Master of Public Health Program
Final Self-Study Report

September 2014

Submitted to the
Council on Education for Public Health

by the
Morehouse School of Medicine
Master of Public Health Program

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Electronic Resource File (eRF)

List of Abbreviations

AAMC	Association of American Medical Colleges
ABRCMS	Annual Biomedical Research Conference for Minority Students
AHSLC	Atlanta Health Sciences Libraries Consortium
APC	MSM's Academic Policy Council
ARCHE	Atlanta Regional Consortium of Higher Education
APHA	American Public Health Association
AUC	Atlanta University Center
AY	Academic Year
CDC	Centers for Disease Control & Prevention
CE	MPH Culminating Experience
CHPM	MSM Department of Community Health and Preventive Medicine
CITI	Collaborative IRB Training Initiative Program
EIA	MSM's Evaluation and Institutional Assessment Unit
EAB	MPH External Advisory Board
EIA	Evaluation and Institutional Assessment
ELAM	Executive Leadership in Academic Medicine
ERC	MPH External Relations Coordinator
*e*RF	Electronic Resource File
FAPC	MSM's Faculty Appointment and Promotions Committee
FAR	Faculty Annual Review
FTE	Full time Enrolled/Employed
FY	Fiscal Year
GEPH	Graduate Education in Public Health
GME	MSM's Office of Graduate Medical Education
GPA	Grade Point Average
GPHTC	Georgia Public Health Training Center
HBCU	Historically Black College and University
HC	Headcount
HHMI	Howard Hughes Medical Institute
ILL	Interlibrary Loan
IRB	Institutional Review Board
IT	MSM Department of Information Technology
LC	MSM's Learning Community
MBM	Mission Based Management
MD	Doctor of Medicine
MOA	Memoranda of Agreement

MPH	Master of Public Health
MSM	Morehouse School of Medicine
MSBR	Master of Science in Biomedical Research
MSBS	Master of Science in Biomedical Sciences
MSBT	Master of Science in Biomedical Technology
MSCR	Master of Science in Clinical Research
MSMS	Master of Science in Medical Science
NCPC	MSM Building, National Center for Primary Care
NN/LM	National Networks of Libraries of Medicine
OFAD	MSM's Office of Faculty Affairs and Development
OIA	MSM's Office of Institutional Advancement
ORSA	MSM's Office of Research and Sponsored Administration
PC	Personal Computer
PhD	Doctor of Philosophy
PRC	Prevention Research Center
QEP	Quality Enhancement Plan
SAPC	MPH Student Academic Progress Committee
SFR	Student/Faculty Ratio
SGA	Student Government Association
SMART	Specific, Measureable, Attainable, Relevant, & Time-bound (objectives)
UGA	University of Georgia
VPN	Virtual Private Network

EXECUTIVE SUMMARY

The Master of Public Health (MPH) program at Morehouse School of Medicine (MSM) provides the public health theory that supports the social mission of MSM, an institution recently ranked number one among U.S. medical schools in that regard. The mission of the MPH program is to develop, through graduate education, public health leaders who are fluent in community-focused public health research and practice, particularly in underserved communities.

Over the past three years, the MPH program has undergone an extensive evaluation to ensure its alignment with our institutional and programmatic mission, goals and strategic initiatives, while ensuring that the program remains competitive and fiscally sound.

As a result of our evaluation, we have made significant changes to the structural design of the program. In Academic Year (AY) 2012, to better support the social mission of MSM and align with current resources, the MPH program began offering a generalist curriculum focused on community health. The first generalist curriculum cohort graduated on May 17, 2014.

While this self-study report focuses on the current generalist curriculum, the previous track and hybrid curricula are referenced to further document the program's evolution. In summary, this report covers the self-study period of three academic years which span the following three phases of program enhancement:

Year 1/AY 2011-12: Track Curriculum
- Extensive program evaluation against goals and objectives, as well as fiscal resources, was completed.

Year 2/AY 2012-13: Hybrid Curriculum
- Approval granted from CEPH to implement generalist curriculum.
- Track students graduated. Generalist students began matriculation.

Year 3 /AY 2013-14: Generalist Curriculum
- All students enrolled in generalist curriculum.
- Graduated first generalist cohort.

CRITERIA, INTERPRETATIONS AND DOCUMENTATION

1.0 THE PUBLIC HEALTH PROGRAM

1.1 Mission

1. 1 Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

1.1.a. A clear and concise mission statement for the program as a whole.

The mission of the MSM Master of Public Health (MPH) program is to develop, through graduate education, public health leaders who are fluent in community-focused public health research and practice, particularly in underserved communities. *WE EXIST, BECAUSE WE MUST…****Honor*** *the mission,* ***Serve*** *the community,* ***Do*** *the work.*

Our vision is to be the leading national model on community-focused public health education, research and practice, particularly in underserved communities. We will develop public health leaders who advance public health research and practice through a commitment to community service, and through targeted approaches to reduce health disparities.

1.1.b. A statement of values that guides the program.

The core values guiding the program are:

- Leadership
- Ethics
- Academic Excellence
- Community Service

1.1.c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research, and service.

- ***Goal I-*** *Excellence in Leadership*: Develop public health leaders who are fluent in community-focused public health research and practice.
- ***Goal II-*** *Excellence in Education:* Foster critical thinking and academic rigor while providing a unique connection to community health research and practice.
- ***Goal III-*** *Excellence in Research*: Engage in research that addresses the needs of communities with emphasis on underserved populations.
- ***Goal IV-*** *Excellence in Service*: Create strong sustainable partnerships that will improve the health of underserved communities.

1.1.d. A set of measureable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1c. In some cases, qualitative indicators may be used as appropriate.

Goals	Objectives
1. Excellence in Leadership: Develop public health leaders who are fluent in community-focused public health research and practice.	20% percent of MPH students will hold leadership roles at MSM each academic year.
	20% of MPH students will hold leadership roles in external organizations each academic year.
	20% of MSM MPH alumni will serve as mentors for current students each academic year.
	50% of MPH faculty will hold leadership roles in the community.
2. Excellence in Education: Foster critical thinking and academic rigor while providing a unique connection to community health practice	100% of core courses offered each academic year will require critical thinking and data analysis leading to one or more written components.
	100% of core courses offered each academic year will require one or more formal oral presentations.
	80% of core courses offered each academic year will require community assessment as a core component of critical thinking and analysis.
	20% of MPH students will present each academic year at local, national, or international seminars and or conferences.
	90% of MPH graduates seeking to continue their education will be accepted to advanced/doctoral degree programs within 3 years of graduation.
	100% of MPH faculty teaching core courses that require community assessment will receive course evaluations reflecting agree or strongly agree on course instruction.
3. Excellence in Research: Engage in research that addresses the needs of communities with emphasis on underserved populations	10% of MPH students will submit one or more articles to peer reviewed journals within 3 years of graduation.
	30% of MPH faculty will present scholarly work at local, national, or international conferences each academic year.
	30% of MPH faculty will submit an article to a peer-reviewed journal every two years.
	50% of MPH faculty will submit grants for intramural and/or extramural funding every two years.
4. Excellence in Service: Create strong sustainable partnerships that will improve the health of underserved populations	The MPH student body will participate in and/or organize 6 community service events per academic year.
	MPH community partners will indicate a 90% satisfaction rate with community service on annual surveys
	80% of MPH faculty will participate in community service each academic year.

While the MPH program has changed its curricular focus, goals and objectives, the current self-study time period encompasses three years which include the AY 2011-12 and AY 2012-13 goals and objectives [*see the electronic resource file (eRF)*], as well as our current goals and objectives for AY 2013-14 (1.2.c.). These goals and objectives, which reflect our current program, were adopted in AY 2013-14.

1.1.e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The mission, values, goals and objectives were developed with input from all MPH faculty, and refined by the MPH core team with input from MSM's Evaluation Unit (EIA). Specifically, on July 26, 2013, the program held its annual faculty and staff retreat focused on strategic visioning. The mission, vision, core values, goals and objectives were developed at the retreat with input from all MPH faculty. With technical assistance from MSM's EIA, the MPH core team refined the goals and objectives developed at the retreat to ensure that they are specific, measurable, attainable, relevant to the mission and goals, and time-bound (SMART). The core MPH team worked with the EIA to establish target levels based upon each individual objective. Target levels were set based on a combination of historical trends in achieving similar objectives and our ability to reach or exceed set targets such that our program's mission and goals are achieved.

The MSM EIA is uniquely positioned and skilled to effectively support evaluation and monitoring of the MPH program. EIA staff are master's and doctoral level personnel with training in the disciplines of public health, biostatistics and the social and behavioral sciences. The EIA works to ensure program initiatives are central to decision-making and sustainability. The EIA also supports local, regional and national projects addressing chronic health disparities through translational research, pipeline programs, and service initiatives.

1.1.f. Description of how the mission, values, goals, and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The mission, values, goals, and objectives were endorsed by MSM's Academic Policy Council (APC) on September 26, 2013, and are posted on our website. They are reviewed annually by the Graduate Education for Public Health (GEPH) committee and by the External Advisory Board (EAB). The GEPH committee and the EAB will review the mission and goals and progress toward achieving our objectives and provide input to the Program Director for discussion/action at the annual program retreat.

1.1.g. **Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.**

This criterion was met with commentary.

*Strengths***:** Despite the need to refine our MPH program's mission, new goals with measurable objectives have been identified and outcomes have been reported for AY 2013-14. Although different from AY 2011-12 and AY 2012-13 (*see eRF*), the new goals and objectives are conceptually similar. There is clearly a relationship between the mission and goals of the former track-based program and the current community health focused generalist program. Additionally, the objectives are SMART and there are well-defined relationships between the mission and goals and between the goals and objectives. Faculty input and technical assistance from the MSM EIA was sought to refine the goals and objectives. The EIA further assisted the program in assuring targets were set in a manner that would be attainable, yet challenging.

Challenges: During the self-study period, the program changed from a track-based to a generalist curriculum. As a result, the mission, goals and objectives had to be revisited and were ultimately revised. Two sets of goals and objectives are presented in this section of the self- study report which covers both the track-based (AY 2011-12) and hybrid curriculum (AY 2012-13) (*see eRF*) and the generalist curriculum (AY 2013-14). Because some of the prior goals had no specified targets and/or were not measurable, we were unable to report progress on all.

Although we have not had a lot of documented experience working with the current goals and objectives, we are confident that we have a system in place to capture and report the data going forward.

*Plans***:** An electronic database has been created to ensure that an annual assessment of our ability to achieve our mission, goals and objectives is conducted. A staff person has been assigned to ensure data capture, monitoring, and compliance to CEPH standards. This information will be collected at the end of each semester by the Program Manager and compiled in an annual report prepared for the GEPH committee and the EAB.

1.2 Evaluation

1.2 Evaluation. The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need to be described only once. If systems are responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Evaluation Process:

The MPH program manager monitors progress against objectives (described in Figure 1.2a) in collaboration with assigned staff. Results will be analyzed by the Program Director and reported to the GEPH committee and the MPH EAB.
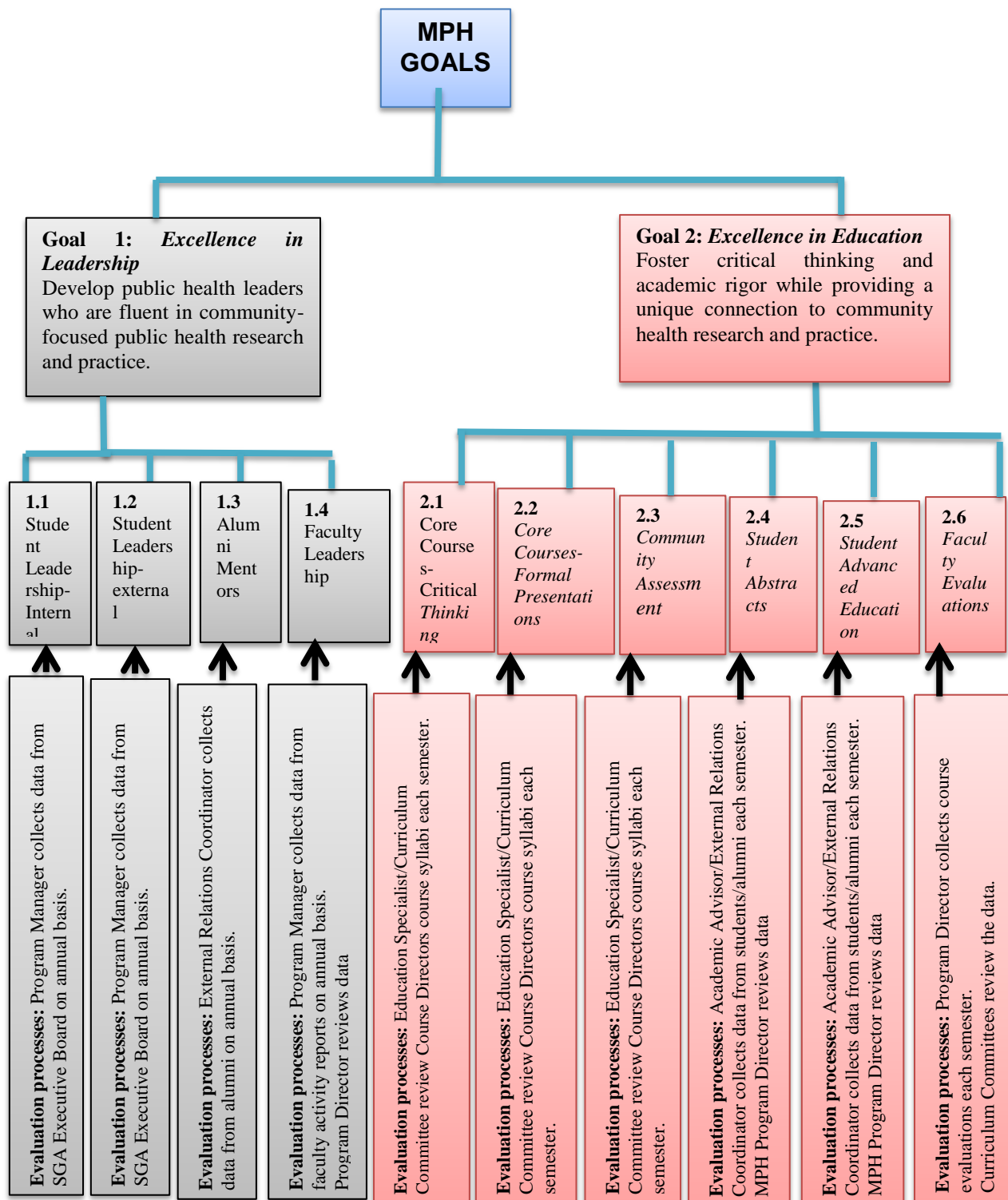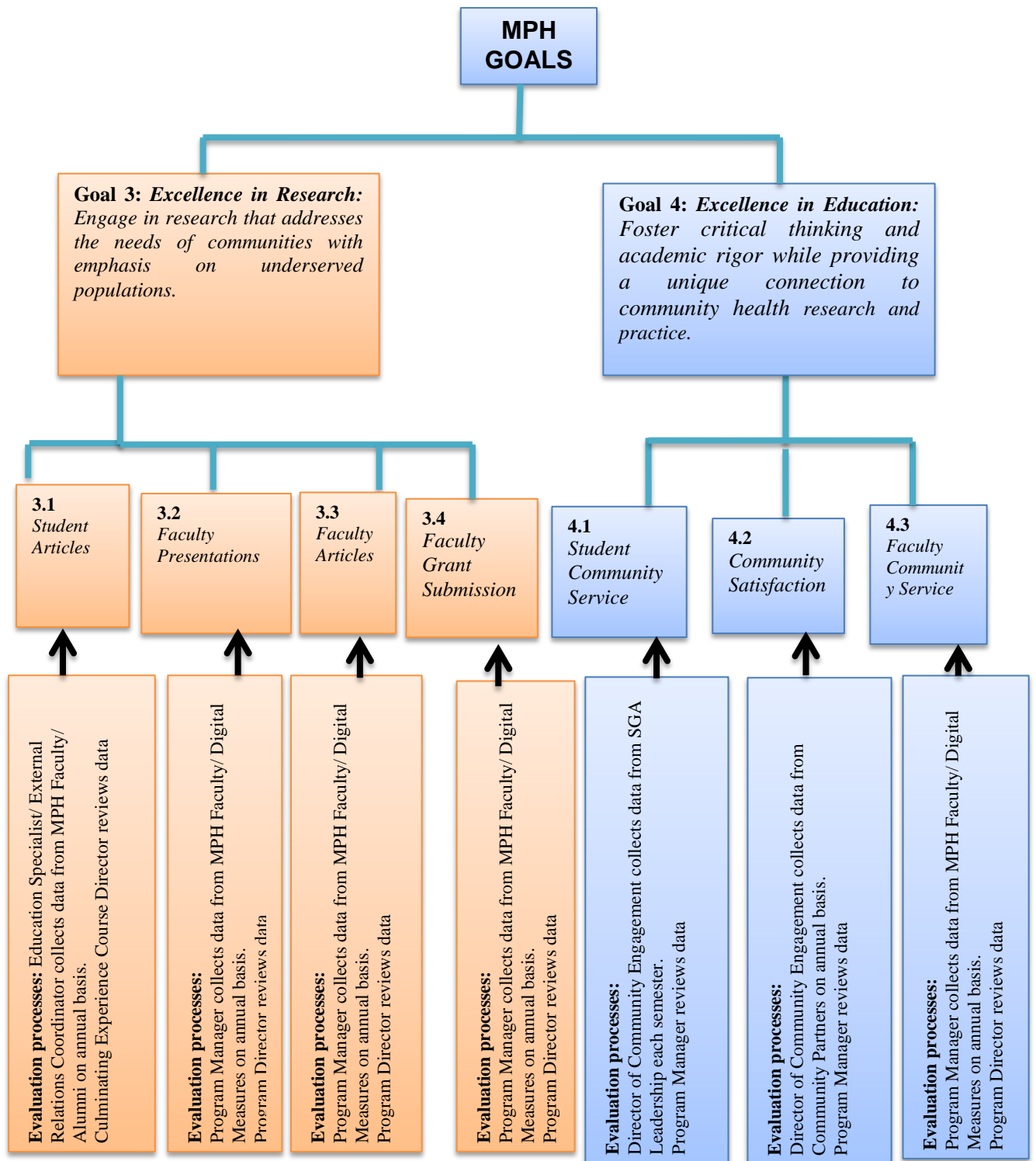
Figure 1.2a MPH Evaluation Process for Monitoring Progress against Objectives (see data table in eRF).

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                              │    MPH      │
                              │   GOALS     │
                              └─────────────┘
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MPH GOALS

Goal 3: *Excellence in Research: Engage in research that addresses the needs of communities with emphasis on underserved populations.*

Goal 4: *Excellence in Education: Foster critical thinking and academic rigor while providing a unique connection to community health research and practice.*

3.1 *Student Articles*

3.2 *Faculty Presentations*

3.3 *Faculty Articles*

3.4 *Faculty Grant Submission*

4.1 *Student Community Service*

4.2 *Community Satisfaction*

4.3 *Faculty Community Service*

Evaluation processes: Education Specialist/ External Relations Coordinator collects data from MPH Faculty/ Alumni on annual basis. Culminating Experience Course Director reviews data

Evaluation processes: Program Manager collects data from MPH Faculty/ Digital Measures on annual basis. Program Director reviews data

Evaluation processes: Program Manager collects data from MPH Faculty/ Digital Measures on annual basis. Program Director reviews data

Evaluation processes: Program Manager collects data from MPH Faculty/ Digital Measures on annual basis. Program Director reviews data

Evaluation processes: Director of Community Engagement collects data from SGA Leadership each semester. Program Manager reviews data

Evaluation processes: Director of Community Engagement collects data from Community Partners on annual basis. Program Manager reviews data

Evaluation processes: Program Manager collects data from MPH Faculty/ Digital Measures on annual basis. Program Director reviews data

MPH Evaluation Process for Monitoring Progress against Objectives (cont.)

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1.2.b. Description of how the results of the evaluation process described in Criterion 1.2a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.
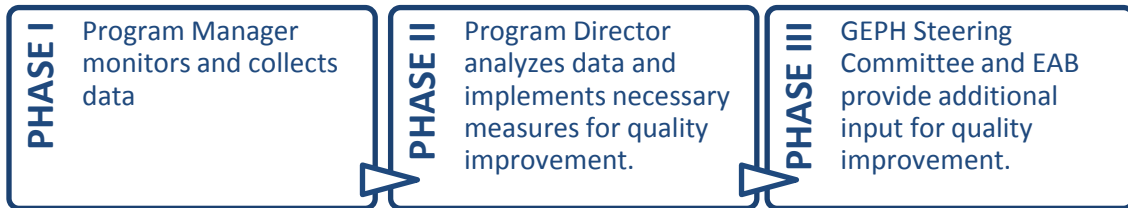
PHASE I	PHASE II	PHASE III
Program Manager monitors and collects data	Program Director analyzes data and implements necessary measures for quality improvement.	GEPH Steering Committee and EAB provide additional input for quality improvement.

Figure 1.2.b (i) Evaluation process for monitoring progress against objectives.

In addition to the evaluation process outlined above, we have implemented processes which allow us to gather both quantitative and qualitative feedback from enrolled and graduating students.

Additional data collected for program evaluation includes the following:

Course Evaluations: Anonymous course evaluations are administered via survey monkey after midterm and final examinations and cover the following elements:

- Course organization and presentation
- Didactics and learning experience
- Course instruction
- Comments on Instructors
- Competencies
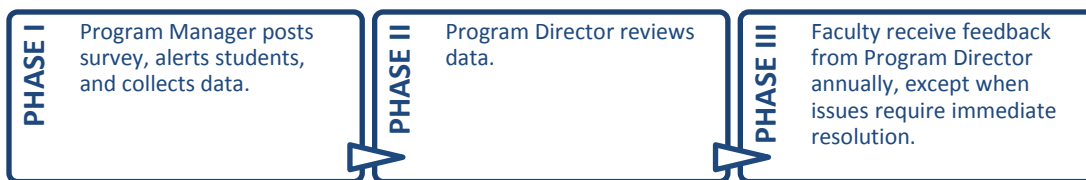- Course likes and dislikes
- Suggestions for improvement of course

PHASE I	PHASE II	PHASE III
Program Manager posts survey, alerts students, and collects data.	Program Director reviews data.	Faculty receive feedback from Program Director annually, except when issues require immediate resolution.

Figure 1.2.b (ii) Results of the course evaluations are shared as follows:

Town Hall Meetings: The Program Director holds a closed town hall meeting with the student body each semester. The agenda is set by the students and any minutes/action items are captured by students and shared in written form with the Program Director.

