology and MCH
- GIS and Public Health
- Health Education
- Non-profit management
- Patient safety
- Public Health Genetics
- Public Health Parasitology
- Public Health Preparedness
- Rural Health
- Toxicology
- Tropical Medicine
- Tropical Medicine and Traveler's Health

Suggestions for New Courses

- A better statistics course, did not get a good understanding, and will probably take one on my own through another college
- A laboratory based course teaching techniques used in an infectious disease research lab
- A research course prior to the special project - perhaps this was added with the overview course. More computer services for those who come into the COPH not super computer literate.
- Epidemiology minor with a infectious disease concentration- this was not in place when I began the program for Global Health...
- Field epidemiology, patient safety, introduction to the public health laboratory (for students without a laboratory science background)
- Field leadership skill in disaster response and humanitarian aid.
- Genetics and Epidemiology
- Grant Writing Health Communication Policy development, Curriculum Development, Public Health -Theory to translation, Program Management
- I would rather take courses in Applied Anthropology since those were more practical based. I learned a lot at the Anthro college. Intercultural health. Economic Policy and Health (free trade agreements). Rights-based health systems.
- Infectious Diseases and their effects on Development and Security in Developing/ Third World Countries
- Injury Epidemiology
- Intermediate and advanced methods in epidemiology, Use of SAS for data analysis
- Intro to social marketing
- Introduction to EpiInfo (for MPH students, make it required like Emory's SPH does for their Master's students). Introduction to SAS (for MPH students). Introduction to STATA (for MPH students). Introduction to SPSS (for MPH students). Introduction for NVivo (for MPH students). Introduction to Atis.ti (for MPH students). Public Health Genomics. Media Advocacy & Public

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Health, Introduction to Health Advocacy (for MPH students). Management Essentials for Public Health Non-Profit Professionals (for MPH students).

- Laboratory classes for process, procedure, and analysis of assays such as PCR, Western Blot, ELISA, Parasitology Lab or general Microscopy. I would have also liked to take a cultural ethics class relating to public health issues since my concentration focused on pathogens not normally endemic to the US. Also, a disaster management class since many infectious diseases follow natural disasters.
- Leadership components to already offered courses. More public health preparedness-focused courses.
- Online toxicology
- pharm tx for global health
- Psychological/behaviorial aspects
- Quality Management. Health Information Management / Billing & Coding
- Research Methods, Public Speaking
- research principles
- Rural Health
- SAS course
- Social Determinants of Health; Social Justice; Management of Public Health Programs; Program Evaluation in MCH; Interdisciplinary projects
- Social Marketing in Public Health
- Study abroad-Africa. Financial/Environmental Sustainability. Emerging/Tropical Disease Surveillance. Field Research Experience (Community Participatory)
- Use of Geographic Information System technology in public health

General Comments Listing (22 Responses)

- When I started the degree program, I was working as a paramedic/firefighter for the Gainesville Fire-Rescue dept. in Gainesville, FL. Since I finished the degree four years ago, I have been promoted to lieutenant. The degree did not help with this promotion, I just wanted a graduate degree and this one seemed like the most closely related to my work and most convenient. When I retire from the fire dept. in four or five years, I plan to look around for another job. Probably something in the health field--maybe emergency/safety/disaster management, as I also completed the graduate certificate from USF in disaster management, plus that's along the lines of what I do now. However, I might just teach P.E. or another subject in High School. I really enjoyed my experiences and friendships while working on my MPH from '02-'06. All of my courses were very informative and interesting and the teachers were great.
- When I entered the PH program and decided to pursue a concentration in Health Education, I thought this will be great. I already had my Bachelors in Nursing, and once I complete my MPH, I will be highly marketable and can find a job easily. Unfortunately that has not been the case, maybe if I could have relocated to another state it would have been better, but I have a family and home and I cannot just pickup and leave like that, I have other people to consider. The few health education opportunities I saw around here the pay was so low that I could not support myself or family on that. I think their needs to be a lot more advocacy for health educators especially here in FL, we need to get outside of the university setting and start showing people, communities, leaders what it is that we bring to the table and how we can have a positive effect on health. Classes need to focus on real world, outside of the university application; not

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everyone can or wants to work at a PRC, or in a university setting...so is the program preparing those individuals with the tools they need to succeed?