This forum allows students to discuss ideas or concerns with the Program Director in a comfortable non-threatening environment.

Exit Interviews: At the end of each academic year, the Program Director has meetings with graduating and continuing students. The students guide the exit interview process and provide feedback regarding strengths, opportunities, threats, and challenges. Information gleaned from this process is used to enhance student's learning experiences.

Annual Faculty Evaluations: Faculty are evaluated annually by the Chair of the academic department in which the faculty are housed. Most MPH faculty have appointments within the Department of Community Health and Preventive Medicine (CHPM). The MPH program director provides input on the institutional faculty evaluation process as follows:
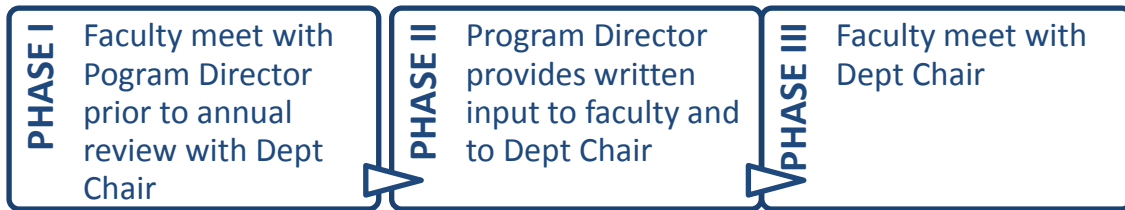
PHASE I	PHASE II	PHASE III
Faculty meet with Pogram Director prior to annual review with Dept Chair	Program Director provides written input to faculty and to Dept Chair	Faculty meet with Dept Chair

Figure 1.2.b (iii) Institutional Faculty Evaluation Process

1.2.c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria, the program should parenthetically identify the criteria where the data also appear. See CEPH outcomes table.

Table 1.2.c. Outcomes- Measurable Objectives AY 2013-14		
Goal I- Excellence in Leadership	**Target**	**2013-14**
20% of MPH students will hold leadership roles at MSM each academic year.	20%	28%
20% of MPH students will hold leadership roles in external organizations each academic year.	20%	12%
20% of MSM MPH alumni will participate in leadership and mentorship for current students each academic year.	20%	11.4%
50% of MPH faculty will hold leadership roles in the community each academic year.	10%	73% (see eRF)
Goal II- Excellence in Education	**Target**	**2013-14**

100% of core courses offered will require critical thinking and analysis leading to one or more substantial written components each academic year.	100%	85%
100% of core courses offered will require one or more formal oral presentations each academic year.	100%	80%
80% of core courses offered will require community assessment as a core component of critical thinking and analysis each academic year.	80%	40%
20% of MPH students will present each academic year at local, national, or international seminars and/or conferences.	20%	28%
90% of MPH graduates seeking to continue their education will be accepted to advanced/doctoral degree programs within 3 years of graduation.	90%	59%
MPH faculty teaching core courses will receive course evaluations reflecting 100% in categories of agree or strongly agree related to satisfaction with course instruction.	100%	82%
Goal III- Excellence in Research	**Target**	**2013-14**
10% of MPH students will submit one or more articles for publication within 3 years of graduation	10%	6%
30% of MPH faculty will present scholarly work at local, national, or international conferences each academic year.	30%	50% (3.1.d)
30% of MPH faculty will submit scholarly work to a peer-reviewed publication every two years.	30%	63% (3.1.d)
50% of MPH faculty will submit grants for intramural and/or extramural funding every two years.	50%	67%
Goal IV- Excellence in Service	**Target**	**2013-14**
The MPH student body will organize and/or participate in 6 community service events per academic year.	6 events	8 events
MPH Community Partners will indicate a 90% satisfaction rate with community service on annual surveys.	90%	98%
80% of MPH faculty will participate in community service each	80%	87%

academic year		(3.2.c (i))

Table 1.2.c Outcomes- Measurable Objectives AY 2011-12 and 2012-13*			
Goal I- Education	Target	2011-12	2012-13
80% of students obtaining a grade of B or higher in the core curriculum.	80%	100%	100%
Faculty performance rating of adequate or higher on faculty evaluation.			
The delivery of curriculum content by full-time teaching faculty with expertise in each of the basic public health sciences.	100%	100%	100%
The delivery of curriculum content supported by practicing public health professionals with expertise in each of the areas of specialization.	100%	100%	100%
90% of faculty qualified to teach in each area of specialization.	90%	100%	100%
Preceptor Evaluation of student performance during Practicum Experience (80% met or exceeded expectations).	80%	84%	100%
95% of students receiving a grade of B or higher for Practicum Experience.	95%	100%	100%
90% of students Practicum site and objectives are aligned with area of specialization.	90%	100%	100%
Goal II- Leadership	Target	2011-12	2012-13
Assessment of students' ability to apply critical decision-making and analytic skills in oral and written presentation of culminating and practicum experience projects	100%	100%	100%
Number of students participating on MPH Committees	4	4	4
Number of students elected to executive leadership roles in MPH Student Association.			
Instructor/preceptor evaluations of the extent to which the students exhibit leadership skills	80%	84%	100%
Successful completion of the Health Administration & Policy core course.	100%	100%	100%
Public Health Leadership Seminar requirements and the Practicum Experience 15	100%	100%	100%
Number of students in leadership roles in MSM and external organizations.			

Number of students presenting at seminars and conferences.			
Goal III- *Increase underrepresented students*	**Target**	**2011-12**	**2012-13**
The number of African-Americans, people of African descent and members of other minority groups recruited (applications received), admitted (accepted), and retained (enrolled) within the student body per academic year.		23	21
The number of minorities graduating from the Program each year.		12	19
Graduate 95% of the students who enter the Program.	95%	74%	90%
The number of health disparities seminars and workshops offered.	6	8	13
The number of courses within the curriculum with health disparity components.	6	6	6
Goal IV- *Promote lifelong learning through continuing public health education*	**Target**	**2011-12**	**2012-13**
The number of conferences, seminars and workshops offered to students and faculty.		58	58
Goal V- *Research*	**Target**	**2011-12**	**2012-13**
The percentage of students participating in health disparities research.	100%	100%	100%
The number of publications in peer review journals.			
Offer courses that cover the cross cutting issues in public health.			
Goal VI- *Collaborate with local, regional, state and international communities*	**Target**	**2011-12**	**2012-13**
The number of ongoing community health (service) projects in which faculty and students are involved.			
The number of Memorandum of Agreements signed		**4**	**2**
The number of letters of support provided to Community Based Organizations, neighborhood associations, churches and Public Health agencies			
Goal VII- *Improve and impact public health policies and practice*	**Target**	**2011-12**	**2012-13**
The number of organizations to which the Program provides technical assistance.		**2**	**2**

Note: Because goals and objectives for AY 2013-14 are different than those for AY 2012-13 and 2011-12, two separate outcomes tables are presented (*shaded areas were not measurable*).

1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents,

including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

The self-study document was prepared using an integrative process which included teams comprised of MSM administrators, faculty, staff, students and alumni *(see eRF)*. Additionally, the MPH EAB provided input on the final document. The process by which the self-study report was completed is outlined in Figure 1.2.d below.
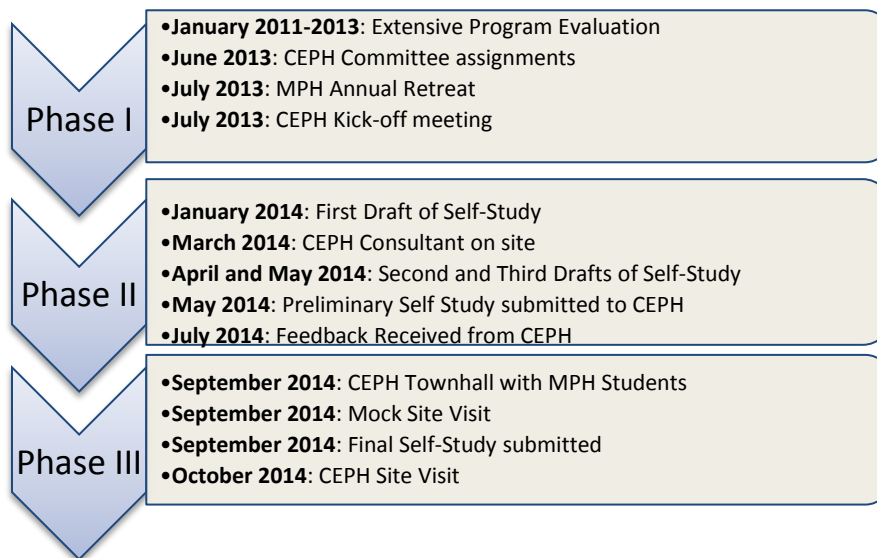
Phase I
- **January 2011-2013**: Extensive Program Evaluation
- **June 2013**: CEPH Committee assignments
- **July 2013**: MPH Annual Retreat
- **July 2013**: CEPH Kick-off meeting

Phase II
- **January 2014**: First Draft of Self-Study
- **March 2014**: CEPH Consultant on site
- **April and May 2014**: Second and Third Drafts of Self-Study
- **May 2014**: Preliminary Self Study submitted to CEPH
- **July 2014**: Feedback Received from CEPH

Phase III
- **September 2014**: CEPH Townhall with MPH Students
- **September 2014**: Mock Site Visit
- **September 2014**: Final Self-Study submitted
- **October 2014**: CEPH Site Visit

Figure 1.2.d Development and Administration Process of Self Study

A program coordinator in MSM's Office of the Dean was assigned to manage the process. The program coordinator attended all committee meetings, took notes, and managed drafts using SharePoint (*see eRF.)*

1.2.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is met with commentary.

*Strengths***:** Despite the need to refine our MPH program's mission, new goals with measurable objectives have been identified and outcomes have been reported for AY 2013-2014. Personnel have been identified and a system has been developed to collect and manage data. Mechanisms by which internal and external feedback can be obtained

have been outlined. Additional strengths are the collection each semester of quantitative and qualitative data from students regarding the program, courses, and instructors. The additional data collected via mid-term and final evaluations, town hall meetings, and exit interviews, provides additional opportunities to gain input for program enhancement.

Challenges: Because the program changed during the self-study period, there is limited evidence of the effectiveness of our proposed evaluation strategy.

Plans: Data collection began immediately and is being coordinated by the Program Manager. Since this is a new process, interim reports are made to the Program Director to ensure the ability to refine the process if needed.

1.3 Institutional Environment

1.3 Institutional Environment. **The program shall be an integral part of an accredited institution of higher education.**

1.3.a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

Morehouse School of Medicine (MSM), located in Atlanta, Ga., was founded in 1975 as the Medical Education Program at Morehouse College. In 1981, MSM became an independently chartered institution. MSM is among the nation's leading educators of primary care physicians and, in 2010, was recognized in Annals of Internal Medicine as the top institution among U.S. medical schools for our social mission. Our faculty and alumni are noted in their fields for excellence in teaching, research, community service and public policy.

MSM is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.

MSM is accredited by the Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education, Liaison Committee on Medical Education and Southern Association of Colleges and Schools. The regional accrediting agencies of the Liaison Committee on Medical Education and Southern Association of Colleges and Schools' last accreditation reviews occurred in 2013 and 2011, respectively. The next reviews are scheduled to occur in 2021 with both accrediting agencies.

MSM awards the Doctor of Medicine, Doctor of Philosophy in Biomedical Sciences (PhD), Master of Public Health (MPH), Master of Science in Medical Sciences (MSMS), Master of Science in Biomedical Research (MSBR), Master of Science in Clinical Research (MSCR), Master of Science in Biomedical Sciences (MSBS) and the Master of Science in Biomedical Technology (MSBT) degrees.

1.3.b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and

clearly depicting how the program reports to or is supervised by other components of the institution.
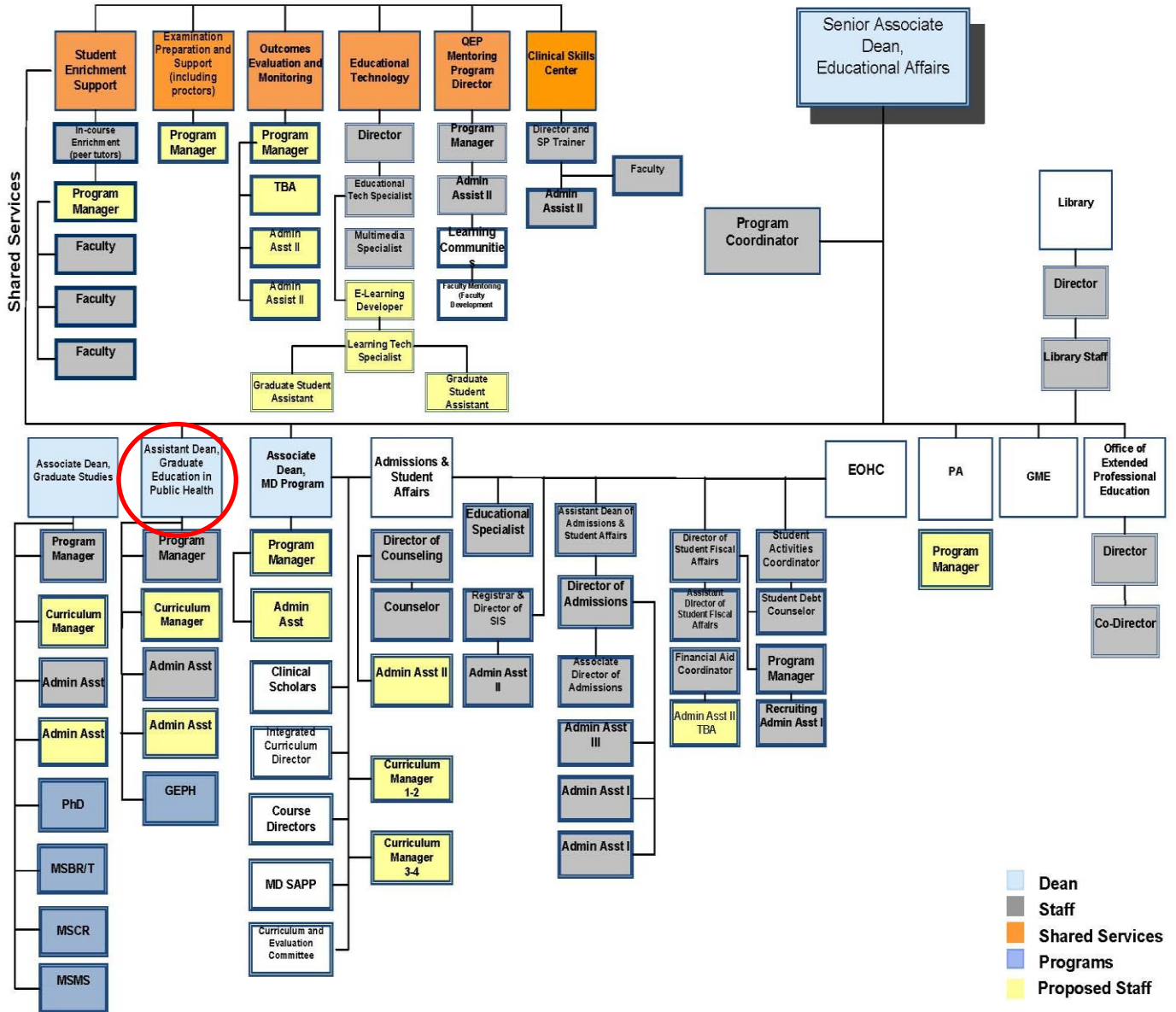
1.3.c. Description of the program's involvement and role in the following:

- budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising: Beginning in AY 2012-13, MSM's mission-based budgeting allowed MPH tuition to be aligned with the MPH Program. Prior to that time, resources provided to support the program were allocated by CHPM, where the majority of MPH faculty have academic appointments.

Presently, the MPH budget is set independent of CHPM, while negotiations regarding faculty allocations are made collaboratively. The budget negotiation process begins with a budget hearing in February and budget roll-out July 1. The MPH program director is fully engaged in the institutional budget process. Indirect costs are utilized institution-wide and are not reallocated specifically to the MPH Program.

Fundraising is managed through the Office of Institutional Advancement (OIA). Student scholarships, including the MPH Scholarship portfolio, are managed by the Director of OIA. The MPH External Advisory Board has a fundraising subcommittee which works in concert with OIA.

- personnel recruitment, selection and advancement, including faculty and staff: All current primary MPH faculty appointments are in CHPM and the MPH program director sits on the CHPM FAPC. As such, the MPH program director works directly with the Chair of CHPM on faculty appointments and assignments and through the FAPC. The MPH program director oversees the hiring and promotion of staff assigned to the MPH program.

- academic standards and policies, including establishment and oversight of curricula: All academic policy recommendations are reviewed and acted upon by the institutional Academic Policy Council (APC) and referred, as appropriate, by the president to the Board of Trustees for further review and action. The Dean is the chair of the APC. Membership includes all department chairpersons, four elected faculty representatives, director of the library, president of the Student Government Association, the Associate Dean of Student Affairs, and the Assistant Dean of Graduate Education in Public Health (who also holds the title of Director of the MPH Program).

1.3.d. **This criterion is not applicable to this program.**

1.3.e. **This criterion is not applicable to this program.**

1.3.f. **Assessment of the extent to which the criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.**

This criterion is met.

***Strengths*:** The institutional environment at MSM provides the support needed to effectively operate the MPH Program. In academic year 2012-2013, the program was administratively re-aligned from a unit within CHPM to a free-standing academic program at MSM which operates in conjunction with other degree-granting programs (i.e. MD, MS, PhD). The organizational structure for MSM's Office of Academic Affairs fully integrates and provides resources to support the MPH program, in addition to other academic programs at the institution. Additionally, sufficient governance exists which ensures that the MPH Program, through the Director, as well as the Assistant Dean of Graduate Education in Public Health, has a voice in all institutional and programmatic academic matters.
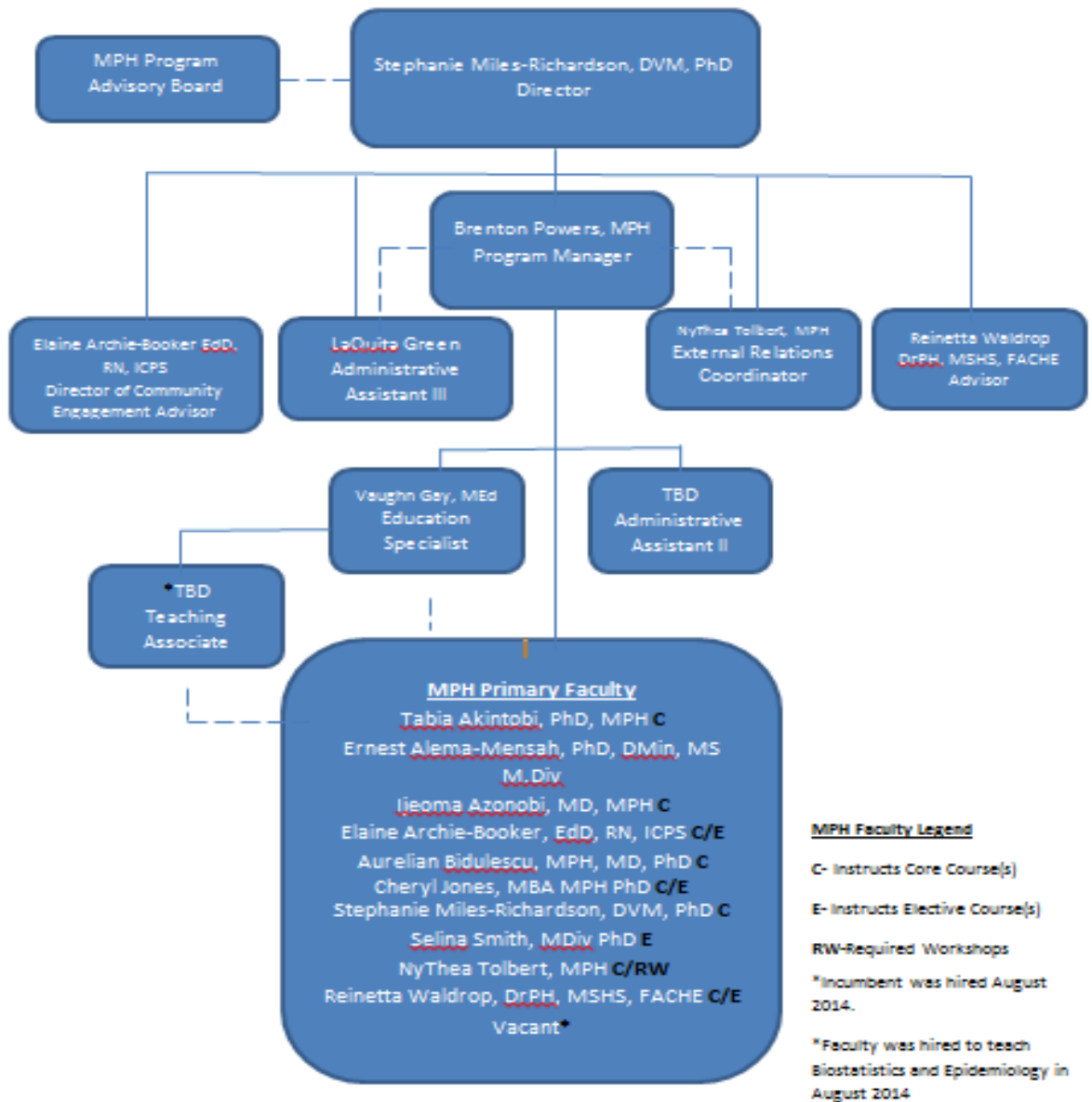
Challenges: none identified.

Plans: Continue to work through the existing institutional and programmatic governance.

1.4 Organization and Administration

1.4 Organization and Administration. The program shall provide an organizational setting conducive to public health learning, research and service.

1.4.a. One or more organizational charts delineating the administrative organization of the program, indicating the relationships among its internal components.

Master of Public Health Program
Organizational Chart 2013-2014

MPH Program Advisory Board

Stephanie Miles-Richardson, DVM, PhD
Director

Brenton Powers, MPH
Program Manager

Elaine Archie-Booker EdD, RN, ICPS
Director of Community Engagement Advisor

LaQuita Green
Administrative Assistant III

NyThea Tolbert, MPH
External Relations Coordinator

Reinetta Waldrop DrPH, MSHS, FACHE
Advisor

Vaughn Gay, MEd
Education Specialist

TBD
Administrative Assistant II

*TBD
Teaching Associate

MPH Primary Faculty
Tabia Akintobi, PhD, MPH **C**
Ernest Alema-Mensah, PhD, DMin, MS M.Div
Ijeoma Azonobi, MD, MPH **C**
Elaine Archie-Booker, EdD, RN, ICPS **C/E**
Aurelian Bidulescu, MPH, MD, PhD **C**
Cheryl Jones, MBA MPH PhD **C/E**
Stephanie Miles-Richardson, DVM, PhD **C**
Selina Smith, MDiv PhD **E**
NyThea Tolbert, MPH **C/RW**
Reinetta Waldrop, DrPH, MSHS, FACHE **C/E**
Vacant*

MPH Faculty Legend

C- Instructs Core Course(s)

E- Instructs Elective Course(s)

RW-Required Workshops

*Incumbent was hired August 2014.

*Faculty was hired to teach Biostatistics and Epidemiology in August 2014

1.4.b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.
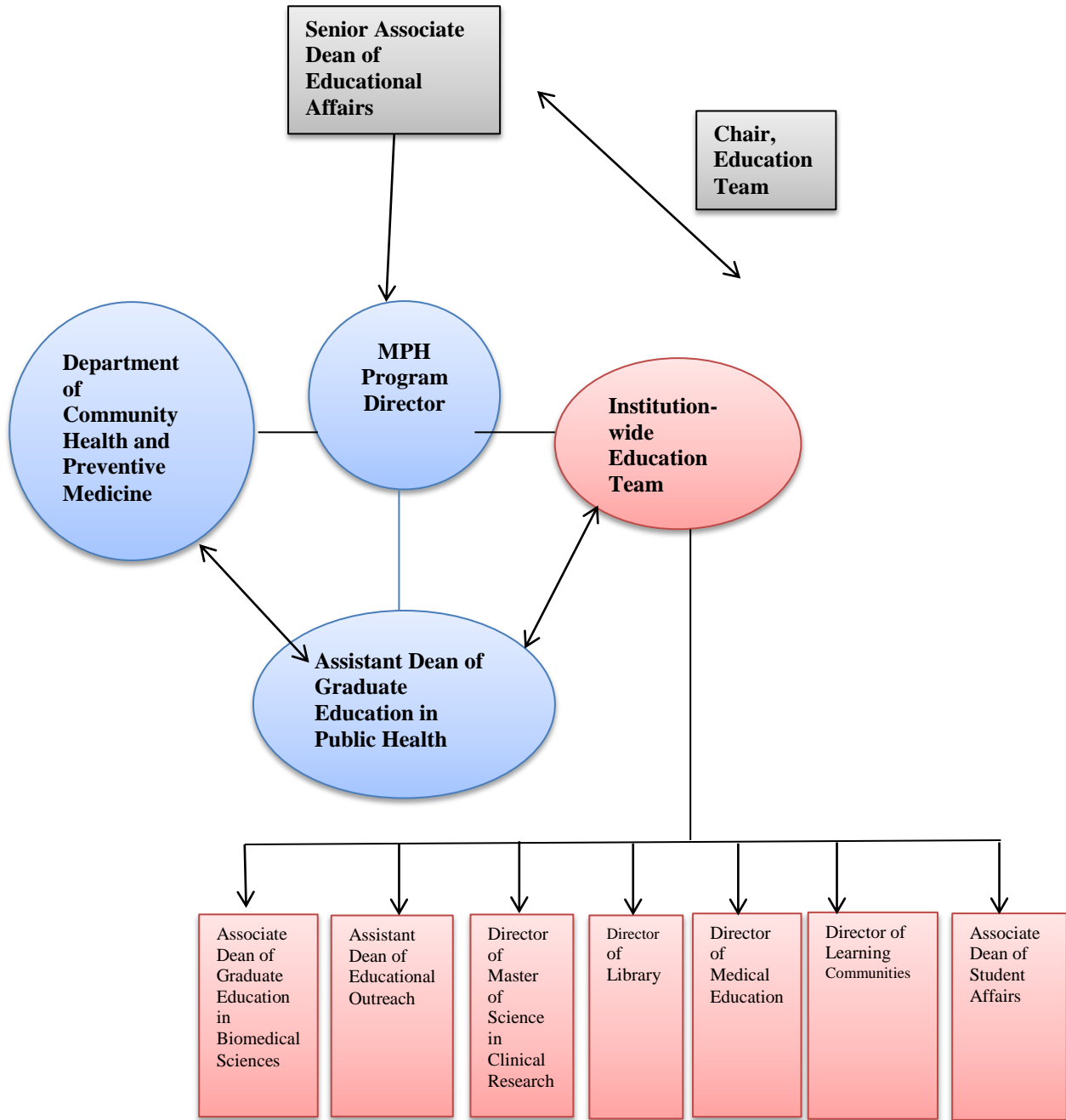
In addition, MSM Learning Communities also provides an opportunity for interdisciplinary coordination. The MPH Learning communities are groups of graduate

students facilitated by faculty mentors that encourage the formation of valuable skills and relationships.

• Recent Graduates Learning Community	• Mature Learners Learning Community
• Parents Learning Community	• Males Learning Community
• Extended Learners Learning Community	
Topics of Discussion: time management, self-awareness, study skills, professional development, work/life balance, and motivation	

The Master of Science in Medical Science (MSMS) program was initiated in 2013 and represents an excellent example of interdisciplinary, coordination, cooperation, and collaboration. The program, previously a post-baccalaureate program focused on students who needed additional enrichment prior to applying to medical school, includes the following MPH courses in its curriculum:

• Fundamentals of Public Health	• Biostatistics
• Epidemiology	• Community Health and Assessment

The impetus for requiring public health courses for MSMS students is to ensure that they embrace the social mission of MSM.

1.4.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is met.

Strengths: The MPH program is fully engaged in the academic enterprise at MSM primarily through our role on the institution-wide education team which offers opportunities for interdepartmental collaboration. Additionally, the learning communities have provided an effective method of engaging current students, around their life stages and social interests.

Challenges: none identified.

Plans: Continue collaborations through MSM's education team.

1.5 Governance

1.5 Governance. The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

1.5.a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.
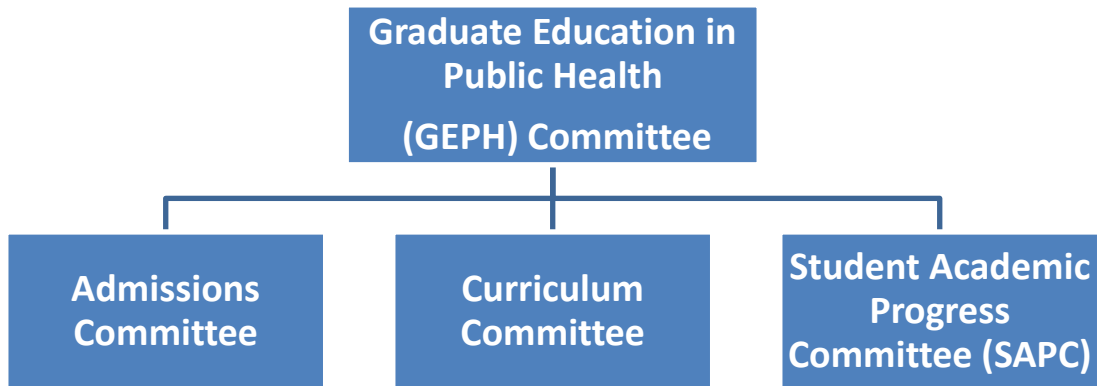

Figure1.5.a Standing Committees

Admissions Committee

Charge: To review applications, interview, and select students for matriculation in the MPH Program.

Membership: Reinetta T. Waldrop, Chair; Stephanie Miles-Richardson, ex-officio; Archie-Booker, Elaine; Durham, Carla; Hayes, Venice; Hunter, Brandon; Finley, Rita; Sheppard, Kenneth; Josiah-Willock, Robina; Baltrus, Peter; Buckner, Ayanna; Mahaffey. Carlos; Powers, Brenton; Ray, John; Tolbert, NyThea; Tuff, Regan; Wimes, Angela; Azonobi, Ijeoma; Stokes, Sherette; Kedrick Williams (SGA president -student representative)

Curriculum Committee

Charge: To conduct a continuing review of curriculum design, course organization, teaching performance, didactics and learning experience, to formulate specific recommendations for modifying courses in the interest of improving the curriculum.

Membership: Selina Smith, Chair; Stephanie Miles-Richardson (ex-officio); Vaughn Gay, education specialist; Reinetta T. Waldrop; Elaine Archie-Booker; Nythea Tolbert, Tabia Akintobi, Ijeoma Azonobi; Aurelian Bidulescu; Wonsuk Yoo.

Student Academic Progress Committee
Charge: To monitor the academic performance of each MPH student. The committee evaluates and makes recommendations for each student in accordance with the guidelines outlined in the student handbook. It determines satisfactory academic progress, probation, or dismissal for academic reasons.

Membership: John Patrickson, Chair; Stephanie Miles-Richardson (ex-officio); Elaine Archie-Booker; Reinetta Waldrop; Annie Gilliam; Ayanna Buckner; Ngozi Anachebe; NyThea Tolbert; Kennie Shepard; Carla Durham-Walker; Aurelian Bidulescu; Brenton Powers.

Graduate Education in Public Health:
Charge: To review and oversee outcomes from the admissions, curriculum, and student academic progress committee and provide updates to the institutional APC.

Membership: Ayanna Buckner, Chair; Stephanie Miles-Richardson (ex-officio); Martha Elks; Elaine Archie-Booker; NyThea Tolbert; Reinetta Waldrop; Rita Finley; Carlos Mahaffey; Jamillah McDaniel; John Patrickson; Alexander Quarshie; Cynthia Trawick

External Advisory Board

Charge: To reaffirm the mission, provide guidance on unmet resource needs and assure that all curricular and extra-curricular activities are aligned with the mission, goals and objectives of the program. The board will also advise on strategic planning, as well as research and service priorities.

Membership: Rueben Warren, Chair; Stephanie Miles- Richardson (ex-officio); Annesse Jones; Charles Moore; Sonia Alvarez-Robinson; Nekatana Gilliam; John Moore; Elizabeth Ford; Alpha Fowler Bryan; Hazel Dean; Patrice Harris; Kaamel Nuri;

Moric Palmer; Carolyn Young; Bailus Walker, Jr; Brion Edwards (student representative)

1.5.b. Identification of how the following functions are addressed within the program's committee and organizational structure:

- General Program Policy Development: Program governance is divided among five governing bodies: MPH EAB, GEPH steering committee, the MPH admissions committee, the MPH curriculum committee, and the MPH SAPC. The admissions, curriculum, and student academic progress committees report to the GEPH steering committee and that committee reports to the institutional APC. The student government association governs through a SGA executive board and a general body. A MPH faculty liaison works with SGA. Faculty appointments and promotions are handled through the home department, which is generally CHPM for faculty assigned to the MPH program. The Program Director and other MPH faculty are members of that committee.

- **Planning and Evaluation:** The MPH program manager is responsible for monitoring progress against goals and objectives and collecting and managing evaluation data. The program manager works in concert with MSM's EIA.

- **Budget and resource allocation:** Beginning in AY 2012-2013, MPH tuition was aligned with the MPH program. Prior to that time, resources provided to support the program were allocated by CHPM, where the majority of MPH faculty have appointments. Presently, the MPH program budget is set independently of CHPM, while negotiations are made collaboratively. The budget negotiation process begins in February with budget roll-out July 1. The MPH program director is fully engaged in the institutional budget process.

- Student recruitment, admission and award of degrees:

Student recruitment and admissions occurs in concert with the MSM Admissions department, through the MPH program manager. Additionally, the MPH program has a separate Admissions Committee, chaired by Dr. Reinetta Waldrop.

Degrees are awarded by MSM based on the assessment by the MPH program of whether or not the student has satisfied all degree requirements. The MPH program, upon advisement of the MPH SAPC committee, provides names of degree candidates to the

Dean of Student Affairs who, in turn, provides the names to the MSM Board of Trustees, for vote on conferral of degrees.

- Faculty recruitment, retention, promotion and tenure: The MPH program director works with the CHPM chair regarding MPH faculty recruitment**.** The MPH program director sits on the CHPM FAPC as well as the institutional APC, which is the final voting body on faculty appointments and promotions.

- **Academic standards and policies, including curriculum development:** The GEPH committee is comprised of the SAPC and curriculum committees which oversee academic standards and curriculum development, respectively. Academic standards in the student handbook (*see eRF*), are enforced by the SAPC. Faculty submit recommendations for additional courses to the curriculum committee for review and approval.

- Program's research and service expectations and policies:

All faculty members in the CHPM are expected to 1) contribute to the development of institutional instructional programs, 2) demonstrate promise of continued scholarship productivity, and/or 3) contribute service to MSM and CHPM, the profession of community health and preventive medicine, and the broader community and general public, consistent with the mission of CHPM.

1.5.c. A copy of bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

There are no bylaws specific to the MPH Program. However, there are comprehensive Faculty Bylaws, which establish the organizational basis for the governance of the MSM faculty while providing a mechanism for development and implementation of academic policy. Faculty Bylaws also establish the Faculty Assembly to provide a forum to promote communication among the faculty; enable participation by faculty in the development and evaluation of academic policies and make recommendations to the Dean or APC; respond to matters referred by the Dean or APC; initiate discussion concerning any matter pertaining to the academic life of MSM; and help create, maintain, and protect an academic environment conducive to growth of scholarship, teaching, and service, and respect for human rights and dignity. All members of the faculty are eligible

for membership in the Faculty Assembly and the chair is a faculty member who is elected by the membership. There are at least three regular meetings each year and called meetings as requested *(see eRF)*. Of note, the MPH program director was chair of the MSM faculty assembly in AY 2012-2013.

1.5.d. Identification of program faculty who hold membership on university committee, through which faculty contribute to the activities of the university.

Academic Policy Council	Dr. Stephanie Miles-Richardson
Department of Community Health and Preventive Medicine Faculty Appointment and Promotions Committee (FAPC)	Dr. Stephanie Miles-Richardson; Dr. Reinetta Waldrop; Dr. Tabia Akintobi; Dr. Lee Caplan; Dr. Robert Mayberry, Chair of FAPC
Equity and Diversity Committee	Dr. Stephanie Miles-Richardson
Executive Faculty Committee	Dr. Stephanie Miles-Richardson; Dr. Tabia Akintobi
Faculty Assembly	Dr. Stephanie Miles-Richardson (Chair 2012-2013); Dr. Elaine Archie-Booker (nominating committee 2013-2014; Dr. Selina Smith (Secretary 2012-2013); Dr. Reinetta Waldrop (nominating committee, 2013-2014); Dr. Ijeoma Azonobi (nominating committee 2013-2014)
MSM Learning Community Advisory Council	Dr. Reinetta Waldrop and Mrs. Nythea Tolbert
MSM Institutional Review Board	Dr. Rhonda Holliday, Social and Behavioral Chair
Professionals in the Learning Environment	Dr. Elaine Archie-Booker

1.5.e. Description of student roles in governance, including any formal student organizations.

The MPH Student Government Association consists of an SGA president (2nd year student) and a first year representative president-elect. The SGA's responsibility is to discuss student issues and provide insight to the program director and other program administrators and faculty from the student perspective.

1.5.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is met.

Strengths: The governance of the program is clearly outlined with established policies, and lines of communication between the MPH committees, the GEPH steering committee and the institutional APC

Challenges: none identified.

Plans: Continue to follow MPH program and MSM institutional governance.

1.6 Fiscal Resources

Contact Brenton Powers (bpowers@msm.edu) if interested in a copy of the fiscal resources section of the final self-study report.

1.6 Fiscal Resources. The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research, and services activities.

In FY 2013, concomitant with the realignment of the MPH program from CHPM, MSM began the process of mission based management (MBM) to determine revenues and costs, and to make allocations based on core missions and values in an open, transparent manner. The MBM process led to MPH tuition alignment which ensures that the MPH program is self-sustaining.

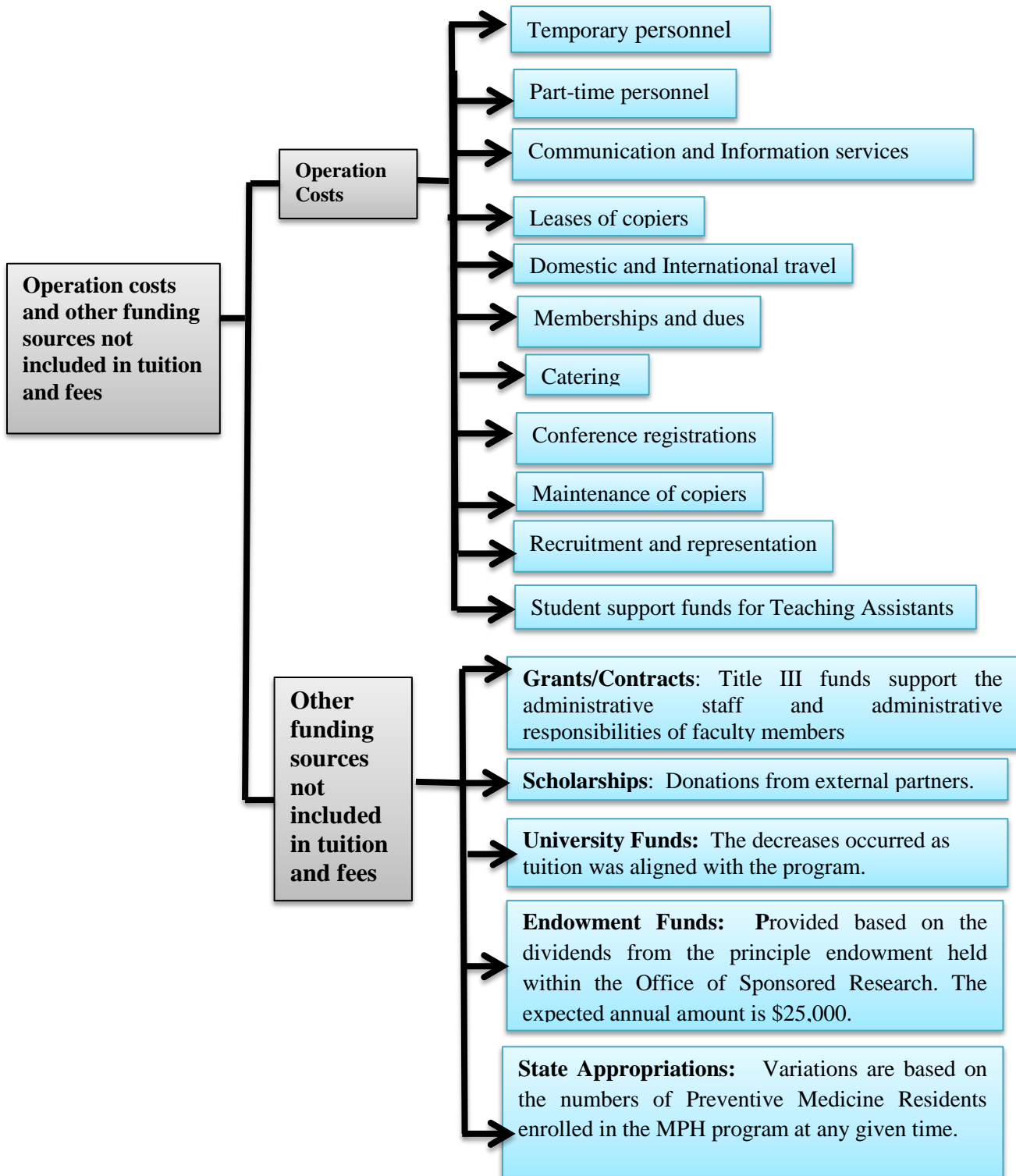Sources of funding are illustrated in figure 1.6.a (i).

Operation costs and other funding sources not included in tuition and fees

Operation Costs
- Temporary personnel
- Part-time personnel
- Communication and Information services
- Leases of copiers
- Domestic and International travel
- Memberships and dues
- Catering
- Conference registrations
- Maintenance of copiers
- Recruitment and representation
- Student support funds for Teaching Assistants

Other funding sources not included in tuition and fees
- **Grants/Contracts**: Title III funds support the administrative staff and administrative responsibilities of faculty members
- **Scholarships**: Donations from external partners.
- **University Funds:** The decreases occurred as tuition was aligned with the program.
- **Endowment Funds:** Provided based on the dividends from the principle endowment held within the Office of Sponsored Research. The expected annual amount is $25,000.
- **State Appropriations:** Variations are based on the numbers of Preventive Medicine Residents enrolled in the MPH program at any given time.

Figure 1.6.a (i) Illustrates Operational Costs and Funding Sources

The MPH program is fully engaged in the institution's budget process which includes the following phases:
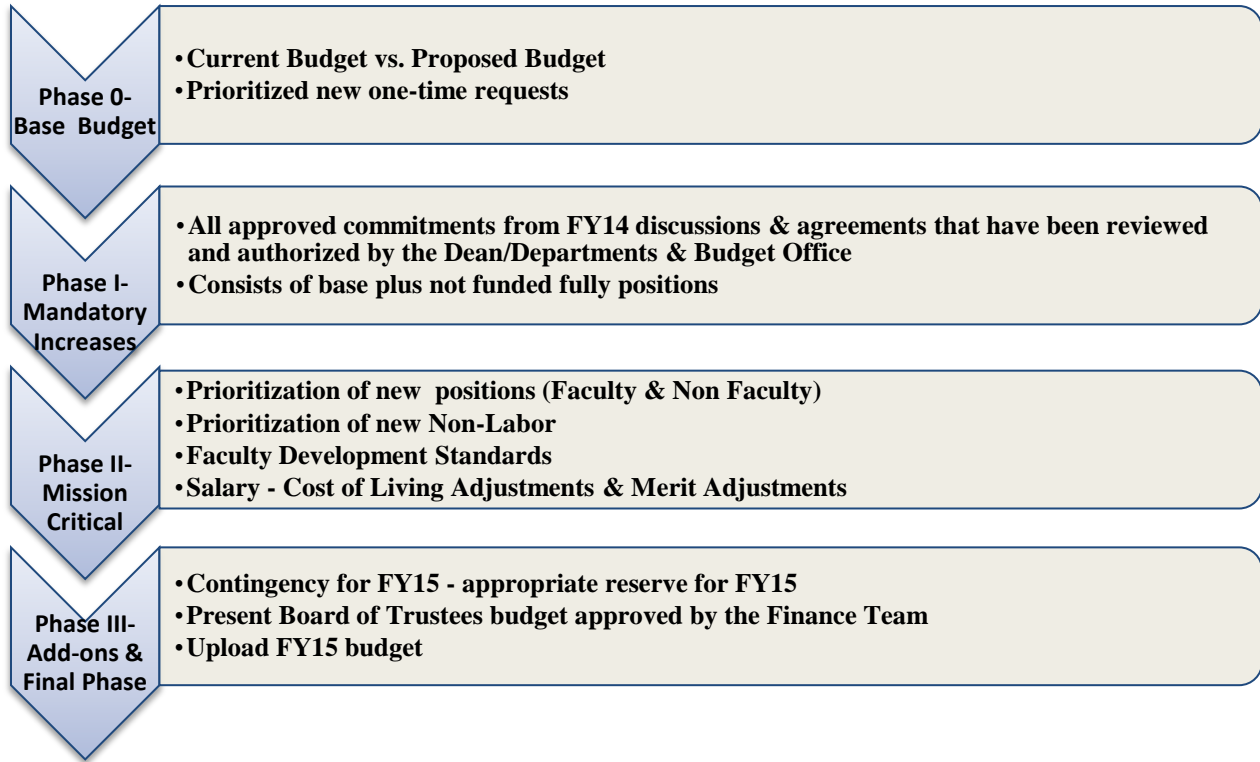

Phase 0- Base Budget	• **Current Budget vs. Proposed Budget** • **Prioritized new one-time requests**
Phase I- Mandatory Increases	• **All approved commitments from FY14 discussions & agreements that have been reviewed and authorized by the Dean/Departments & Budget Office** • **Consists of base plus not funded fully positions**
Phase II- Mission Critical	• **Prioritization of new positions (Faculty & Non Faculty)** • **Prioritization of new Non-Labor** • **Faculty Development Standards** • **Salary - Cost of Living Adjustments & Merit Adjustments**
Phase III- Add-ons & Final Phase	• **Contingency for FY15 - appropriate reserve for FY15** • **Present Board of Trustees budget approved by the Finance Team** • **Upload FY15 budget**

Figure 1.6.a (ii) MSM Budget Process

1.6.b. A clearly formulated program budget statement, showing sources of all available funds and expenditures.