- To clarify my response to Question 37, I was hired based on a tacit understanding that I would soon complete my MPH. I can also say unequivocally that the USF COPH MPH program truly prepared me for every aspect of my career as a public health professional.
- thanks!
- Some great professors - Tom Bernard, Steve Mlynark and Dr Hammad. Great facility and location.
- Since graduating with my MPH in Global Health Informatics I rejoined COPH in Spring 2008 for my MHA in the department of Health Policy and Management. I graduated with my MHA in Fall 2009. I am currently in Tampa searching for a suitable job.
- Loved the program. Will be a great addition to my DO degree.
- It was very frustrating for me because the curriculum kept changing during the course of my degree. (Capstone, then no Capstone, Immunology Lab, then no Immunology Lab...) I was advised to follow my original curriculum, however those classes were no longer offered. There were several semesters where two required classes were offered on the same night at the same time, making it impossible to register for both. I am disappointed that the dual Master's degree was not offered at the time that I attended USF. Additionally, the IFE Coordinator resigned mid-way during the scheduling of my trip to Panama, and there was much confusion about whether or not I actually had a place to stay when I arrived in Panama. I was initially lodged at the City of Knowledge (which was desolate after work hours..and left with little information on grocery stores, laundry, etc)I found the USF liaisons in Panama to be less than helpful, especially when I contracted the flu, and also when I had to arrange for travel back to the airport upon completion of my IFE. Luckily Doctor Jose Calzada in the Parasitology Department at Gorgas Memorial Institute arranged for my transport to the hospital with an English speaking Doctor and also arranged for transportation to the airport for my departure. I thoroughly enjoyed working at Gorgas, it was a phenomenal experience; and the Palencia host family was wonderful and very hospitable! They arranged transport to and from work for 5 IFE students for a nominal fee and advised us of the places to avoid and the places to visit while in Panama. I continue to keep in touch with them. There were other issues that I could mention, so please feel free to call me with any questions you may have at (727) 744-6152.Thank You Laura Kennedy
- I would like to have had more experience in research and grants during my MPH.
- I wish the program had been more flexible with respect to which courses were approved to take. I think the program is great for research minded students, but less so for practice minded students - at least in the epidemiology program. As much as I dreaded the field experience, it is what got me to where I am today so thanks. My framed degree from USF is proudly displayed on my office wall right now. Soon too will be my 2010 Davis Productivity Award and the 2010 Safe States Rising Star Award. USF COPH gets at least some credit for both awards :)
- I was very pleased with the quality of my MPH degree program in Maternal and Child Health at the USF COPH. The faculty in the CFH department were extremely knowledgeable, excellent teachers, great research mentors, and genuinely cared for student's personal and professional success. While I feel I enjoyed my MPH degree program so much because of the concentration I selected to pursue and the faculty that comprised the CFH program, I also believe that I had such a great experience because I was afforded a Graduate Research Assistantship with a faculty member in the CFH department for the entire 2 years of my degree program. Had I not been awarded a 75% tuition-based GRA position throughout my graduate career, I really do feel that I may not have been as connected to the program and the faculty as I am. I highly recommend

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affording many MPH students GRA positions as they will most likely not only feel more connected to the program and the faculty, but also will develop more practical research and project management skills as well as improved professional and scholarly writing experience. Furthermore, I really recommend incorporating more analytic and statistical software application training into the MPH curriculum for the CFH students I especially think graduates of the CFH program will be more employable and more competitive on the job market if they are required to take at least one or two of the following analytical courses: Introduction to Epi info; Introduction to GIS; Introduction to STATA and SAS; Introduction to Atlas TI; Introduction to SUDAAN; Introduction to NVivo; Introduction to SPSS; Introduction to Excel/Statistical Package. I also recommend the following courses be required for MPH students, especially for the CFH students: Introduction to Public Health Advocacy; Management Essentials for Public Health Non-Profit Professionals. Another useful class might be Public Health Genetics.

- I was always pleased about the evening course availability at USF. As a working adult and father I was always able to find classes both during the day, at night, and online that allowed me to finish my degree in a timely manner. The instructors were all very professional and always available to assist outside of class. I would highly recommend this program to other students.
- I think the public health practice program was so valuable of an experience in part because the other students had such great work experiences to share. I think work experience prior to the PhD program should be required.
- I found my experiences at USF-COPH to be very rewarding, though difficult to navigate at times. I was a dual degree graduate student (applied anthropology), and it is definitely up to the student to meaningfully connect both disciplines into a coherent, relevant synthesis. While the connections were made through my own efforts, the process was frustrating. A good dual-degree program has faculty from both departments engaging in continued, meaningful dialogue. Such a dialogue was missing from my experience. Secondly, while I was fortunate enough to have a substantial amount of fieldwork while at the COPH, I can definitely see the value in having the Field Epi course mandatory for all Epi students. Lastly, I would like to reiterate my positive experiences at the COPH and its direct benefit in my current research position. My advisor was very strict, though I did benefit greatly by being able to read, critique, and synthesize public health data.
- I felt that the caliber of students and teachers in the realm of social sciences was very lacking. My experience was mainly in the Global health department, but I felt that the classes attempting to address cultural competency were a bad version of Anthropology 101. I would suggest focusing more in this area, and hiring sociologists, anthropologists, or area studies specialists to teach courses. Or, require students to take graduate-level courses in these disciplines.
- I do presentations all the time for my work -- but insofar as academic presentations based on hard data I have analyzed or collected I have not.
- I did enjoy my Safety Management, but if I had to do it over again, I would have stayed with Health Education instead of switching to Safety Management. Even St Joseph's where I work as a Case Manager, turned me down for 2 Patient Safety jobs because of lack of experience. I can't relocate. The downturn in the economy didn't help. I would like to audit that overview course they were starting in 2006 for the comprehensive exam. That would have been so helpful to me as a student and would be helpful if I ever get a job in public health. Could it be offered online or somehow as a reference book for alums only?
- I am very thankful for the education and training that I have received through the College of Public Health, and especially in CFH. I do hope that in the future, the college continues to RAISE