Table 1.6.b , which outlines sources of funds for FY 2008-2014, demonstrates that MBM was fully implemented in FY 14. Thus, MPH tuition is aligned to the MPH program. During FY 2008-2010, faculty and staff salary and benefits were not calculated separately for the MPH program. Beginning in FY 2011, even though faculty salaries were calculated separately, a decreasing trend in faculty and staff salaries is noted. This decrease reflects the program's refocus from a track-based to a generalist curriculum, requiring fewer faculty. Additionally, a new staffing model implemented in FY 2011 was not fully implemented until FY 2014.

Table 1.6.b - Sources of Funds and Expenditures by Major Category, 2008- 2014							
	FY 14	FY 13	FY 12	FY 11	FY 10	FY 09	FY 08
Source of Funds							
Tuition & Fees	751,187	701,346	0	0	0	0	0
University Funds	0	0	0	666,835	559,290	879,539	663,126
State Appropriation-DSH	15,463	121,750	440,068	265,148	0	0	0
Grants/Contracts-Title III	319,123	362,608	508,464	498,697	639,722	401,415	625,997
Endowment	25,000	41,090	74,860	26,300	24,396	25,000	25,000
Scholarships	64,000	99,464	98,703	162,423	40,582	31,000	13,500
Total	**1,174,713**	**1,326,258**	**1,122,095**	**1,619,403**	**1,263,990**	**1,336,954**	**1,327,623**
Expenditures	FY 14	FY 13	FY 12	FY 11	FY 10	FY 09	FY 08
Faculty Salary & Benefits						613,917	392,873
Staff Salary & Benefits						231,971	132,197
Faculty Salaries	232,228	353,316	429,768	403,006	1,444,527		
Staff Salaries	80,998	68,625	192,264	110,215	154,888		
Faculty & Staff Benefits	78,877	114,540	155,751	120,974	388,267		
Operations	48,911	57,121	61,715	54,768	223,478	161,875	135,840
Travel	41,920	8,488	10,264	4,913	41,287	57,294	34,257
Student Support	3,453	17,179	6,500	9,500	15,269	175,331	15,901
University Tax	0	0	0	57,781	57,781	59,662	0
Total	**486,387**	**619,269**	**856,262**	**761,157**	**2,325,497**	**1,300,050**	**711,068**

1.6.c. This criterion does not apply to this program.

1.6.d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

The program uses its ability to hire and retain the full complement of faculty and staff at the current faculty staff ratio as well as our ability to secure funds to cover projected operational expenses as a means by which to assess the adequacy of our fiscal resources.

No performance data for a set of measurable objectives has been collected over the past three years. However, moving forward the following quantifiable indicators will be used:

Table 1.6.d Outcome Measures Table-Fiscal Resources

Table 1.6.d. Outcome Measures for Assessing the Adequacy of Fiscal Resources				
Outcome Measure	Target	FY 14	FY 13	FY 12
Tuition Alignment to MPH Program	100%	100%	100%	0%
Provide MPH Scholarships	$75,000 or greater	$64,000	$99, 464	$98,703
Provide funding for Student Support	$5,000 or greater	$11,953	$17, 179	$6,500

1.6.e. **Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.**

This criterion is met with commentary.

Strengths: During the period of the self-study assessment, the program evolved from one in which funds were provided by CHPM based on need and availability of funds to a self-sustaining MPH program operated on tuition revenue. Additionally, we have prepared and implemented a business plan which oversees the cost of operations without compromising academic integrity.

Challenges: Because the fiscal model described herein is a relatively new one, no historical data is available to assess our progress. However, since our projected tuition revenue far exceeds the cost of operating the program, it is expected that fiscal resources are adequate.

Plans: The MPH program director and Program Manager will continue to work closely with MSM's finance team to ensure MBB.

1.7 Faculty and Other Resources

1.7 Faculty and Other Resources. The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.7.a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration.

Table 1.7.1 Headcount of Primary Faculty			
	2013-14	2012-13	2011-12
Generalist/ Community Health	**11**	**6***	
Epidemiology		1	2
Health Education/ Health Promotion		0	1
Health Administration, Management And Policy		2	2
Global Health		1	1

* Note that for AY 2012-2013 one of the two generalist faculty members is also counted in the HAMP track (Waldrop; Miles-Richardson). Also one generalist faculty member is not counted because of an 80% MSM faculty appointment (Ellis) and another track faculty member is not counted because of a 50% MSM faculty appointment (Armstrong-Mensah).

At the beginning of AY 2012-2013 CHPM recruited a Biostatistician to teach MPH and other graduate students, as well as to serve in other institutional biostatistics support roles. The position was filled in January 2013.

1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the past three years (calendar or academic years).

Table 1.7.2(i) Faculty, Students and Student/Faculty Ratios by Department or Specialty Area AY 2013-2014										
	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty	SFR by Total Faculty
GENERALIST	11	9.3	9	2.2	20	11.5	39	37	3.97	3.2

EPIDEMIOLOGY										
GLOBAL										
HEALTH ADMIN, MAN & POLICY										
HEALTH ED/HEALTH PROMOTION										

Table 1.7.2 (ii) Faculty, Students and Student/Faculty Ratios by Department or Specialty Area AY 2012-2013

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
GENERALIST[1]	8	6.55	11	2.3	19	8.85	23	19.5	2.97	2.20
EPIDEMIOLOGY[2]	1	.5	0	0.2	1	.5	7	6.5	13	13
GLOBAL[3]	1	1	1	1	1	1	4	2.5	2.5	2.5
HEALTH ADMIN, MAN & POLICY[4]	2	2	1	.2	3	2.2	4	4	2	1.8
HEALTH ED/HEALTH PROMOTION	1	1	1	.3	2	1.3	4	3.5	3.5	2.69

[1]*Two faculty counted for the Generalist Curriculum also counted for Health Administration, Management and Policy Track.* [2] *Only three of seven Epidemiology students enrolled in a track course this academic year. Adjusting SFR by 0.5 primary faculty and three students yields an SFR of six.* [3] *One 0.5 FTE track faculty is not counted because her appointment at MSM was less than full time.* [4] *Two faculty supporting this track are also counted in the HC for Generalist Curriculum.*

Table 1.7.2 (iii) Faculty, Students and Student/Faculty Ratios by Department or Specialty Area AY 2011-2012

	HC Primary Faculty	FTE Primary Faculty	HC Other Faculty	FTE Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
GENERALIST										
EPIDEMIOLOGY[1]	3	2.25	0	0	3	2.25	3	2.5	1.1	1.1
GLOBAL[2]	2	2	0	0	2	2	4	3.5	1.75	1.75
HEALTH[3] ADMIN, MAN & POLICY	2	2	2	0	2	2	5	5	2.5	2.5

HEALTH ED/HEALTH PROMOTION[4]	1	.5	1	.5	2	1	6	5.5	11	5.5

[1]One Epidemiology faculty who taught one track course is not counted because he was an MSM consultant, not an MSM FTE. [2] One Global faculty who taught two track courses is not counted because he was an MSM consultant, not an MSM FTE. [3]Three Health Administration, Management and Policy faculty who taught three track courses were not counted because each was an MSM consultant, not an MSM FTE. [4] One Health Education/ Health Promotion faculty who taught two electives is not counted because her MSM appointment was less than full-time (45%) and another who served as track coordinator is not counted because her MSM appointment was less than full-time (80%).

1.7.c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

Table 1.7.c. (i) Headcount and FTE of Administration and Staff who Support the Program		
STAFF	**AY 2013-14**	
	HC	**FTE**
Program Manager	1	1
Teaching Associate*	0	0
Education Specialist	1	1
External Relations Coordinator	1	1
Administrative Assistant III	1	1
Administrative Assistant II[#]	0	0

Table 1.7.c. (ii) Headcount and FTE of Administration and Staff who Support the Program		
STAFF	**AY 2012-13**	
	HC	**FTE**
Program Coordinator	1	1
External Relations Coordinator	1	1

Table 1.7.c. (iii) Headcount and FTE of Administration and Staff who Support the Program		
STAFF	**AY 2011-12**	
	HC	**FTE**
Program Administrator	1	1
Program Coordinator	1	1
Academic Support Specialist	1	1
Administrative Assistant II	1	1
Administrative Assistant I	1	1

Note that staffing model changed in 2012-2013 to support Generalist Curriculum. See business plan in eRF.

*Teaching Associate position filled in August 2014.

 # Administrative Assistant II to be filled by December 2014.

To support the new generalist curriculum, a new staffing model was developed to more efficiently support program operations. The new staffing model includes a Program Manager (hired in 2013), an Administrative Assistant III (hired in 2014) to support the Program Director, an Administrative Assistant II (to be hired in December 2014) to support the Program Manager and faculty and ducational Specialist (hired in 2014).

1.7.d. Description of space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

The MPH program is housed in the National Center for Primary Care (NCPC) building on MSM main campus. The main office on the 3rd floor, NCPC 346, houses the Program Director in a private office and Executive Assistant in the reception space. NCPC #345 houses one primary faculty member in a private office space. The faculty suite located in NCPC #344 houses two core faculty and an education specialist in private offices. NCPC 222 and 229 are private offices that house one primary faculty member and Teaching Associate respectively. Additional space is allocated for an administrative assistant II. The Program Manager is located in a private office on the 3rd floor in NCPC #321. The primary classrooms are located on the second (#207) and third (#306) floors of NCPC. Student lockers are on the second and third floors immediately outside of each classroom. Tables and chairs for student gathering, lounging, and studying are situated on the 3rd floor proximate to faculty space. Student study space which is comprised of a break room/community study room as well as an adjacent quiet room containing carrels for individual study are located on the 2nd floor of the NCPC in # 227 and #244, respectively. The space is proximal to the teaching associate and faculty housed on the second floor. The library, break room, and study spaces in the Hugh Gloster building is available for use by MPH and other students on MSM's campus.

1.7.e. This criterion is not applicable to this program.

1.7.f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration, and staff.

The Information Technology (IT) Department is responsible for the implementation and management of technology solutions intended to support and enhance the academic,

research and clinical experience at Morehouse School of Medicine (MSM). Laptops, purchased with student fees, are selected each academic year with input from MPH students. Student laptops contain Microsoft Office 2010 (with OneNote), reference manager, SAS and SPSS. Faculty and staff are able to take advantage of a robust wired and wireless network that extends to classrooms, lecture halls, common gathering areas, the library and laboratories, both on campus and at MSM remote site locations. The network provides access to the Internet, the education and research network, academic, research and clinical applications, email and other resources. The campus network architecture includes a mesh design that offers diversity, redundancy and high-availability. Users also have the ability to access resources remotely by using the virtual private network (VPN) solution currently in place. IT offers anytime, anywhere access to the institution wide network, via the VPN solution.

Students and faculty also may take advantage of campus computer labs that contain multiple PC's that are connected to the network for access to the Internet, email and other network related resources. Two PC's and a printer are available in the second floor NCPC study lounge.

IT provides classroom and online training along with customized tutorial sessions for all instructional software solutions. Additionally, classrooms, lecture halls, auditoriums and laboratories are equipped with a variety of instructional technology solutions (i.e. smart boards, projection, audio/voice, web streaming and teleconference systems).

IT supports all hardware and software in use by students, faculty and staff across the institution and has implemented a number of instructional software and hardware solutions.

Hardware/Software
• **Blackboard**- a web-based course-management system designed to allow students and faculty to use online materials and activities to complement in person classroom instruction.
• **Turning Point**- an interactive response system that is used by lecturers to engage students.
• **ExamSoft**- a technology tool that delivers a comprehensive solution for secure exam administration.
• **Camtasia Captivate**- a lecture capture tool that records desktop and mouse activity as tasks are performed. The tool also records voice. This allows the lecturer to record tutorials for different tasks inside any application while giving verbal instructions or explanations to the viewer.
• **MediaSite**- a combination of technologies whose end-result is a Web page with video and slides from a PowerPoint presentation. The video is usually a "talking head" of the presenter as he/she is

> presenting and the slides are the actual slides shown at the live presentation. This tool allows MSM to broadcast a live event over the web to those not able to be present.

1.7.g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

The MSM library subscribes to a digital collection of 574 monographs and 9,000 journals. Access to these digital resources is available from the MSM library's webpage on the school's website and the MSM Connect portal. Off campus users must use the MSM's Virtual Private Network to access these resources.

Library orientation is conducted for all students upon enrollment. Additional sessions on research methodologies and resources (including health statistics and data sets) are conducted during the first semester for first year and second year Master of Public Health students.   Through an agreement with the Southeastern Atlantic Region National Networks of Libraries of Medicine (NN/LM), the MSM Library serves as a Resource Library for the NN/LM and also has access to resource training and tutorials that are used to enhance services to MSM students, faculty and staff. The Library is a member of DOCLINE, the National Library of Medicine's automated interlibrary loan (ILL) request routing and referral system, through which MSM Library obtains books and journal articles that are not owned by the library. The library is able to acquire document delivery as a member of the following consortia and associations: Consortium of Biomedical Libraries in the South (CONBLS, total of 22 libraries), Atlanta Health Sciences Libraries Consortium (AHSLC), and Atlanta Regional Consortium of Higher Education (ARCHE, a total of 19 libraries including the Atlanta University Center Woodruff Library).

1.7.h. A concise statement of any other resources not mentioned above, if applicable.

GALILEO, Georgia Library Learning Online, is an initiative of the Board of Regents of the University System of Georgia and is available from the library's webpage and MSM Connect portal. Over 100 databases covering thousands of periodical and scholarly journals, and encyclopedias, business directories, and government publications are available to students through GALILEO.

Websites of Interest is a channel on the library's Tab of the MSM Connect portal that lists the following websites, which are of particular interest to MPH students: Agency for Healthcare and Quality, CDC, the National Institutes of Health, the National Institute of Mental Health and the Department of Health and Human Services.

1.7.i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 1.7.i Outcome Measures- Adequacy of Faculty and Staff Resources				
Outcome Measure	**Target**	**AY 2013-14**	**AY 2012-13**	**AY 2011-12**
Student faculty ratio will be lower than 8	<8	3.2	1.76	3.3
Program is fully staffed	6 staff	4*	2	4
Enroll a minimum of 20 students per academic year	20 students	20	22	24

At the end of AY 2013-2014, a teaching associate was hired bringing our total to 5. An Administrative Assistant will be hired by Dec2014.

1.7.j. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is partially met.

Strengths: We have hired additional staff which will ensure adequate support to supports students, faculty, and program operations. Specifically, an education specialist, who is not involved in the evaluation of students, has provided critical, non-biased advisory support for students. A teaching associate was hired to provide academic support for primary faculty who also have administrative roles. We expect that an administrative assistant II will be hired during academic year 2014-2015. With the implementation of our generalist curriculum, our faculty complement exceeds our target for our student/ faculty ratio.

Challenges: During AY 2011-12 (track program) and AY 2012-13 (hybrid year), our full-time employee faculty complement was low. In order to meet academic needs of students, consultants and adjunct faculty were relied upon. In order to meet the

accreditation standard and remain fiscally sound, it became necessary to change the program structure from track-based to generalist. While our faculty complement in academic year 2011-12 and 2012-13 was a challenge, we have mitigated that problem with the new program structure.

Plans: Plans to hire full time faculty for Biostatistics and Epidemiology and a teaching associate to support administrative faculty by August 2014 have been realized.

1.8 Diversity

1. 8 Diversity. The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

1.8.a.   A written plan and/or policies demonstrative systematic incorporation of diversity within the program.

MSM defines diversity as the differences expressed by both internal and external characteristics of human beings. These differences include but are not limited to race, age, color, ethnicity, gender, gender identity and/or expression, sexual orientation, religion, national origin, disability status, political affiliation, veteran status, and socio-economic background. Diversity also includes differences in backgrounds, ideas, thoughts, values, and beliefs. This definition encompasses principles of inclusion and the creation of safe and supportive environments where differences are respected, valued, and celebrated.

Due to underrepresentation of African American males within the discipline of public health, our program's diversity efforts seek to focus on male recruitment and retention. We aim to increase the number of African American males within the discipline who are academically equipped and community-focused. It is our goal that this subpopulation, especially, be prepared to serve underserved populations, to eliminate racial health disparities, and to improve the health status for all people, both domestically and globally. Our efforts also focus on increasing the number of male faculty and staff to provide mentorship and positive role modeling for male students.   Additionally, it is our hope that our male graduates would pursue further terminal degrees within the field of public health.

1.8.b.   Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, list of student experiences, etc.

From AY 2011 to present, our male student numbers have increased. Thirty-two (32%) percent of students enrolled since AY 2011 were male out of a total of 63 students. Male enrollment has since increased by 18% .

1.8.c. Description of how the diversity plan or policies are being implemented.

In academic year 2012-2013, MSM appointed an institutional Equity and Diversity Committee, charged with strengthening MSM's climate of equity, diversity, and inclusion, through a safe and supportive environment that respects and celebrates the physical, social, and intellectual differences of its faculty, staff, and students. The MPH program director is a member of this committee. The committee is also charged with reviewing current policies and procedures and advising senior leadership to ensure appropriate attention to issues related to equity and diversity of faculty, staff, and students. Additionally, committee membership includes individuals responsible for developing appropriate marketing strategies to ensure respect for and celebration of institutional diversity.

MPH Learning Communities, implemented in AY 2013-14 include a male learning community facilitated by male faculty. The community focuses on issues of importance to African American and minority men and provides opportunities collective community service.

1.8.d. Description of how the diversity plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

Interim and end of year Learning Communities assessments were administered *(see eRF)*. Respondents in the Males Learning Community identified the community as an excellent environment to promote camaraderie and openness among male MPH students.

1.8.e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty staff and students, along with the data regarding the performance of the program against those measures for each of the last three years.

Table 1.8.e Summary Data for Faculty, Students and/or Staff						
Category/Definition	Method of Collection	Data Source	Target	Year 1 (AY 2013-14)	Year 2 (AY 2012-13)	Year 3 (AY 2011-12)
STUDENTS- Male	Admissions	Self-	50%	42%	14%	40%

	Applications	reporting				
STUDENTS-racial or ethnic minority; not African American	Admissions Applications	Self-reporting	20%	21%	10%	22%
STAFF- Male	MPH 2014 Data Call	Self-reporting	50%	67%	50%	0%
FACULTY- Male	MPH 2014 Data Call	Self-reporting	50%	17%	17%	33%

1.8.f. **Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.**

This criterion is partially met.

Strengths: The program has significantly increased the number of male staff concomitant with the increase in male students. Male staff are similarly educated, (i.e. MPH, MEd) therefore are able to serve as informal mentors to matriculating male students.

Challenges: Our diversity plan is limited to gender diversity. While we also consider life-stage diversity, we have limited evidence on the effectiveness of our ability to positively impact these populations. Because we are a Historically Black College and University (HBCU), the assumption is that enrollment is for African-Americans. Therefore, we are challenged in increasing our racial and ethnic diversity. We are working with MSM's marketing and admissions committee to overcome this through marketing campaigns and targeted recruitment.

Plans: Develop a comprehensive diversity plan, which includes not only males, but life-stage diversity, and other minority populations beyond African Americans. We have charged our External Advisory Board members with helping us to expand our definition of diversity with particular interest in the Hispanic populations to better reflect the demographic shift in the state of Georgia.

2.0 INSTRUCTIONAL PROGRAMS

2.1 Degree Offerings

2.1 Degree Offerings. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

2.1.a An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

In academic year 2011-2012, the MPH program offered the following tracks: Epidemiology, Health Administration, Management and Policy, Global Health, and Health Education/Health Promotion. Those tracks were phased out in academic year 2012-2013 in favor of a generalist curriculum focused on Community Health. Now that the MPH program has implemented the generalist program, the MD/MPH degree program is being re-evaluated. Currently, it is not offered.

Table 2.1.(i) Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Masters Degrees		
Specialization/Concentration/Focus Area		*Degree*
Generalist		MPH

2.1.b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions.

Core Courses Semester	Credit Hours
MPH 500 Biostatistics	3
MPH 501 Environmental Health	3
MPH 502 Epidemiology	3
MPH 503 Health Administration, Management & Policy	3
MPH 504 Social and Behavioral Aspects of Public Health	3
MPH 505 Fundamentals of Public Health	1
MPH 506 Research Methods	3
MPH 508 Community Health Assessment & Improvement	3
MPH 510 Health Program Planning & Evaluation	3
MPH 509 Global Health Systems	3

Electives

7 courses (1-3 hour courses totaling 14 hours)	14

* Students also have the opportunity to take elective courses off campus through the ARCHE program.

Other Degree Requirements

MPH 690 Practicum Experience	3
MPH 691 Culminating Experience	3
MPH 699 Public Health Leadership Seminars	0
MPH 695 Career Development Workshops	0
MPH 697 Writing Workshop	0

Total Number of Credit Hours	48

Course descriptions are available at the following website:
http://www.msm.edu/_resources/documents/academiccatalog.pdf

2.1.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is met.

Strengths: The generalist curriculum includes expanded core courses with components from the previous track curriculum. The curriculum offers an increased number of

electives, which allows students to concentrate their area of study if they wish. It also provides ample opportunities for students to broaden their public health academic preparation. While we offer electives on campus, we encourage students to take advantage of the ARCHE program, wherein students may register for courses at any of the participating twenty colleges and universities in Metropolitan Atlanta.

Since 2011, 14% of our students have participated. Another strength of the generalist curriculum is that it will be fairly easy to incorporate MPH courses with the MD curriculum.

Challenges: Our ability to offer a wide variety of public health electives is heavily dependent on the ARCHE program. We have not had consistent instruction for Biostatistics and Epidemiology.

Plans: Hire full time Biostatistics and Epidemiology faculty (accomplished in August 2014). Initiate plans with the institutional education team to offer the MD/MPH degree.

2.2 Program Length

2.2 Program Length. **An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.**

2.2.a. Definition of a credit with regard to classroom/contact hours.

A credit is defined as one hour of classroom contact per week, with two hours per week of outside assignment and study effort expected per in-class hour. A semester lasts 15-16 weeks.

2.2.b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

The MPH degree requires 48 semester credit hours for degree completion.

2.2.c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

No MPH degrees were awarded to students with fewer than 48 credit hours.

2.2.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is met.

Strengths: The MPH program length of 48 credit hours allows students to meet the requirements for a generalist degree and offers the opportunity for either academic concentration or broad exposure through electives.

Challenges: none identified

Plans: Continue to offer the existing 48 hour degree program.

2.3 Public Health Core Knowledge

2.3 Public Health Core Knowledge. All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

2.3.a. **Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.**

The MPH program is committed to ensuring that all MPH students have a strong public health knowledge base through a general curriculum that includes:	
• Core Courses (28 hours)	• Career Development/Professional Workshops
• Electives (14 hours)	• Culminating Experience
• Practicum Experience	• Public Health Leadership Seminars
All MPH students must complete 10 (28 hours) required Core Courses which include:	
• Biostatistics	• Community Health Assessment & Improvement
• Environmental Health	• Epidemiology
• Fundamentals of Public Health	• Global Health Systems
• Health Administration, Management & Policy	• Health Program Planning & Evaluation
• Research Methods	• Social and Behavioral Aspects of Public Health

The knowledge acquisition and mastery of fundamental competencies of students is evaluated through a combination of written class assignments, oral presentations, case studies, field projects, mid-term and end of term examinations and/or papers. Additionally students complete competencies assessments at the following time periods:

- Upon entering the MPH program during Fundamentals of Public Health class.
- At the end of first year, prior to practicum placement.
- At the end of the summer period after completion of the practicum experience.
- In the final semester of matriculation after completing all coursework.

Students are required to attain a letter grade of B or higher in courses. Students have the opportunity to integrate and apply the skills obtained in their required coursework

through participation in a supervised Practicum Experience of 480 hours and includes field work hours (360 hours) and community service (120 hours).

Students complete a CE, which leads to a thesis that addresses elements of core courses as well as public health practice, policy and further research. These requirements are supplemented by students' exposure to leadership in public health through Public Health Leadership Seminars.

Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	MPH 500- Biostatistics	3
Epidemiology	MPH 502- Epidemiology	3
Environmental Health Sciences	MPH 501- Intro to Environmental Health	3
Social & Behavioral Sciences	MPH 504- Social and Behavioral Aspects of Health	3
Health Services Administration	MPH 503- Health Administration, Management and Policy	3

2.3.b. Assessment of the extent to which this criterion is met and an analysis of the programs strengths, challenges, and plans relating to this criterion.

This criterion is met.

Strengths: Student education stresses the integration of theory and practice throughout core courses.   In addition to the required courses addressing public health core knowledge, our program offers fundamentals of public health, community health, research methods, evaluation, and global courses as part of the core.

Challenges: A ten core-course load is difficult to carry while employed; therefore the program is not ideal for employed students who wish to matriculate within two years

*Plans***:** Recent graduates will be surveyed to gather their assessment of the strengths and challenges of the generalist curriculum. The results from this survey will be useful for continued program improvement.

2.4. Practical Skills

2.4 Practical Skills. All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students' areas of specialization.

2.4.a. Description of the program's policies and procedures regarding practice placements, including the selection of sites, methods for approving preceptors and opportunities for orientation and support for preceptors.

The goal of the practicum is to provide an opportunity for practice-based learning in a public health work environment, where students can learn from professionals in the field and apply concepts learned in the classroom. At MSM, consistent with our mission of advancing community health in underserved populations, we have expanded the traditional concept of practicum and require student practicum to consist of field work (360 hours) and community service (120 hours) (see figure 2.4.a (i)). The field work may be completed on either a full or part time basis beginning in the summer following the students' first academic year and after prerequisites have been satisfied. Community service hours can be fulfilled after students have successfully completed first year courses.
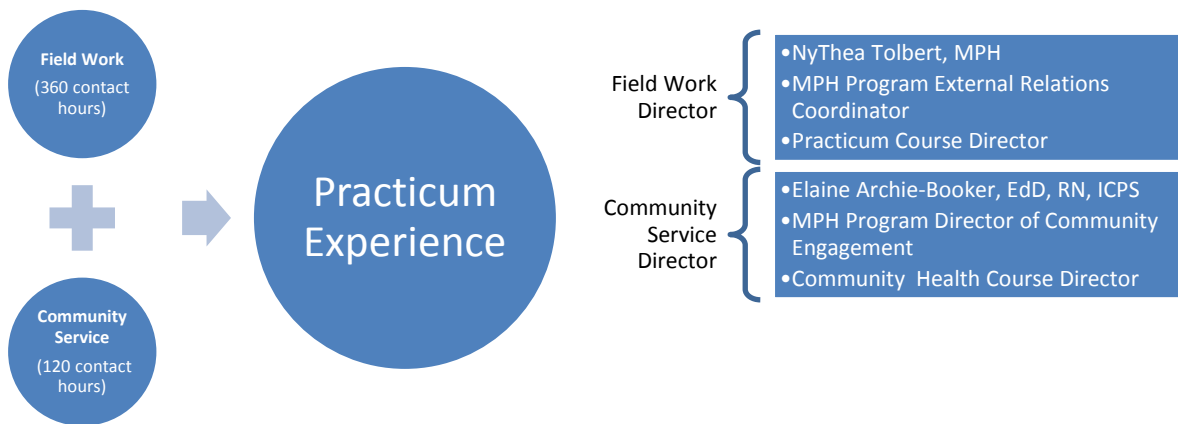
Figure 2.4.a (i) The Practicum Experience

Placement, monitoring and evaluation for field work and community service are summarized in Figure 2.4.a (ii).

	Field Work	Community Service
Placement	Consideration of student interest, ERC recommendation, Preceptor Application. Prior to placement, ERC conducts site visit and preceptor and student complete scope of work.	Random assignment of students to partner community health organizations in the Atlanta Promise Neighborhood. Partner organizations have been vetted and cover the lifespan.
Monitoring	ERC conducts conference calls with preceptors and has pre-arranged site visits.	Director of Community Engagement conducts random site visits and communicates frequently with both students and community partners.
Evaluation	Midterm evaluation prepared by student and preceptor Final evaluation by the preceptor.	Students are evaluated by their respective community site (provider). Students are also evaluated by the Director of Community Engagement via periodic site visits.

Figure 2.4.a.(ii) Field Work and Community Service Summary

2.4.b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

Table 2.4.b Practicum Placements AY 2013-2014		
NAME	**PRACTICUM PLACEMENT SITE**	**PUBLIC HEALTH FOCUS**
1. Allen, Shari	2014 Summer Cancer Research Training Program – HEALing Community Center	Research-focused & Practice-based
2. Akinleye, Fahruk	CDC/Public Health Preparedness and Response	Practice-based
3. Baxter, Samuel	Fulton-DeKalb Hospital Authority	Practice-based
4. Bembry, Mallory	HEALing Community Center	Practice-based
5. Bryant, Ashlee	Southeastern Primary Care Consortium-Atlanta Area Health Education Center	Practice-based
6. Burke, Ryan	Fulton-DeKalb Hospital Authority	Practice-based

7. Butty, Klahe	CDC/Public Health Preparedness and Response	Practice-based
8. Edwards, Brion	EPA/Region 4-Regulatory Development Section	Practice-based
9. Francis, Sherilyn	United Health Initiative Emory School of Medicine	Practice-based
10. Gosa, Cassandray	Exide Technologies	Practice-based
11. Hanson, Diamond	Cobb & Douglas Public Health Department-Healthy Behaviors	Practice-based
12. Lam, Kristina MD\ Preventive Medicine Resident	American Cancer Society	Practice-based
13. Mooney, Mark	EPA/Region 4-Office of Environmental Justice and Sustainability	Practice-based
14. Ragland, Rainey	Pittsburgh Community Improvement Association- The Minority Men's Oral Health and Dental Access Program (MOHDAP) Program	Practice Based
15. Robinson, Serena	American Cancer Society – Breathe Easy Campaign	Practice-based
16. Tarver, Kevenshay	Georgia Department of Public Health – Directors of Health Promotion and Education Internship	Practice-based
17. Walls, Charlean	University of Michigan Health Disparities Summer Program	Practice-based
18. Williams, Kelli	Lupus Foundation of America, Georgia Chapter	Practice-based

Table 2.4.b Practicum Placements AY 2012-2013		
NAME	**PRACTICUM PLACEMENT SITE**	**PUBLIC HEALTH FOCUS**
1. Belay, Zena	MSM/Cancer Research Program	Cancer Epidemiology
2. Bridges, Leslie	CDC/Public Health Preparedness and Response	Health Education & Health Promotion
3. Damus, Francesca	MSM/Cancer Research Program	Cancer Epidemiology
4. Evans, Ronique	DeKalb County Environmental Health	Environmental Health
5. Hamblin, Wykinia	Georgia Department of Public Health	Health Education & Health Promotion
6. Hunter, J'Maica	MSM/Compliance & Internal Audit Department	Health Administration, Management, & Policy

7. Johnson, Sarah	Morehouse College Public Health Sciences Institute	Health Administration, Management, & Policy
8. Linston, Tikiki	Community Voices: Healthcare for the Underserved	Health Education & Health Promotion
9. McEwen, Taylor	Global Initiative for Advancement of Nutritional Therapy	Global Health
10. Murray, Chenoa	University of Arizona FRONTERA Border Health Research Program	Global Health
11. Newton, Brittney	Pittsburgh Community Improvement Association	Health Education & Health Promotion
12. Revelle, Victoria	MSM/Office of Government Relations & Health Policy	Health Administration, Management, & Policy
13. Rutherford, Yamisha	MSM/Cancer Research Program	Cancer Epidemiology
14. Thames-Allen, Andrea MD Preventive Medicine Resident	Georgia Department of Public Health	Health Education & Health Promotion
15. Tigner, Ira	St. Jude Children's Research Hospital & Infectious Diseases	Infectious Disease
16. Turner, Natasha	MSM/Cancer Research Program	Cancer Epidemiology
17. Verma, Pragya MD Preventive Medicine Resident	Georgia Department of Public Health	Epidemiology & Preventive Medicine
18. Whitley, Kimberly	MSM/Cancer Research Program	Cancer Epidemiology
19. Williams, Kedrick	Southeastern Primary Care Consortium, Inc. Atlanta Area Health Education Center	Health Administration, Management & Policy
20. Williams, Shanice	MSM/Cancer Research Program	Cancer Epidemiology

2.4.c. No students have received a waiver in the past three years.

2.4.d. Data on the number of preventative medicine, occupational medicine, aerospace medicine and general preventative medicine and public health residents completing the program for each of the last three years, along with information on their practicum rotations.

Table 2.4.d- Residents Practicum Rotations 2011-2014	
NAME	PRACTICUM PLACEMENT SITE
2013-2014	
Kristina Lam, MD	American Cancer Society
2012-2013	
Andrea Thames-Allen, MD	Georgia Department of Public Health
2011-2012	
Ruby Thomas, MD	Community Voices – Morehouse School of Medicine
Olabisi Badmuis, MD	Children's Healthcare of Atlanta
Sterling Roaf, MD	National Institute for Occupational Safety and Health
Pragya Verma, MD	Georgia Department of Public Health
Charlene Wood, MD	Fort Belvoir Community Hospital

2.4.e. **Assessment of the extent to which this criterion is met and an analysis of the programs strengths, challenges, and plans relating to this criterion.**

This criterion is met.

Strengths: A primary faculty member who serves as course director for the Practicum Experience also has program staff responsibilities as external relations coordinator. This dual role allows for effective placement and monitoring of students at practicum sites. The program works with individual students to accommodate the need for stipend and/or part-time hours.

Challenges: The community service aspect of the Practicum Experience was implemented with the generalist curriculum. We have found it necessary to add additional community service sites to accommodate students limited availability during the day.

*Plans***:** Identify community service sites who offer opportunities for students during nights and weekends.

2.5 Culminating Experience

2.5 Culminating Experience. **All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.**

2.5.a. Identification of the culminating experience required for each professional public health degree program.

The Culminating Experience (CE) provides students an opportunity to synthesize and integrate the knowledge acquired in course work and other learning experiences and apply this knowledge to theory and principles in a situation that approximates some aspect of professional public health research and practice. Prerequisites for the CE include: completion of core courses, electives and, practicum experience. The thesis is the final document produced during the CE.

The CE is supervised by a thesis committee comprised of at least one faculty member, one public health practitioner, and an expert in the student's field of study. Faculty use this experience as a mechanism to evaluate whether the student has mastered the body of knowledge and competencies needed for public health research and practice. It is the responsibility of the CE committee to monitor and assess that students possess the necessary public health competencies as stated in the Culminating Experience Guidelines Book *(see the eRF)*.

The Research Methods course outlines the process for completing the CE and covers topics such as IRB submission, manuscript/thesis preparation and thesis timelines. The course also requires that students complete CITI training. Prior to graduation, each student must present their thesis research in both oral and written form.

2.5.b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.
This criterion is met.
Strengths: The culminating experience is well documented and includes all elements of the core public health instruction.
Challenges: It is often challenging to identify enough faculty to serve on student thesis committees.

Plans: Work with CHPM and other MSM departments to identify student research assistant opportunities that can be addressed through thesis work.

2.6 Required Competencies

2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

2.6.a. Identification of a set of competencies that all graduate professional public health degree students must attain.

Upon graduation, a student with an MPH should be able to demonstrate the following competencies:

1. Use quantitative and/or qualitative methods to address questions in community-based and public health research

2. Use epidemiological methods to study the etiology and control of disease and injury in populations

3. Describe environmental conditions that affect the health of individuals, and communities, particularly underserved communities

4. Use community assessment methods that take into consideration behavioral, social, and cultural factors to understand public health problems and identify holistic ways to improve health, particularly in underserved communities

5. Describe the use of program planning and evaluation to address public health problems in communities, particularly underserved communities

6. Describe the impact of health administration, management and policy on the delivery, quality, access and cost of health care for individuals, communities, and populations

7. Apply skills and knowledge in public health setting(s) through supervised experience(s) related to professional career objectives

8. Integrate public health theory and skills acquired from coursework, practicum, and other learning activities into a culminating experience utilizing research methodology with a thesis as an outcome.

2.6.b. Identification of a set of competencies for each concentration, major or specialization identified in the instructional matrix, including professional and academic graduate degrees.

The MPH program is a generalist program focused community health with emphasis on underserved populations. Competencies listed in 2.6a address general competencies specific to community health in underserved populations.

2.6.c. A matrix that identified the learning experiences by which the competencies defined in Criteria 2.6.a and 2.6.b are met.

Template 2.6.1c (i): Courses and activities through which competencies are met: CORE COURSES										
CORE COMPETENCIES	MPH 500 Biostatistics	MPH 501 Environmental Health	MPH 502 Epidemiology	MPH 503 Health Admin., Man., and Policy	MPH 504 Social and Behavioral	MPH 505 Fundamentals	MPH 506 Research Methods	MPH 508 Community Health Assess. and Improvement	MPH 509 Global Health Systems	MPH 510 Health Program Planning and Evaluation
Use quantitative and/or qualitative methods to address questions in community-based and public health research.	P		R			R	P	R	R	
Use epidemiological methods to study the etiology and control of disease and injury in populations.		R	P			R	R	R	R	
Describe environmental conditions that affect the health of individuals, and communities, particularly underserved communities.		P	R		R	R	R	R	R	
Use community assessment methods that take into consideration behavioral, social, and cultural factors to understand public health problems and identify holistic ways to improve health, particularly in underserved communities.		R	R		P	P	P	P	R	

Core Competency										
Describe the use of program planning and evaluation to address public health problems in communities, particularly underserved communities.										P
Describe the impact of health administration, management and policy on the delivery, quality, access and cost of health care for individuals, communities, and populations.		R		P			R			
Apply skills and knowledge in public health setting(s) through supervised experience(s) related to professional career objectives.										
Integrate public health theory and skills acquired from coursework, practicum, and other learning activities into a culminating experience utilizing research methodology with a thesis as an outcome.							P	R		R

P=Primary, R=Reinforcing

Template 2.6.1c (ii): Courses and activities through which competencies are met: ADDITIONAL REQUIRED COURSES					
CORE COMPETENCIES	MPH 690 Practicum Experience	MPH 691 Culminating Experience	MPH 695 Career Development	MPH 699 Public Health Lecture Series	Other Learning Experiences (Writing Workshop)
Use quantitative and/or qualitative methods to address questions in community-based and public health research.	R	R		R	R
Use epidemiological methods to study the etiology and control of disease and injury in populations.	R	R		R	R
Describe environmental conditions that affect the health of individuals, and communities, particularly underserved communities	R	R		R	
Use community assessment methods that take into consideration behavioral, social, and cultural factors to understand public health problems and identify holistic ways to improve health, particularly	R	R		R	

in underserved communities.					
Describe the use of program planning and evaluation to address public health problems in communities, particularly underserved communities.					
Describe the impact of health administration, management and policy on the delivery, quality, access and cost of health care for individuals, communities, and populations.		R			
Apply skills and knowledge in public health setting(s) through supervised experience(s) related to professional career objectives	P	R	P	P	R
Integrate public health theory and skills acquired from coursework, practicum, and other learning activities into a culminating experience utilizing research methodology with a thesis as an outcome	R	P	P	p	P

2.6.d. Analysis of the complete matrix included in Criterion 2.6c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

To complete the competency mapping, the general theme of each competency was identified (i.e. Research, Public Health Policy, C.E., Epidemiology, Cultural Competency, etc.). Using course syllabi, competencies were reviewed against the objectives of each course to identify primary or reinforcing competency alignment. An analysis of our competency matrix reveals that at least one of our core courses directly aligns to our core competencies (i.e. primary). Electives provide additional opportunities for primary and reinforcing exposure to expected competencies *(see eRF)*.

2.6.e. Description of the manner in which competencies are developed, used and made available to students.

Following the MPH program annual strategic planning retreat, competencies were developed by the core MPH team and primary MPH faculty.

Competencies are made available to students in handouts at the beginning of the semester, prior to practicum placement, after the practicum is complete, and prior to graduation after all degree requirements have been satisfied. Additionally, competencies are available on the website.

2.6.f. **Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.**

Competencies are reassessed during the annual MPH program retreat. At the retreat, faculty review the past year with a focus on best practices and lessons learned, and make plans for the upcoming academic year, including a review of competencies. Additionally, the external advisory board reviews program competencies for public health relevance.

2.6.g. **Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.**

This criterion is partially met.

*Strengths***:** Competencies have been developed, vetted, and mapped to courses for the generalist curriculum. Competencies address not only core competencies, but also our unique community health focus.

*Challenges***:** Since competencies were established for the generalist program in AY 2013-2014, tracking progress over the self-study period is not possible, except for the final year in which the generalist curriculum was fully implemented.

*Plans***:** The MPH education specialist will monitor competency mapping and work with the MPH curriculum committee to adjust as needed.

2.7 Assessment Procedures

2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedure for identifying competency attainment in practice and culminating experiences.

Students will complete a (pre-test) competency self-assessment during the first week of Fundamentals of Public Health, a required introductory core course. Students will complete a second competency assessment at the end of the first year, prior to the practicum placement. A third assessment will be completed after the practicum placement and a final (post-test) competency self-assessment completed at the end of MPH matriculation. Competencies will be re-evaluated annually by MPH faculty, the GEPH committee, and the External Advisory committee.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation or each of the last three years. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided.

The program's degree completion and graduates' employment data is captured in tables (2.7.1 and 2.7.2 i, ii, iii).

Table 2.7.1 Students in MPH Degree, By Cohorts Entering Between 2009 and 2014- DEGREE COMPLETION								
	Cohort of Students	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	
2009-10	# Students entered	26						
	# Students withdrew, dropped, etc.	3						
	# Students graduated	0						
	Cumulative graduation rate	0.0%						
2010-11	# Students continuing at beginning of this school year	23	23					
	# Students withdrew, dropped, etc.	1	0					
	# Students graduated	19	0					
	Cumulative graduation rate	86%	0.0%					
2011-12	# Students continuing at beginning of this school year	3	23	23				
	# Students withdrew, dropped, etc.	0	1	2				
	# Students graduated	1	13	0				
	Cumulative graduation rate	90%	59%	0.0%				
2012-13	# Students continuing at beginning of this school year	2	9	21	21			
	# Students withdrew, dropped, etc.	0	2	0	1			
	# Students graduated	0	5	15	0			
	Cumulative graduation rate	90%	90%	71%	0.0%			
2013-14	# Students continuing at beginning of this school year	2	2	6	20	19		
	# Students withdrew, dropped, etc.	0	0	0	1	1		
	# Students graduated	0	0	2	13	0		
	Cumulative graduation rate	90%	90%	81%	68%	0.0%		
2014-15	# Students continuing at beginning of this school year	2	2	4	6	18	23	
	# Students withdrew, dropped, etc.							
	# Students graduated							
	Cumulative graduation rate							

The graduation rate in AY 2011-12 represents a period when the MPH program did not have dedicated academic advisors for all students. The 68% graduation rate in 2013-14 appears high because it does not take into account students who will graduate in December 2014.