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the bar for students. It is imperative that you require more of students, not less. That you expect the highest quality of work from your students -- and that the students who graduate from USF proudly represent USF....and each and every one of us. I believe that USF COPH can be a true leader in Public Health but, to do so, the college cannot lose site of its mission and must stay true to its core. Keep up the good work!

- I am encouraged and proud of the growth in the Global Health program. When I attended, the program was a "work in progress". I wish that I were attending now and could take advantage of new opportunities/courses. I am particularly encouraged by the COPH's involvement with countries other than Latin America and Panama. Students who were able to have a field experience outside these two areas usually had to be very resourceful. The Dean's recent appointment as the interim E.D. of USF World and the Patel Center for Global Solutions is indicative of the need for public health leadership and perspective in the development of strategies/initiatives necessary to sustain global health on critical levels (physical, fiscal, environmental, equity, social justice and policy). Overall, I am a proud alumni.
- I am currently employed only part-time while I pursue my PhD, but had I taken this survey 6 months ago, my answer on the salary question would have been much higher, so you might want to cut my answer of \$10,000/yr or less as an unwarranted outlier. In future versions of the survey, it might be worth including a question to differentiate between those whose incomes are low despite full-time employment, those who are unintentionally working part-time (under-employed), and those who are intentionally working only part-time. It will allow you to report higher numbers for the core measure of interest: Income for those with, or currently seeking, full-time employment. I think I would have benefited from a class that included practical experience in handling large data sets --or better still, from having this skill taught and reinforced across the curriculum. Despite taking a number of epidemiology electives, I found upon graduation that, in many settings, I wasn't really able to translate my quantitative training into practice. I understood the concepts perfectly well, but lacked the real-world skills I needed in order to use them. It might be worth trying to find more ways to proactively involve MPH students in ongoing research within the College (maybe something along the lines of the introductory lab rotations the medical science grad students do at the COM?). I was long graduated before I had any real sense of how academia actually works, and perhaps that's why it never occurred to me to ask how I might take part. But here I am four years later, a full-time research student and loving it... I bet there are a lot of other MPH students who would be drawn to a research career if they had some experience of it. Since graduation, I've run my own public health consulting business, served as an adjunct faculty member for the University of Liverpool's online MPH program, and started work toward a PhD at the University of Cambridge -all on the strength of what I learned the USF College of Public Health and the continuing support of key faculty members long after graduation. The very kind recommendation letters written by my former Advisor and Department Chair have been tremendously helpful. I feel very fortunate to have earned my MPH at the USF College of Public Health and I'm proud to see the way the College has grown since I graduated. Thanks to all the faculty, staff, and administrators for everything you do.
- As a student in the then "new" global health department I could see a lot of empty holes in the College offer. Since it was new, not all the courses offered were available and most of the "alternative" courses had a strong US focus (health policy for instance, which is a great waste if you are studying global health!) Also, having biostatistics via web limited much of my understanding... I think I have lots of problems in that area due to the lack of a teacher who can explain my doubts each class. Also, in my time, students behaved as college students and teachers in big classes (environmental health, health policy, social and behavioral) were not

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demanding our work as if we were MASTER STUDENTS. I think there was a need to break the big classes in groups and demand a group work where each person criteria, experience and own-learning process could be exploited better. Anyway, a great option for me was to take the most of my classes in the Anthropology department (which is a great mix with public health) and to take a few advanced courses in the Community health department (grant writing and research methods). Those two alternatives gave me the strengths needed. Time has passed and I'm sure Global health department is better and has grown. Hopefully not all the focus goes into infectious diseases since global health is much more than that.

- Alumni have a long memory of how they were treated as students. In the final semester of my dissertation research my graduate assistantship and health insurance were dropped. Consequently, I frequently donate to my undergrad program which supported me via an undergraduate research grant but do not donate to CPH.