Template 2.7.2(i) Destination of December 2013/May 2014 Graduates- EMPLOYMENT TYPE	
Employed	11
Continuing education/training (not employed)	2
Actively seeking employment	3
Not seeking employment (not employed and not continuing education/training, by choice)	0
Unknown	0
Total	16

Table 2.7.2(ii) Destination of December 2012/May 2013 Graduates- EMPLOYMENT TYPE	
Employed	17
Continuing education/training (not employed)	2
Actively seeking employment	0
Not seeking employment (not employed and not continuing education/training, by choice)	0
Unknown	0
Total	19

Table 2.7.2(iii) Destination of December 2011/May 2012 Graduates- EMPLOYMENT TYPE	
Employed	16
Continuing education/training (not employed)	2
Actively seeking employment	2
Not seeking employment (not employed and not continuing education/training, by choice)	0
Unknown	0
Total	20

2.7.c. An explanation of the methods used to collect job placement data and of graduates response rated to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

One month prior to graduation, the External Relations Coordinator, who oversees the Career Development Center, conducts one-on-one meetings with each student to assess their career plans and/or employment options. During this meeting, students are also asked to provide contact information for future correspondence and follow-up. One month post-graduation, students are contacted by the External Relations Coordinator to reassess employment status. Additional follow-up is done six months post-graduation and one year post-graduation.

Job placement data is also collected through alumni surveys. An alumni survey, disseminated to 157 electronic-mail addresses producing a response rate of 40%, was

administered in 2012 *(see eRF)*.   In 2013, an alumni focus group was conducted with 21 participants *(see eRF)*. In 2014, an alumni survey was disseminated to 207 electronic-mail addresses producing a response rate of 31% with 54 alumni respondents *(see eRF)*.

2.7.d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

This criterion is not applicable to this program.

2.7.e. Data and analysis regarding the ability of the programs' graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and document discussions.

In 2012, alumni were surveyed based upon their ability to effectively perform public health competencies in their job functions *(see eRF)*. The assessed competencies were aligned to the track-based program, which pre-dates AY 2012-2013. New competences have since been adopted to meet the standards of the generalist-based degree program, erected in AY 2012-2013. The inaugural generalist cohort graduated in May 2014 and will be surveyed in AY 14-15 regarding competencies.

Findings from the 2012 alumni survey:
Public Health Competencies: In general, alumni rated highly all of the learning areas as being very valuable in them efficiently performing their daily career and/or continued education responsibilities. When asked to rate *how valuable education in Public Health/ Law is in performing their daily career and/or continued education* responsibilities, 40.6% rated it as "Very Valuable/ Valuable. However, 29.7% rated it as "Somewhat Valuable/ Not Valuable". The respondents rated highly the following learning areas as "Very Valuable/ Valuable" in their ability to effectively perform their daily career and/or continued education responsibilities: Theories & Theoretical Framework Application (62.5%); Performing Data Analysis (70.4%); Written Communication (84.3%); Program Planning and Evaluation (78.1%), Oral Communication (82.8%); Leadership (81.3%);

Computer Applications (73.4%); Conducting and Applying Research (73.4%); Epidemiology & Biostatistics (59.4%); Community Engagement and Outreach (71.9%); and Research Publishing (58.8%).

2.7.f. **Assessment of the extent to which this criterion was met and an analysis of the program's strengths, challenges, and plans to address this criterion.**

This criterion is partially met.

Strengths: Competency self-assessments and alumni surveys help us to further document competence and job readiness. Additionally, each year, surveys and or focus groups are conducted with alumni to help us to ensure that we are developing a proficient public health workforce.

Challenges: In spite of the intimate nature of the MPH program, we are challenged with getting a high response rate on alumni surveys.

*Plans***:** Use social media and focus groups to gather information from alumni and to generate interest in completing alumni surveys.

2.8 Bachelor's Degree in Public Health

2.8 This criterion is not applicable to this program.

2.9 Academic Degrees

2.9 This criterion is not applicable to this program.

2.10 Doctoral Degree

2.10 This criterion is not applicable to this program.

2.11 Joint Degrees

2.11 This criterion is not applicable to this program.

2.12 Distance Education or Executive Degree Programs

2.12 This criterion is not applicable to this program.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

3.1 Research

3.1 Research. The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

3.1.a. Description of the program's research activities, including policies, procedures, and practices that support research and scholarly activity.

MSM has experienced substantial success in developing its overall research capacity, a key element of which is the strategic development of research centers/institutes as catalysts to enhance productivity in focused areas of investigation.

Research centers/institutes at the institution include the Cardiovascular Research Institute, an NIH National Heart, Lung and Blood Institute-funded Center of Research Excellence; the Neuroscience Institute; the National Center for Primary Care (NCPC), which includes the Southeast Regional Clinicians' Network; the Prevention Research Center (PRC), a network of 26 academic research centers funded by the CDC; and the Cancer Research Program. The NCPC is a national resource for encouraging doctors to pursue primary care careers, for making primary care practice more effective, and for supporting primary care professionals serving in underserved areas. The research capability of these centers/institutes provides an excellent foundation for enhancing both clinical and community-based research training and education at MSM, and provides opportunities for MPH student involvement.

The PRC, established in 1998, is one of a network of 26 academic research centers funded by the CDC, only four of which are at a medical school and only one of which is at a predominantly minority institution. These centers engage in interdisciplinary applied prevention research in collaboration with community partners, federal, state, and local health and education agencies, and other universities to achieve local and national health objectives focused on the most pressing health problems in the United States. The PRC, guided by the theme *Risk Reduction and Early Detection In African-American and Other Minority Communities: Coalition for Prevention Research*, conducts research, implements and evaluates demonstration projects, educates health professionals and the community, and disseminates findings.

MPH students have the opportunity to participate as research assistants in community-based and translational research during their matriculation. For example, many have been employed at the PRC in paid part-time positions. MPH students work with MSM researchers and external subject matter experts to complete their CE.

The majority of research conducted by MPH faculty is based on the community-based participatory research model with an emphasis on community empowerment and development. This focus also aligns with the MPH Program's Fundamentals of Public Health and Community Health Assessment courses, which allow students to fully engage in research that benefits underserved communities in specific Neighborhood Planning Units surrounding MSM. Evidence of faculty and student research aimed at improving the practice of public health is evidenced by participation in seminars, faculty appointments to grant review committees, publications in refereed journals, appointment to editorial boards, participation in professional societies, and faculty and student presentations at national and international conferences.

Policies and procedures which govern research (*see eRF*):
Multiple Project Assurance of Compliance with Department of Health & Human Services regulations declares that all faculty undertaking research involving human volunteers are bound by federal regulations, defining procedures processes, and requirements for enrolling human volunteers in research. Policies are in the Appendix of the Morehouse School of Medicine By-Laws of the Faculty.

Policies on Industry Relations, Research Affiliation, Conflict of Interest, Patents and Copyrights and related policies are in the Appendix of the Morehouse School of Medicine By-Laws of the Faculty.

Academic Appointment and Promotion Process and Policies. Research and other scholarly activity are identified as criteria for the appointment, retention, and promotion of Series I (equivalent to tenure track) and Series II (equivalent to research or clinical track) faculty. Policies related to research and scholarly activities are in the Morehouse School of Medicine Academic Appointment and Promotion Process and Policies Handbook.

3.1.b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

A large amount of the community based research conducted by MPH faculty is housed in the PRC. The PRC's mission is to advance scientific knowledge in the field of prevention in African American and other minority communities and to disseminate new information and strategies of prevention using community participatory research guidance. The PRC's academic partners include Emory University (Atlanta, GA), Charles R. Drew University of Medicine and Sciences (Los Angeles, CA), and Morehouse College (Atlanta, GA); its local agency partners include the United Way of Metro Atlanta, the Wholistic Control Institute, and Families First; and its community partners include the Pittsburg Community Improvement Association, also a community partner with the MPH Program.

In addition to the PRC, significant community based research conducted by MPH faculty is based in the Satcher Health Leadership Institute (SHLI). Faculty in SHLI have partnerships with national foundations such as The Kresge Foundation, the W.K. Kellogg Foundation, the National Urban League, the Aetna Foundation, and the Battle Creek Foundation. Other national partnerships for health research include the National Institute on Minority Health and Health Disparities, the DHHS Office of Minority Health, and the CDC. The SHLI employs MPH students as part-time research assistants.

Other formal agreements that foster and support community based research conducted by faculty in the MPH Program include agencies such as the Agency for Healthcare Research & Quality (AHRQ), the National Cancer Institute, Pfizer, Inc., and the Altarum Institute. In addition, a training grant to support Preventive Medicine Residents who are also enrolled in the MPH program is available through the AHRQ Bureau of Health Professions.

Descriptions of research activities funded by the partnerships described above include:

- <u>Outreach & Prison-Re-entry</u>: The purpose of this project was to engage the community in health policy formulation to catalyze improvements in access related to neglected health issues and populations

- <u>Community Voices Healthcare for the Underserved</u>: the purpose of this project is to promote a sustained increase in access to health services for the vulnerable with a focus on primary care and prevention; to preserve and strengthen safety-nets in communities; to change delivery systems to promote quality of care; and to offer models of best practice.

- <u>Developing and Implementing a Cancer Prevention and Control Research Curriculum to Train Emerging Public Health Professionals</u>: MPH students participate as trainees in this project, the purpose of which is to develop and implement a cancer prevention and control training program at MSM.

3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b, including amount and source of funds for each of the last three years.

The MPH program's research component closely aligns with the research interests of faculty in the program as well as faculty in other departments of MSM. This broad based research agenda allows us to support the program's mission, as well as give student's insight and exposure into the many ways that research impacts public health policy and practice. Since most faculty in the MPH Program have academic appointments in the CHPM, the majority of research conducted by MPH faculty continues to be community based and preventive in nature, and focuses on the elimination of racial and ethnic disparities in health. Faculty and students are involved in research activities such as

cancer control and prevention, diabetes, men's oral health, community based participatory research, and heart health in African American women.

Table 3.1.c (i)- Research Activity of Primary and Secondary Faculty from AY 2013-14 *							
Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year	Community Based	Student Participation
Minority Men's Oral Health and Dental Access Program	*Tabia Akintobi CHPM (PRC)*	*Pittsburg Community Improvement Association, Inc.*	*11/26/2012 8/31/2013*	*$125,000*	*$39,965*	*Y*	*N*
Systems of Care, Clayton County	*Tabia Akintobi CHPM (PRC)*	*United Way of Metro Atlanta*	*10/1/2011 – 9/30/2013*	*$60,000*	*$30,000*	*Y*	*N*
Morehouse College/CDC National Minority Undergraduate Student Program	*Tabia Akintobi CHPM (PRC)*	*Morehouse College*	*10/16/2011 – 10/15/2016*	*.$750,000*	*$137,446*	*N*	*N*
Color It Real Project	*Tabia Akintobi CHPM (PRC)*	*Wholistic Stress Control Institute*	*10/1/2011 9/30/2013*	*$90,490*	*$40,000*	*N*	*N*
RCMI Translational Research Network (Evaluation Component)	*Tabia Akintobi CHPM (PRC)*	*Charles R. Drew University of Medicine & Sciences*	*9/1/2012 – 8/31/2017*	*$572,195*	*$116,589*	*N*	*N*
Legacy-Historically Black Colleges and Universities Tobacco Free Imitative	*Elaine Archie-Booker MPH NyThea Tolbert MPH*	*Legacy*	*2/1/2014- 4/27/2014*	*$5,000*	*$5,000*	*Y*	*Y*
Preventive Medicine Residencies	Ayanna Buckner CHPM	Bureau of Health Professions	7/1/2010 – 6/30/2013	$1,623,237	$560,302	N	N
Developing and Implementing A Cancer Prevention and Control Research Curriculum to Train	Lee Caplan CHPM	National Cancer Institute	9/10/2010 – 8/31/2015	$1,603,913	$230,603	N	Y

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year	Community Based	Student Participation
Emerging Public Health Professionals							
Adaptation, Education and Motivation: Improving Evidence-Based Medication Adherence Among Adults with Type 2 Diabetes	Robert Mayberry CHPM	Agency for Healthcare Research & Quality	9/1/2010 – 8/31/2013	$1,493,090	$281,379	Y	Y
Efficacy-to-Effectiveness Transition of An Educational Program to Increase Colorectal Cancer Screening	*Selina Smith CHPM*	*National Cancer Institute*	*5/3/2012 – 3/31/2017*	*$2,235,565*	*$444,797*	*Y*	*Y*
Talking to your child about sexuality: A Parent's/Caregiver's Guide – National Implementation	Carey Bayer Satcher Health Leadership Institute	CDC NCHHSTP/ STD	12/15/12 – 5/31/2013	$ 203,596	$203,596	Y	N
Addressing Health Disparities among African Americans: Community Mobilization, Advocacy, and Informing Health Policy	Henrie Treadwell Satcher Health Leadership Institute	The Kresge Foundation	10/1/2010 – 9/30/2013	$750,000	$167,000	Y	Y
Community Voices: Healthcare for the Underserved	Henrie Treadwell Satcher Health Leadership Institute	National Urban League	1/22/2013 – 6/30/2013	$50,000	$50,000	Y	Y
Total:				**$8,632,086**			

Italicized names represent primary faculty.

Table reports extramural grant awards only. No intramural grant awards were received.

Table 3.1.c (ii)- Research Activity of Primary and Secondary Faculty from AY 2012-13*							
Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year	Community Based	Student Participation

Systems of Care, Clayton County	*Tabia Akintobi CHPM (PRC)*	*United Way of Metro Atlanta*	*10/1/2011 – 9/30/2013*	*$60,000*	*$30,000*	*Y*	*N*
Morehouse College/CDC National Minority Undergraduate Student Program	*Tabia Akintobi CHPM (PRC)*	*Morehouse College*	*10/16/2011 – 10/15/2016*	*$750,000*	*$118,190*	*N*	*N*
Color It Real Project	*Tabia Akintobi CHPM (PRC)*	*Wholistic Stress Control Institute*	*10/1/2011 – 9/30/2013*	*$90,490*	*$26,490*	*N*	*N*
Developing and Implementing A Cancer Prevention and Control Research Curriculum to Train Emerging Public Health Professionals	Lee Caplan CHPM	National Cancer Institute	9/10/2010 – 8/31/2015	$1,603,913	$316,738	N	Y
Adaptation, Education and Motivation: Improving Evidence-Based Medication Adherence Among Adults with Type 2 Diabetes	Robert Mayberry CHPM	Agency for Healthcare Research & Quality	9/1/2010 – 8/31/2013	$1,493,090	$635,499	Y	Y
Efficacy-to-Effectiveness Transition of An Educational Program to Increase Colorectal Cancer Screening	*Selina Smith CHPM*	*National Cancer Institute*	*5/3/2012 – 3/31/2017*	*$2,235,565*	*$449,429*	*Y*	*Y*
Addressing Health Disparities among African Americans: Community Mobilization, Advocacy, and Informing Health Policy	Henrie Treadwell Satcher Health Leadership Institute	The Kresge Foundation	10/1/2010 – 9/30/2013	$750,000	$167,000	Y	Y
Community Voices: I Am Woman	Henrie Treadwell Satcher Health Leadership Institute	National Urban Institute	3/8/2012 – 6/30/2013	$40,000	$40,000	Y	Y
Peer to Peer Training of Community Health Workers to Improve	Robina Josiah Willock PRC	Altarum Institute	4/1/2012 – 7/31/2014	$99,882	$99,882	Y	N

Heart Health among African American Women							
Total:			**$7,122,940**				

Italicized names represent primary faculty.
Table reports extramural grant awards only. No intramural grant awards were received.

Table 3.1.c (iii)- Research Activity of Primary and Secondary Faculty from AY 2011-12*							
Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year**	Community Based	Student Participation
Color It Real Project	*Tabia Akintobi CHPM (PRC)*	*Wholistic Control Institute*	*10/1/2011 – 9/30/2013*	*$90,490*	*$24,000*	*N*	*N*
Building Collaborative Research Capacity (ACTSI – Sub-award with Emory University	*Tabia Akintobi CHPM (PRC)*	*Emory University*	*9/4/2009 – 9/3/2011*	*$198,000*	*$99,469*	*Y*	*N*
Families First Healthy Moms, Healthy Babies Evaluation Collaborative	*Tabia Akintobi CHPM (PRC)*	*Families First, Inc.*	*10/6/2010 – 10/5/2011*	*$3,000*	*$3,000*	*N*	*N*
Preventive Medicine Residences	Ayanna Buckner CHPM	Bureau of Health Professions	7/1/2010 – 6/30/2013	$1,623,237	$520,478	N	N
Developing and Implementing A Cancer Prevention and Control Research Curriculum to Train Emerging Public Health Professionals	Lee Caplan CHPM	National Cancer Institute	9/10/2010 – 8/31/2015	$1,603,913	$323,218	N	Y
Experience, Knowledge, Attitudes and Beliefs that Influence African American Women's Decision to Seek Breast Cancer Screening	*Cheryl Jones CHPM*	*Pfizer, Incorporated*	*7/1/2010 – 10/30/2013*	*$65,000*	*$65,000*	*Y*	*N*
Adaptation, Education and Motivation: Improving Evidence-Based Medication Adherence Among Adults with Type 2 Diabetes	Robert Mayberry CHPM	Agency for Healthcare Research & Quality	9/1/2010 – 8/31/2013	$1,493,090	$576,212	Y	Y
Addressing Health Disparities among African Americans: Community Mobilization, Advocacy, and	Henrie Treadwell Satcher Health Leadership Institute	The Kresge Foundation	10/1/2010 – 9/30/2013	$750,000	$166,000	Y	Y

Informing Health Policy							
Community Voices: South Carolina I Am Woman	Henrie Treadwell Satcher Health Leadership Institute	National Urban League	12/2/2010 – 11/30/2011	$40,000	$40,000	Y	Y
MILA Atlanta	Henrie Treadwell Satcher Health Leadership Institute	W.K. Kellogg Foundation	5/1/2011 – 1/31/2013	$150,000	$75,000	Y	Y
Community Outreach and Prison Re-entry	Henrie Treadwell Satcher Health Leadership Institute	W.K. Kellogg Foundation	9/1/2006 – 6/30/2012	$4,500,000	$771,420	Y	Y
Community Voices: Healthcare for the Underserved	Henrie Treadwell Satcher Health Leadership Institute	W.K. Kellogg Foundation	9/1/2006 – 6/30/2012	$9,751,575	$1,671,698	Y	Y
Total:				$20,018,305			

Italicized names represent primary faculty.
Table reports extramural grant awards only. No intramural grant awards were received.

3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years.

The criteria to assess faculty research activities are those traditionally used to evaluate research performance and include:

- Quality and number of publications;
- Peer-reviewed extramural funding;
- Grant reviewer for state national, and international research organizations;
- Presentations at major symposia and meetings
- Election to prestigious, limited-membership research societies'
- Evaluation of the researcher's work as outstanding within MSM and at other institutions; and
- Innovations in modes of health care services delivery

MPH faculty published in the following peer-reviewed journals:

- *International Journal on Disability and Human Development Diabetes*
- *Diabetes Care, Health Education and Behavior*
- *The Journal of Nursing Management*
- *The American Journal of Reproductive Immunology*
- *The Journal of Health Care for the Poor and Underserved*

Relative to scholarly work presented at local, national and international conferences, four (4) core faculty members (50%) made presentations locally, nationally, and internationally during the 2013 - 2014 academic year. Local and national presentations included a Women's Health Conference at the CDC and the 18th Annual HELA Women's Health Conference in Atlanta, GA; the Association for Prevention Teaching and Research Conference in Washington, DC; the American Public Health Association's 141st Annual Meeting in Boston, MA; and other conferences addressing chronic diseases in communities of concern and other minority populations. Internationally, core faculty have presented at the Caribbean Exploratory Research Center's 6th Annual Health Disparities Institute in St Thomas, US Virgin Islands.

Outcome measures for MPH faculty members' research activities follows:

Table 3.1.d. Outcome Measures for Primary MPH Faculty Research Activities				
Outcome Measure	Target	AY 2013-2014	AY 2012-2013	AY 2011-2012
30% of MPH primary faculty will present scholarly work at local, national, or international conferences each academic year.	30%	50%		
30% of MPH primary faculty will submit scholarly work for peer-reviewed publication every two years.	30%	63%		

*Unfilled, shaded cells represent goals/objectives for which targets were not measurable in AY 2011-12 and AY 2012-13.

3.1.e. Description of student involvement in research.

MPH student involvement in research activities conducted by MPH and MSM faculty at MSM is presented in Tables 3.1.c (i, ii, and iii).

The CE is the final graduation requirement. It is intended to encourage research and other scholarly activity of students as well as to allow students the opportunity to apply theory from coursework. Students are encouraged to consider relevant public health issues in selecting a research area or topic for their CE.

Students are also encouraged to present and to compete at national and international level competitions. A list of the presentation and competitions in which students have participated is shown in Table 3.1.e.

Table 3.1.e. Student Participation in Research Presentations and Competitions AY 2011-12 through AY 2013-14				
Student Name	*Year*			*Organization and Venue*
	AY 2013-14	AY 2012-13	AY 2011-12	
Angela Aina			X	APHA San Francisco, CA
Denise Smith			X	APHA San Francisco, CA
Whitney Graves		X		APHA Boston, MA
Dominic Hosack		X		APHA Boston, MA
Linda Chukwura		X		APHA Boston, MA
Ira Tigner Jr.		X		APHA, Boston, MA
Yamisha Rutherford		X		Seventh Annual Conference on Health Disparities, St. Thomas, US Virgin Islands
Kimberly Whitley		X		Seventh Annual Conference on Health Disparities, St. Thomas, US Virgin Islands
Shanice Williams		X		Seventh Annual Conference on Health Disparities, St. Thomas, US Virgin Islands
Sherilyn Francis		X		Seventh Annual Conference on Health Disparities, St. Thomas, US Virgin Islands
Ira Tigner Jr.	X			Curtis Parker Research Symposium, MSM
Ronique Evans	X			Curtis Parker Research Symposium, MSM

3.1.f. Assess the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is met.

Strengths: The MPH program is an integral component of a nationally recognized academic institution and is supported by numerous institutes and centers at MSM. This allows the program to have access to interdisciplinary faculty which strengthens our research activities.

Challenges: Grants and publications activities for core faculty have been limited due to institutional and programmatic administrative responsibilities.

Plans: Recent additions of administrative staff to the program will allow primary faculty to increase research activities, including grant proposals, publications and other scholarly activities.

3.2 Service

3.2 Service. The program shall pursue active service activities, consistent with its mission through which faculty and students contribute to the advancement of public health practice.

3.2.a. Describe the program's service activities, including policies, procedures and practices that support service.   Note all formal contracts or agreements with external agencies.

Since its beginning, the MPH Program has sought out and maintained collaborative relationships with state and local public health agencies, with governmental and non-governmental organizations, and with community-based organizations to provide opportunities for students to serve underserved communities throughout Georgia. The Program has established both formal and informal relationships with many agencies with formal relationships being established through Memoranda of Agreements (MOA). Several informal relationships exist mainly through the program's Community Health Assessment course and through relationships as a result of faculty involvement with new organizations that anticipate establishing formal relationships in the future.

The program's emphasis on service to underserved communities seeks to create a culture of lifelong personal and professional service. MPH students participate in community service activities in a number of courses during their matriculation. Core courses that have service components are the Fundamentals of Public Health, and Community Health Assessment. In both courses, all students are required to participate in group service projects, and have the opportunity to interact directly with staff at the community service site.

3.2.b. Describe the emphasis given to community and professional service activities in the promotion and tenure process.

Although MSM's policy with regards to faculty service to the community and profession does not prescribe specific service roles for faculty members, all faculty are expected to contribute to service activities within and outside of their professional arena.   This expectation is a measured component of the annual faculty evaluation.

3.2.c. Provide a list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years.

MPH Program's service activities outlined in Table 3.2.c include:

- Serving as officers or committee members on national, state, and local professional and health-related organizations.

- Presenting at major community meetings.

- Providing community service in conjunction with community organizations through volunteering and organizing community health activities.

Table 3.2.c. (i): Service Activities. AY 2013-14: Service to the Profession				
Faculty/Staff	*Service Partner*	*Type of Activity/ Year*	*Student Involvement*	*If yes, briefly describe nature of involvement*
Elaine Archie-Booker	Mother Hubbard's Daycare	Community	Yes	Students assist with the care of children attending the center
	Pittsburg Community Improvement Assoc.	Community	Yes	Students assist with projects sponsored by PCIA
	The Healing Center	Community	Yes	Students assist with projects sponsored by Healing Center
	Historic Westside Cultural Art	Community	Yes	Students assist with projects sponsored by HWCA
	Learn To Grow	Community	Yes	Students assist with projects sponsored by Learn To Grow
	Delta Sigma Theta Sorority Inc. Atlanta Alumnae	Community	Yes	Students assist with Health Fair
	Consumer Advocacy Group	Community	Yes	Students assist with community activities
	Hosea Williams Feed the Hungry	Community	Yes	Students assist with providing clothes for the homeless
Stephanie Miles-Richardson	Arabia Mountain High, Health Committee	Community	Yes	Students conducted a teen summit at health fair

Table 3.2.c. (ii): Service Activities. AY 2012-13: Service to the Profession				
Faculty/Staff	*Service Partner*	*Type of Activity/ Year*	*Student Involvement*	*If yes, briefly describe nature of involvement*
Elaine Archie-Booker	Historic Westside Cultural Arts Center	Community	Yes	Students assist with community activities
	Hosea Williams Feed the Hungry	Community	Yes	Prepared food for Thanksgiving Dinner for homeless
	Pittsburg Community Improvement Assoc.	Community	Yes	Students assist with project
Reinetta T. Waldrop	Center for Disaster & Humanitarian Assistance Medicine	Community	Yes	MPH student traveled to Elmina, Ghana, Africa to participate in Emergency Preparedness Pandemic Response Tabletop Exercise / Drill

Table 3.2.c. (iii): Service Activities. AY 2011-12: Service to the Profession				
Faculty/Staff	*Service Partner*	*Type of Activity/ Year*	*Student Involvement*	*If yes, briefly describe nature of involvement*
Elaine Archie-Booker	Consumer Advocacy Group	Community	Yes	Students assist with community activities
	Pittsburg Community Improvement Assoc.	Community	Yes	Students assist with writing project

Additional information regarding faculty community and professional service to the profession can be found in Tables 3.2.c (i, ii, iii) in the *eRF*.

3.2.d. Identify the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years.

Faculty in the MPH Program are required to have an annual faculty evaluation. Evaluations are first completed by the Program Director, and secondly by the Chair of the Department of Community Health and Preventive Medicine where the faculty appointment is held. Service is one of the considerations for promotion and/or merit increases.

Faculty members are expected to devote an agreed upon (in consultation with CHPM Chair) percentage of their time to community service activities. As a part of the Faculty

Annual Review (FAR), faculty are required to report community service activities and provide an estimate of the time spent on each activity. As of 2013, faculty are expected to report service activities through the Digital Measures faculty activity report software program which will help to electronically capture and store service activity. This is traditionally an underreported activity, and the use of an electronic tool is expected to improve the capture of this vital information institution wide.

MPH students are encouraged to seek, develop, and report their service activities, particularly outside of the MPH Program, to program administration. Students scheduled to graduate in the spring are encouraged to submit their community service activities to compete for two awards: The Bill Jenkins Award and the MPH Community Service Award.

Table 3.2.d. Outcome Measure for Primary MPH Faculty Service Activities				
Outcome Measure	Target	AY 2013-14	AY 2012-13	AY 2011-12
80% of MPH faculty will participate in community service each academic year	80%	87%	87%	50%

3.2.e. Describe student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

A detailed description of the program's students' service activity (not required) is provided below.

Students are heavily involved in service projects through their participation in the MPH Student Government Association (SGA). Examples of recent MPH SGA service activities include: a coat drive for homeless men, women and children; a drive to collect personal hygiene items for a local shelter; participation in the annual Festival of Lights event which focuses on community health and wellness, and participation in various health fairs sponsored by local community based organizations throughout the metro Atlanta area.

For the last three years, students have been involved in international service efforts, particularly in Haiti both before and after the 2012 earthquake. In their volunteer service

role, students have assisted in documenting the health needs of patients, assisting in minor activities such as taking blood pressures and temperatures, and assisting medical students and physicians in urban and rural clinics to help meet the medical needs of this underserved population.

3.2.f. Assess the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

This criterion is met.

Strengths: Faculty view community service as part of the mission of the institution and the MPH Program as evidenced by documentation of their active engagement in community service. Students take an active role in organizing community service projects through the MPH SGA, and routinely draft faculty to assist them.

Challenges: Community service is often underreported in completing the FAR, however movement to an electronic evaluative tool will help to ensure that this activity is captured and retained.

Plans: Ensure that faculty keep a record of all community service activities outside of the MPH program to ensure capture in the Digital Measures system.

3.3 Workforce Development

3.3. Workforce Development. The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve.

In 2013, the MPH Program assessed the needs of public health practitioners and the public health workforce in Georgia using 2011 survey data from the Georgia Public Health Training Center (GPHTC). The GPHTC is funded by the Health Resources and Services Administration and housed within the College of Public Health at the University of Georgia. The mission of the GPHTC is to assess the needs and build the capacity of the current and future generation of public health workers in governmental public health, health care organizations, and non-profit organizations for the purpose of advancing and improving the health of Georgia citizens.

According to survey results, Emergency Preparedness was the second most important area for workforce development. Importantly, 47% of survey respondents reported spending more than 50% of their time in an average week serving medically underserved populations or areas. Additionally, respondents reported that 74% of those in the medically underserved populations are low Income/Medicaid eligible. Based on survey results and the mission of our MPH program, we are uniquely qualified to offer continuing education to public health practitioners in Georgia in emergency preparedness and response with a focus on underserved populations and communities. Accordingly, to meet this workforce development need, we are expanding our existing on-line Emergency Preparedness and Disaster Management course to provide continuing education for the public health workforce.

Our current Public Health Emergency Preparedness and Disaster Management course will be revamped to take advantage of an audiotechnology application, Camtasia Relay. This application will be used to create audio recordings of the course lectures allowing workforce participants to access lectures and course materials in an audio format at their convenience. Recordings will be tested in AY 2014-15 by MPH students enrolled in the course. Course evaluations will provide information on changes that may need to be

made to the revised format. Once completed, marketing the course to the public health workforce in the metropolitan Atlanta area will begin, with course offering tentatively scheduled for AY 2015-16.

In addition to utilizing results from the GPHTC, we have surveyed our new advisory board members to learn their perspectives on workforce development needs. Our advisory board membership represents federal, state, and local government, the faith community, community-based organizations, community members, community health center, environmental health practice and academia. Results are being compiled and analyzed.

3.3.b. List the continuing education programs, other than certificate programs offered by the program, including number of participants served, for each of the last three years. Programs offered in a distance-learning format should be identified.

The program has not offered continuing education programs or distance-learning programs to the public health workforce during the CEPH self-study period.

3.3.c. Describe certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

Currently, no certificate programs are being offered.

3.3.d. Description of the programs practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

MSM's Office of Graduate Medical Education (GME) has developed policies, procedures and evaluative criteria to support continuing education and workforce development strategies for the medical and clinical research communities. These guidelines are used to ensure compliance with institutional requirements for continuing education when offered by a program or clinical service of the school. To fulfill our workforce development requirements, the MPH Program will work with GME to identify the continuing education requirements of public health organizations and professional associations to ensure that the on-line course content, course length, and delivery design meet the requirements for continuing education credit hours.

3.3.e. **List other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.**

Preliminary discussions have occurred regarding a potential collaboration with the Georgia Public Health Training Center (GPHTC) at the University of Georgia (UGA). We have also had discussions with the CDC to offer continuing education through the CDC University.

3.3.f. **Assess the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.**

This criterion is partially met.

*Strengths***:** The MPH Program offers an on-line emergency preparedness and disaster management course focused on the needs of underserved populations. Through clinical and prevention research faculty, the MPH Program will have the unique ability to offer medical as well as community based participatory research elements as part of its focus on underserved communities and their needs during a disaster. Through the Office of GME, the MPH Program has institutional policies, procedures and evaluative criteria in place. The MPH Program will have the support of a medical education office that is experienced in the delivery of continuing education. The technology associated with delivering an on-line course is currently in place. Preliminary discussions have occurred with two of the major organizations with a vested interest in continuing education for the public health workforce.

Challenges: The MPH Program does not currently have a continuing education program in place, thus start-up activities and course pre-testing will need to occur.

Plans: The MPH Program will need to continue to engage in discussions with the GA Department of Public Health, the UGA Public Health Training Center, and the CDC to implement this workforce development opportunity.

4.0 FACULTY, STAFF AND STUDENTS

4.1 Faculty Qualifications

4.1 Faculty Qualifications. The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program's mission, goals and objective.

4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.

As noted in table 4.1.a, primary MPH faculty (50% or greater time) provide instruction for core courses. Of 12 primary faculty, 6 have 100% FTE assigned to the MPH Program. Importantly, the program also employs an education specialist and Teaching Associate, both of whom provide faculty and curricular support.

Table 4.1.a. Primary MPH Faculty

Department (schools)/ Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Department of Community Health and Preventive Medicine (PRC)	Tabia Akintobi	Associate Professor	Series II	50%	MPH PhD	University of South Florida	Community and Family Health; Maternal and Child Health	Health Program Planning & Evaluation	Prevention Research
Department of Community Health and Preventive Medicine	Ernest Alema-Mensah	Assistant Professor	Researcher, MSM	50%	PhD, DMin, MS and MDiv		International Public Health Theology Computer Science Theology	Culminating Experience	Public Health Research
Department of Community Health and Preventive Medicine (MPH)	Elaine Archie-Booker	Assistant Professor	Series II	100%	MS EdD	Georgia State University University of Georgia	Urban Health Health Education	Community Health	Community Health
Department of Community Health and Preventive Medicine	Ijeoma Azonobi	Assistant Professor	Series I	50%	MD MPH	Morehouse School of Medicine	Medicine Health Education, Health Promotion	Clinical Preventive Medicine, Research methods	Cancer Prevention

Department of Community Health and Preventive Medicine	Aurelian Bidulescu	Associate Professor	Series II	100%	MPH MD PhD	Carol Davila School of Medicine, Romania; Yale University University of North Carolina at Chapel Hill	Public Health Medicine Epidemiology	Epidemiology	Obesity-related Cardiovascular Diseases; Diabetes; Genetic Epidemiology
Department of Community Health and Preventive Medicine (MPH)	Stephanie Miles-Richardson	Associate Professor, Assistant Dean GEPH Director,	Series I	100%	DVM PhD	Tuskegee University Eastern Michigan University	Veterinary Medicine Environmental Health	Environmental Health	Environmental Health
Department of Community Health and Preventive Medicine	Selina Smith	Professor	Professor, Community Health and Preventive Medicine, MSM	50%	MDiv PhD		Spirituality and Health	Cancer	Cancer Prevention
Department of Community Health and Preventive Medicine (MPH)	Nythea Tolbert	Instructor	Series II	100%	MPH	Morehouse School of Medicine	Public Health	Social and Behavior	Maternal and Child Health
Department of Community Health and Preventive Medicine (MPH)	Reinetta Waldrop	Instructor	Series II	100%	MSHS DrPH	Georgia Tech University of Georgia	Health Systems Management Engineering Public Health	Public Health Management and Policy; Financial Management; Emergency Preparedness	Health Reform
Department of Community Health and Preventive Medicine	Wonsuk Yoo	Associate Professor	Course Director, Introductory and Intermediate Biostatistics	50%	MS PhD	University of Florida Medical University of South Carolina	Statistics Biostatistics	Biostatistics	Cancer Prevention

4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments etc.

Department/ Specialty Area	Name	Title/ Academic Rank	Title and Current Employer	FTE and % Effort	Graduate Degrees Earned	Discipline for Earned Graduate Degrees	Teaching Areas
			Table 4.1.2. Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)				
Georgia Tech	Sonia M. Alvarez-Robinson	Assistant Professor	Georgia Tech	5%	MA PhD	Strategic Planning	Writing
Department of Community Health and Preventive Medicine	Peter Baltrus	Assistant Professor	Assistant Professor Department of Community Health and Preventive Medicine, MSM	50%	MS PhD	Epidemiology Epidemiology	Biostatistics
Department of Community Health and Preventive Medicine	Carey Bayer	Assistant Professor	Assistant Professor MSM	10%	MS EdD	Health Education	Sexuality and Health
HEALing Community Center	Alicia Best	Assistant Professor	Director, Health Education and Research, HEALing Community Center	5%	DrPH, MPH	Health Education/Health Promotion	Social and Behavioral Sciences
Department of Community Health and Preventative Medicine	Richard S. Bright	Instructor	Department of Community Health and Preventative Medicine	5%	MEd	Environmental Health	Environmental Health
Department of Community Health and Preventive Medicine	Ayanna Buckner	Associate Professor	Associate Professor MSM	10%	MD MPH	Medicine Public Health	Preventive Medicine
Atlanta Area Health Education Center	Daphne Byrd	Instructor	Atlanta Area Health Education Center	5%	MS	Health Education/Health Promotion	Practicum Preceptor
Department of Community Health and Preventive Medicine	Lee Caplan	Professor	Professor MSM	30%	MD MPH PhD	General Epidemiology	Epidemiology
SisterLove	Dazon D. Dixon	Instructor	Director SisterLove	5%	MPH	Health Education/Health Promotion	Women's Health
Centers for Disease Control and Prevention	Donatus U. Ekwueme	Assistant Professor	Centers for Disease Control and Prevention	10%	PhD, MA	Economics	Global Health Systems
Dekalb Board of Health	Elizabeth Ford,	Assistant Professor	Director, Dekalb Board of Health	5%	MD MBA	Medicine Business Administration	Health Administration
Department of Community Health and Preventive Medicine	Rhonda Conerly Holliday	Associate Professor	Research Associate Professor MSM	50%	MA PhD	Public Health Epidemiology	Epidemiology
Centers for Disease Control and Prevention	Camara Jones	Assistant Professor	Centers for Disease Control and Prevention	5%	MD, MPH, PhD	Medicine Public Health	Community Health
Department of Community Health and Preventive Medicine	Cheryl Jones	Research Instructor	Research Instructor	100%	MBA MPH PhD	International Health and Sociology	Maternal and Child Health

Organization	Name	Rank	Position	%	Degrees	Field	Area
HEALing Community Center	Sandy Maclin,		COO, HEALing		MDiv, DMin		
Department of Community Health and Preventive Medicine	Robert Mayberry	Professor	Associate Director, Clinical Research and Community Engagement. Director, Research Center for Clinical and Translational Research, MSM	50%	MS MPH PhD	Public Health Epidemiology	Epidemiology
HEALing Community Center	Charles Moore,		CEO, HEALing		MD		
Murrain Associates	William Murrain		President, Murrain Associates		JD		
Department of Community Health and Preventive Medicine	Carla Durham Walker	Instructor of Clinical Community Health and Preventive Medicine	Residency Program Manager, MSM	30%	MA	English with concentration in Rhetoric & Composition and Technical Writing	Academic Writing Workshop
Department of Community Health and Preventive Medicine	Robina Josiah Willock	Instructor	Project Manager, MSM	30%	MPH PhD	Public Health – Social and Behavioral Health Health Policy and Administration	Health Communication Academic Writing
Department of Community Health and Preventive Medicine	Sonny Onyeabor	Instructor	Instructor Community Health and Preventive Medicine	20%	MD PhD		Health Disparities
Private Practice	Jennifer Rooke,		Private Practice		MD, MPH		
Consultant	Romeo Stockett, Jr.	Instructor	Consultant	5%	MPH	Informatics	Informatics
Centers for Disease Control and Prevention	Raegan Tuff	Assistant Professor	Centers for Disease Control and Prevention	5%	PhD, MPH	Health Education/Health Promotion	Social and Behavioral Sciences
Tuskegee University	Rueben Warren,	Professor	Tuskegee National Center for Bioethics in Research and Health Care	5%	DDS, DrPH, MDiv	Public Health	Ethnics
Centers for Disease Control and Prevention	Samantha Williams	Assistant Professor	Centers for Disease Control and Prevention	5%	PhD	Psychology	Social and Behavioral Sciences
Office of Sponsored Research Administration	Angela Wimes	Instructor	Editor and Manager of Information Services, MSM	30%	MA	Sociology	Academic Writing

4.1.c. **Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.**

Primary faculty comprise a multidisciplinary team of faculty who have earned the PhD, MD, DrPH, EdD, DVM, RN, MSHS, and MPH degrees. Collectively, faculty have practical experience such as: a former Associate Director at CDC, two former Epidemic Intelligence Officers at CDC, a former director of a federally-qualified community health center, a registered nurse in an urban health care center, and the director of a CDC-funded Prevention Research Center. Secondary MPH faculty are similarly qualified but contribute less than 50% effort to the program. In addition to the courses taught by primary faculty, the MPH program also involves public health practitioners with local, state, national and global experience. Additionally, guest lecturers participate in classes and as presenters during the Public Health Leadership Seminar Series (PHLS). Many of these professionals also serve students as preceptors in practicum placements, CE advisors and research mentors. The MPH program is also supported by alumni and community partners who do not currently teach courses in the MPH curriculum but serve as mentors, PHLS speakers, practicum preceptors and CE committee members.

In addition to community based practitioners, the MPH program utilizes the strengths of the medical school's faculty and resources to bring together medicine and public health in its approach to community-based public health. Tables 4.1.a and 4.1.b (above) reflect the breadth of disciplines and areas of teaching responsibilities. The MPH faculty members include those from disciplines in public health, psychology, medicine, veterinary medicine, urban health, nursing, sociology, integrated biosciences and biostatistics among others. These disciplines and fields of practice are integrated into the generalist curriculum, which results in a rich contribution from diverse individuals who support the MPH program by applying their expertise to the areas of research, teaching, practice and service in the public health arena.

4.1.d. **Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with the data regarding the performance of the program against those measures for each of the last three years.**

Table 4.1.d Outcome Measures for Assessing the Qualifications of Faculty Complement					
Outcome Measure	Target	AY 2013-14	AY 2012-13	AY 2011-12
Primary faculty have relevant degrees and one or more years of applied public health experience	80%	64%	50%	50%
Students rate professors' knowledge of content areas as satisfied or strongly satisfied.	100%	91.6%	92.8%	100%

4.1.e. **Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses, and plans relating to this criterion.**

This criterion is met.

*Strengths***:** Collectively, primary faculty comprise a multidisciplinary team, many of whom have both formal degrees and training as well as experience in public health practice.

Challenges: There have been missed opportunities to engage adjunct faculty more in the program's curriculum.

Plans: Continue to attract persons with formal preparation and experience in public health practice to apply for primary and secondary faculty appointments. Increase the number and utility of adjunct faculty to augment student learning.

4.2 Faculty Policies and Procedures

4.2 Faculty Policies and Procedures. The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

The MSM Faculty Handbook outlines rules and regulations for all MSM faculty members *(see eRF)*. The Faculty Handbook is made available to all faculty members through the Office of the Dean, as well as electronically on MSM's website (www.msm.edu). Instructional programs, faculty rights and responsibilities, personnel and research policies, faculty appointments and all other conditions of employment are delineated in the Faulty Handbook.

More detailed information on faculty appointments is available in the MSM Faculty Academic Appointment and Promotion Processes and Policies handbook, which is also available on the website in an electronic format. The MPH Program does not have separate appointment and promotions procedures, rather utilizes department procedures. MSM uses a five-tiered series system for faculty appointments and positions and does not have tenure positions. Series I and II include full-time faculty and instructors. Series III, IV, and V include part-time, adjunct, and instructor positions. Within Series II and III, there are distinctions made between clinical and research appointments. Series I is comparable to a tenure-like track. All of these positions, their expectations of continued appointment and privileges are outlined in detail in the Faculty Academic Appointment and Promotion Processes and Policies handbook.

The three major areas of academic endeavor upon which promotion is based are education/teaching, scholarly activity, and service to the institution, community, or the individual's profession. Based in series level, a faculty member may be expected to excel in a certain number of the major areas of academic endeavor. For example, when considering promotion, a person in Series I is expected to excel in all three areas.

In an effort to ensure fair and equal treatment of all faculty members, the FAPC reviews all recommendations for appointment and promotion. MSM faculty members are encouraged to participate in the Faculty Assembly, a mechanism for faculty to participate in the development of academic policies and to make recommendations to the Academic Policy Council or to the Dean. In addition, all faculty members may file a grievance without fear of retaliation. There are both informal and formal procedures for the resolution of these complaints. The matter may be informally resolved within the faculty member's department or the dean's office or, if a resolution cannot be achieved this way, an appeal process allows the matter to be taken to an ad hoc grievance committee. Again, these procedures are all outlined within the Faculty Handbook.

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

All MPH faculty members, both full-time and otherwise, are encouraged to participate in the faculty development opportunities available at the institution. The Office of Faculty Affairs and Development (OFAD) at MSM offers a modular, longitudinal program on faculty development that addresses topics such as scholarly writing, teaching, and career development as well as monthly workshops and didactics held throughout the year. These workshops cover topics including conflict management, teaching excellence, time management, and grant writing. The OFAD is a service-oriented, institutional office and responds to the needs of faculty based on the results of their annual Career Development Forms, which are completed in parallel with the annual performance evaluation. The annual Career Development Form allows the faculty member to highlight their professional goals for the upcoming academic year, but most importantly, the faculty member also states what their most important areas of need are in order to enhance their professional development. In response to the results obtained from the Career Development Forms, several institutional programs and resources have been developed. Faculty seeking extramural faculty development programs can apply for institutional support from the OFAD.
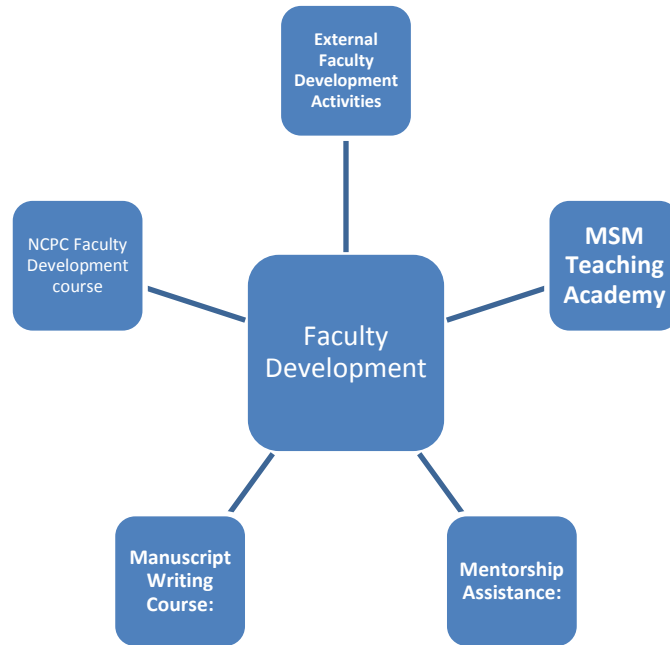
Figure 4.2.b: Opportunities for faculty development.

In addition to opportunities offered by the OFAD, the MPH Program offers monthly Public Health Leadership Seminars to faculty and students. MPH program faculty members are also offered support to attend the annual American Public Health Association Conference for the purpose of continuing education.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

The evaluation process begins with the preparation of the FAR by faculty members in which faculty summarize their annual activities, categorized by education, administrative service, research, and clinical/community service. Since most faculty members who teach in the MPH Program have faculty appointments in CHPM, the Chair of CHPM ultimately evaluates all MPH faculty members. In addition, the Director of the MPH program evaluates all core MPH faculty members. MPH faculty who are assigned to other centers, programs, or units (such as the Prevention Research Center) will also be evaluated by the Director of those units. The evaluator uses the completed FAR to create a written evaluation.

The evaluator writes a brief narrative evaluation for each area of academic endeavor as well as a narrative summary, and scores each element as superior, excellent, good, fair, or unsatisfactory. The evaluator then meets with each faculty member to review and discuss the evaluation. Instructional evaluation of faculty members includes a component based on feedback from students, which is detailed below in 4.2.d.

4.2.d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

All faculty members at MSM are expected to contribute to the development of instructional programs. Both quality and quantity of instruction are important; however, quality of instruction is the major criterion.

Students evaluate their courses both formally and informally. Informally, students can express their concerns about their courses with the academic advisor or the MPH program director who, on a continual basis, provides this feedback with the relevant faculty members and attempt to develop strategies to enhance the course based on student concerns. Formally, students complete a midterm and final evaluation of each course. Evaluations cover course organization and presentation, the quality of the learning experience and feedback on the quality of instruction. The overall average rating of core faculty performance for 2011-2014 was 4.2 of a maximum score of 5.0 (Excellent-Strongly Agree). The evaluation serves as both a course evaluation and a performance assessment for both full-time and adjunct faculty. Results from course evaluations are compiled and provided to the MPH program director who shares this anonymous information with faculty members. Areas of common concern are presented at the MPH faculty meetings so that all faculty members can iteratively adjust their curriculum or instructional approach as appropriate.

Instructional effectiveness is evaluated through student grades and through the results of the CE. Students must demonstrate the uptake and understanding of course materials through the successful completion of course assignments, presentations, and exams which is reflected in the course grade. A passing grade in the MPH program is that of a B (80-84%) or greater. The CE is an opportunity for students to apply and integrate, in a

comprehensive manner, the concepts they learn on public health policy, epidemiology, biostatistics, health education and promotion.

4.2.e. Assess the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

The overall assessment of criterion 4.2 is as follows:

This criterion is met.

Strengths: The MPH has established clear policies and procedures regarding faculty members including faculty appointments and promotions. There is support for institutional and non-institutional faculty development. There are procedures in place for systematic evaluation of faculty and for feedback to be given to faculty on general performance and teaching efforts, including feedback from students. The CE allows students to apply all of the foundational concepts of public health as a way to demonstrate instruction effectiveness.

Challenges: Faculty member incorporation of student feedback into the iterative development of course materials and instruction is optional. There is no direct or systematic feedback to faculty on instructional capabilities outside of student feedback.

Plans: As a motivation for consistent inclusion of student feedback into course development and modification, student evaluations will be made an integral part of the faculty evaluation process. Procedures are currently being developed for peer-to-peer feedback on faculty instructional skills.

4.3 Student Recruitment and Admissions

4.3 Student Recruitment and Admissions. The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

4.3.a. Description of the program's recruitment policies and procedures.

The MPH Program works closely with the Office of Admissions to recruit students for the MPH Program. The Director of Admissions represents all programs at the institution, and occasionally the External Relations Coordinator of the MPH Program, who is also responsible for recruitment, accompanies the MSM Director of Admissions to recruitment activities. The External Relations Coordinator and program manager supplement the Admissions efforts by targeting specific recruitment activities such as the American Public Health Association (APHA) Annual Conference, the Annual Biomedical Research Conference for Minority Students (ABRCMS), and the Atlanta University Center (AUC) Consortium Graduate Recruitment Fair. Recruitment activities also take place at Historically Black Colleges & Universities (HBCUs), private and public undergraduate institutions, as well as majority institutions in the southeastern region of the United States. Recruitment strategies include email advertisements, MPH brochures and fact sheets, open houses and a collection of prospective student emails and correspondence via an electronic database. Additionally, student ambassadors are utilized in our recruitment efforts. The MSM website (www.msm.edu) includes information on the MPH Program and serves as an important recruiting tool. A tab for prospective students is located on the MPH website that includes a fillable form to submit directly to the MPH email inbox. Upon receipt, the External Relations Coordinator contacts the prospective student to provide additional information on the MPH Program. Website functions allow for completion of admission applications to all MSM academic programs.

Summer fellowships and internships targeting undergraduate minority students serve as potential feeder programs for the MPH Program. These include the CDC Undergraduate Public Health Summer Scholars Program which houses the Project IMHOTEP Summer Program administered by Morehouse College's Public Health Sciences Institute, Summer Public Health Scholars Program administered by Columbia University, Future Public

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Health Leaders administered by University of Michigan and the Maternal Child Health Careers / Research Initiatives for Student Enhancement-Undergraduate Program administered by Kennedy Krieger Institute. These programs are all funded through the CDC in an effort to increase the number of underrepresented minority students who are engaged in public health education and training. The MPH External Relations Coordinator also serves as Project Coordinator for this CDC-funded project. As such, this provides additional opportunities for recruitment.

4.3.b. Statement of admission policies and procedures.

A detailed description of the admissions policies and procedures is provided below.

Admissions Cycle Calendars & Deadlines: There is one admissions cycle per academic year. The application deadline is April 1. Only applications that are complete, including official test score reports, letters of recommendation, and official transcripts, receive further consideration for admission (applicants may submit copies of their score reports for review pending receipt of the official score report from Education Testing Service.)

Application Requirements:

• Baccalaureate Degree– official transcripts from all undergraduate and graduate institutions attended is required.
• Applicants with a doctoral degree need not submit undergraduate transcripts.
• Recent GRE test scores (not greater than five years). Applicants with a doctoral or terminal degree are exempt from test scores with a current, active professional license in their respective field.
• Typewritten Personal Narrative Statement (2-3 pages) answering specific questions.
• Three letters of reference.
• Test of English as a Foreign Language (TOEFL) is required of foreign students whose first language is not English. A passing score on the ECFMG English test is acceptable for foreign medical graduates.
• A personal interview is required of qualified, selected candidates who pass the first level of screening.
• Completed applications consist of the application form, $50.00 non-refundable application fee, photograph, official transcripts, official test score reports, and personal narrative statement. International applicants are required to submit TOEFL/ECFMG English test scores and a Silny or WES evaluation of foreign academic credentials.

First Level of Screening (Coordinated by MSM's Admissions Office): The first level of screening involves the Director of Admissions, the Chair of the Admissions Committee and the Program Director. The Office of Admissions completes the initial level of screening. Only complete applications advance to the first level of screening. Factors considered at this level of screening include:

• Academic undergraduate and/or graduate performance as demonstrated in the official transcripts and GPA information.
• Test scores.
• Personal Narrative Statement – clear, concise personal vision for public health practice must be evident, as well as demonstrated written communication skills consistent with the expectations for graduate level work.
• Documentation of amount of public health experience or exposure.
• Letter of references.

The selection of applicants at this level of screening is made after careful consideration of many factors. These include undergraduate and graduate academic performance (GPA), test scores, extent and depth of academic programs, demonstration of maturation of learning ability, and broad public health experience or exposure. At the first level of screening, qualified applicants are invited to Atlanta for a personal interview with a member of the Admissions Committee.

Second Level of Screening (Coordinated by the MPH Admissions Committee): The MPH Admissions Committee is comprised of MPH Faculty, community representatives, selected MSM faculty, student representatives, and ex-officio, non-voting members (administrative level) with one faculty member serving as Chair. The Director of Admissions serves as an administrative liaison and is a non-voting member. Prior to the annual meeting, an orientation is conducted for new members and current members to explain their duties and responsibilities as committee members. In addition to objective information regarding academic performance, the committee is also interested in personal character and responsibility, compassion, honesty, motivation and perseverance, as well as activities, hobbies, employment, and research projects as a means by which to judge candidates' alignment with our mission and suitability for matriculation in the MPH Program.

Duties and responsibilities:

MPH Admissions Committee Chair– voting member who is responsible for providing leadership to the Committee, conducting all meetings, working closely with the Director of Admissions in the administration of the admissions process, and maintaining the integrity of the process through interview training and communication of guidelines and policy governing the function of the Admissions Committee

Admissions Committee Members (faculty and community partners)– voting members who are responsible for interviewing candidates within the legal and institutional guidelines. Attendance at Admissions Committee meetings and orientation is required.

Admissions Committee Member (student representatives)—conduct tours for prospective students during interview process

Ex-Officio Member (MPH Program Director)– non-voting member who is responsible for providing guidance to the committee during committee meetings within the already established and approved policies and procedures governing admissions. Role is to serve as an observer and provide assistance if issues arise.

Director of Admissions– non-voting member who is responsible for the effective management of the admissions process to include answering inquiries, mailing application packets, processing of applications, conducting the first level of screening of completed applications within the Program's guidelines, coordinating interviews and interview day activities, scheduling and coordinating Admissions Committee meetings along with the Admissions Committee Chair, and providing administrative support to the Committee. The Director of Admissions will also maintain statistical information on each interview cycle and coordinate orientation activities in conjunction with the Office of Student Affairs and the MPH Program Office for all new entering students.

Note: Policies and procedures governing admissions and selection criteria are not discussed at the MPH Admissions Committee level. They are established by the

Associate Dean for Student Affairs with input from the MPH Program Director and MPH Admissions Committee.

Interview Process: Applicants selected for an interview are interviewed by two members of the Admissions Committee, which is comprised of selected members of the MPH faculty and community partners. In advance of the interview, all interviewers receive the applicant's packet to review in a secure location. This packet includes a copy of the application form and personal narrative statement, test scores, GPA, and letters of recommendation. At the point of the interview, the applicant is greeted and provided with thorough instructions of next steps by the Admissions Director. The interviewer receives the applicant's file for reference and note taking during the interview.

Part one of the interview is designed to assess the applicant's motivation for public health, knowledge and awareness of issues in public health, non-cognitive factors such as leadership skills, problem solving ability, maturity and oral communication skills. Part two of the interview is designed to review the applicant's academic background (including GPA and test scores and any inconsistencies in the academic record, i.e. excessive withdrawals, poor grades, etc.). Candidates are also required to complete an onsite writing assessment.

Applicants are advised on the day of the interview that further contact with the interviewer or other members of the Committee is considered inappropriate behavior, and when reported, will be documented in their file. If the student representative, interviewer, or any other Committee members are approached by the applicant after the interview, the applicant is directed back to the Admissions Office, and the incident is be reported to the Director of Admissions.

Admissions Selection Meetings:

Admissions Selection Meeting is comprised of MSM faculty & staff, MPH alumni, and community partners who also serve as interviewers. Each candidate is presented to the Committee by the interviewer and assigned a recommendation of *Definitely Accept, Probably Accept, & Do Not Accept.* Applicants with a recommendation of

Possibly Accept, or Do Not Accept are further vetted by the interviewers present at the meeting. Results from the Admissions Selection Meeting are provided to the Admission Committee.

Confidentiality of Deliberations, Committee Proceedings & Applicant Files: All candidates' packages are returned to the Admissions Director at the end of each meeting. Each member of the Committee is charged with maintaining the integrity of the process by assuring confidentiality of the materials and discussion at all Admissions Committee meetings. No information should be communicated with other faculty members, students or other parties who request information.

Decision Notifications: After the interview, two decision options are possible: Admit or Reject. All applicants receive a decision notification letter after all candidate deliberations have been completed by the Committee. Candidates are issued letters of acceptance and all remaining others receive non-acceptance letters based on admission requirements. Official letters of acceptance are issued by the Office of Student Affairs, under the Associate Dean for Student Affairs' signature and must be responded to, in writing, within in two weeks with a $100.00 deposit (cashier's check or money order only), which is applied to the student's tuition account upon registration.

Eligibility of Applications: All applications are eligible for one admission cycle. Applicant files are kept for one year, and merged with any current year active file. Letters of reference, official score reports (not older than five years), and official transcripts may be used from one year to another. After one year with no active application on file, files are destroyed.

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program.

(*Examples of the program's recruitment materials are available in the eRF*)

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years.

The data regarding student applicants are captured in the table (4.3.1) below.

Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2010 to 2013		Academic Year 2013 to 2014	Academic Year 2012 to 2013	Academic Year 2011 to 2012	Academic Year 2010 to 2011
Health Administration & Policy	Applied			8	5
	Accepted			5	
	Enrolled			4	1
Health Education/Health Promotion	Applied			24	8
	Accepted			6	
	Enrolled			5	6
International/Global Health	Applied			8	6
	Accepted			2	
	Enrolled			0	4
Epidemiology	Applied			25	13
	Accepted			10	
	Enrolled			9	7
Generalist Curriculum	Applied	60	56		
	Accepted	28	26		
	Enrolled	23	20		

4.3.e. This criterion is not applicable to this program.

4.3.f. Identification of measureable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

The measurable objectives related to successful enrollment of qualified students are captured in the table (4.3.f) below.

Table 4.3.f Outcome Measure for 2010 to 2013				
Outcome Measure	Target	Academic Year 2012 to 2013	Academic Year 2011 to 2012	Academic Year 2010 to 2011
Full-time students will graduate in 4 semesters	85%	80%	79%	86%

4.3.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.

The criterion is met.

*Strengths***:** The Program has been successful in recruiting, retaining, educating, and graduating a qualified minority (primarily African-American) student body. Our graduates are in demand and are employed in public health positions (or are in doctoral programs) almost without exception. Additionally, approximately 6 percent of graduates have completed PhD, MD, and JD degrees, and 10 percent are pursuing terminal degrees.

*Challenges***:** We have had limited MPH staff to devote time towards recruitment efforts.

Plans: We have expand the scope of the pipeline programs within the Atlanta University Center and hired additional staff to augment recruitment efforts.

4.4 Advising and Career Counseling

4.4 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

4.4.a. Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

There are multiple avenues available for students in the MPH program regarding advisement and counseling. At the institutional level, MSM provides personal, confidential counseling services to all students through the Counseling Services Center in the Office of Student Affairs. The Counseling Services staff members offer assistance with both personal and academic challenges.

Students are informed about advising and mentoring options during the two-day orientation process organized by the Office of Admissions and Student Affairs. Incoming students are introduced to the MPH Program's academic advisors during orientation. The academic advisors are faculty members who are very experienced and familiar with the curriculum. Both advisors maintain an open-door policy for students. Also, the MPH program director is available for advising on an as-needed basis to all students.

Students are strongly encouraged to meet with academic advisors throughout the year. The academic advisors also set up one-on-one meetings with students to address concerns with courses (e.g. absences, failing grades, non-participation).

Students seeking to graduate must meet with the academic advisor the semester prior to ensure all requirements have been met and to sign the student's graduation application. Non-degree students seeking to apply for full-time status will meet with the advisor to discuss their academic performance and recommendation for further matriculation with the MPH Program.

Training in mentorship and advisement is offered to all faculty members through the institutional faculty development sessions organized by the OFAD. All MPH program faculty are encouraged to participate in these sessions. In addition, all faculty members are trained via the Office of Disability on how to appropriately refer students to this office and to counseling services when related issues are disclosed by students.

4.4.b. **Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.**

Group Advisement: Career advising within the MPH program can be categorized as group and individual advisement. On the group level, the program offers Career Development Workshops, which are required, non-credit courses designed to help students acquire the tools necessary for developing proficient performance in the job market upon graduation. These are also opportunities for students to network with potential practicum site preceptors, employers, and with program alumni. Examples of some of the topics covered in these workshops are professional etiquette, networking, contract negotiations, and personal branding.

Another group advisement vehicle is the Learning Community (LC) model that was implemented in AY 2013-14 (figure 4.4.b). This model is a central part of MSM's Quality Enhancement Plan and is designed to sustain students' excellence and academic success in all academic programs at the institution. A LC is a group of individuals who share common goals, values, and ideas and who are actively engaged in learning with and from each other. The use of LCs leads to the early development of the strong faculty-student and student-student relationships vital to success in an educational environment. For the MPH Program, students are grouped in LCs by life stages and meetings are facilitated by faculty mentors who were selected based upon their familiarity and experience with the curriculum, program, and who are best aligned with the life stage of the LC.
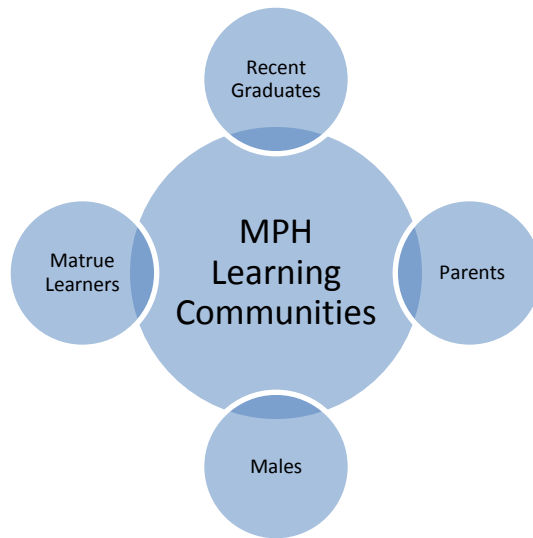
Figure 4.4b- MPH Learning Communities

Topics were selected based on student feedback obtained from surveys given during orientation and on topics that are particularly salient to each group. Topics include managing stress, the male experience, school/life balance and professional development. Students evaluate the LC sessions immediately following *(see eRF).*

Individual Advisement: The program also has tailored career advising for individual students. The External Relations Coordinator, who facilitates the required career development workshop, meets with each first-year student to discuss career goals and career objectives. This information is used to inform field work placements. Also, based on area of interest, students are directed to both faculty and alumni for further career counseling and preparation.

4.4.c. **Information about student satisfaction with advising and career counseling services.**

Due to the intimate nature of the MPH Program, students receive career counseling from the career development workshop facilitator, academic advisors, faculty mentors, and partners—including community partners, preceptors, and alumni. Academic advisement is provided by academic advisors and the education specialist.

At the end of each academic year, students are selected to participate in an exit interview and continuing students participate in an end of year assessment with the program

director. Included as a component of the interview, students assess academic and career counseling services. The feedback received from the students is utilized for program evaluation and continued program enhancement *(see eRF)*.

4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

During the self-study period, grievances were largely voiced and resolved informally. The intimate nature of the program's faculty, students, and administrative staff limited grievances, as communication is frequent and bidirectional. Students who have academic challenges consult the academic advisor. On two occasions, both of which were in AY 2012-14, grievances related to academic matters which were brought to the attention of the academic advisor, were referred to SAPC. In each case, students requested and were granted a SAPC hearing and each case was resolved satisfactorily *(see SAPC minutes in eRF)*.

Beginning in AY 2014-2015, a written grievance policy has been prepared and shared with students *(see eRF)*. The process includes the following:
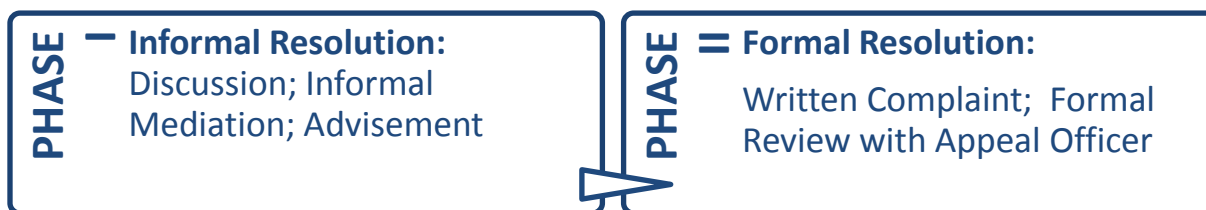

Figure 4.4d- MPH Grievance Policy

4.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, challenges, and plans relating to this criterion.
This criterion is met.
Strengths: Because of the intimate nature of the program, particularly the frequent bidirectional communication of students, faculty, and staff, there are few grievances as concerns are addressed immediately. Grievances involving academic matters are

addressed in the SAPC through student-requested emergency SAPC hearings. The exit interviews with graduating students and end of year assessments with continuing students, as well as the town hall meetings each semester with the Program Director allow multiple opportunities for students to speak candidly about any concerns. These multiple opportunities for students to voice concerns has likely limited the number of grievances. Even so, a grievance policy has been developed to ensure that students have other avenues in which to address their concerns.

*Challenges***:** none identified.

Plans: An education specialist was hired in AY 2013-14 to ensure that a non-evaluator is available to provide non-biased advisory support to students. The education specialist will implement the formal or informal grievance policy per student request. The education specialist maintains office space in the MPH suite which can be accessed publicly or privately, depending of the student's desire. Additionally, we have added a suggestion box so that students can easily and conveniently share suggestions or concerns with MPH administration.