Council on Education for Public Health
Adopted on June 13, 2015

REVIEW FOR ACCREDITATION

OF THE

MASTER OF PUBLIC HEALTH PROGRAM

AT

MOREHOUSE SCHOOL OF MEDICINE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
October 30-31, 2014

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Morehouse School of Medicine. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in October 2014 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Founded in 1975 as the Medical Education Program at Morehouse College, Morehouse School of Medicine (MSM) became an independent institution in 1981. MSM, recognized nationally for its social mission, is focused on addressing the primary healthcare needs of people of color and underserved populations in Georgia. The institution is dedicated to increasing the diversity of the health professions and scientific workforce. MSM has over 1,400 alumni and many of them choose to practice in rural and inner city areas. MSM employs more than 250 full- and part-time faculty members. MSM awards the doctor of medicine (MD), doctor of philosophy (PhD) in biomedical sciences, master of public health (MPH), master of science (MS) in biomedical research, MS in medical sciences, MS in biomedical technology and the MS in clinical research. The institution currently enrolls 409 students across its seven degree programs. The MD is the largest program, and the second largest is the MPH.

The MPH program couples public health theory with the social mission of the institution. The program's emphasis is on training minority public health leaders in conducting community-based public health research and practice with a focus on underserved populations. The MPH program previously offered several tracks but transitioned to a generalist-only program in fall 2013. The program was also previously housed in the Department of Community Health and Preventive Medicine (CHPM), but is now an independent unit responding directly to the senior associate dean for educational affairs.

The MPH program has been accredited by CEPH since 1999. The last accreditation review occurred in 2007, resulting in a seven-year accreditation term with follow-up interim reporting. The CEPH Board of Councilors accepted the program's interim reports in November 2009 and July 2010.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

a. **The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.**

b. **The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.**

c. **The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.**

d. **The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.**

e. **The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.**

f. **The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.**

These characteristics are evident in the MPH program at MSM. The program is a part of an institution that is regionally accredited by the Southern Association of Colleges and Schools. The program and its faculty and students have the same rights, privileges and status as other professional programs in the institution. Interdisciplinary collaboration occurs through student involvement in research projects with faculty external to the MPH program. Students' educational experiences are also enriched by the numerous community engagement opportunities made possible through relationships cultivated by MPH faculty with community organizations. A strength of the MPH program is that it trains students to exhibit cultural sensitivity when conducting community-based activities, and in doing so, the program assures that classroom knowledge is easily translatable in the practice realm.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The MSM MPH program's mission, goals and objectives were reviewed and revised at a July 2013 faculty retreat and were designed in response to the change from a track-based to a generalist program. The retreat included all core MPH faculty members, and additional input was provided from program staff, the MSM Evaluation Unit (includes members with public health training) and the program's External Advisory Board (includes public health practitioners, community partners and individuals from non-profit organizations). Other stakeholders such as students, alumni and public health practitioners confirmed during the site visit that they were also involved in this process. The self-study notes that the mission, goals and objectives are reviewed annually by the External Advisory Board and the Graduate Education for Public Health (GEPH) Committee.

The program's mission is as follows: "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."

The program's mission is aligned with the institution's mission, which is as follows: "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."

The MPH program's vision is to be the leading national model on community-focused public health education, research and practice, particularly in underserved communities. The program is guided by the following core values: leadership, ethics, academic excellence and community service. These core values are embedded in the program's goals and objectives.

Supporting the program's mission and vision are four goal statements, each with four to six measurable objectives. One goal statement is focused on leadership, and the remaining three goals relate to education, research and service activities. The current objectives are quantifiable, however a few objectives have targets that may be difficult to track, such as the research-related objective stating that "10% of MPH students will submit one or more articles for publication within three years of graduation."

1.2 Evaluation and Planning.

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.

This criterion is partially met. The self-study identifies two sets of goals and objectives. One set is for the current MPH generalist program and the other set is for the previous track-based program. Given that currently only the generalist program exists and that the current goals and objectives differ considerably from the previous set, the site visit team focused its review on the current set of goals and objectives.

The MPH program manager has primary responsibility for monitoring the program's progress against its mission, goals and objectives. Other staff members, such as the education specialist and external relations coordinator, also have targeted responsibilities within the overall evaluation process. Evaluation data are derived from various sources including the following: course evaluations, faculty activity reports, faculty retreats, exit interviews and town hall meetings. Students provide considerable input in the evaluation process through course evaluations, town hall meetings and exit interviews. Faculty members provide input through participation in faculty retreats, committees and through their annual evaluations.

The site team noted several concerns regarding the program's overall evaluation processes.

The first concern is that the evaluation process is not clearly articulated in the self-study and it was not clearly delineated during the site visit. Certainly there are various elements in place, but a systematic overall plan of data collection, assessment of the data and action planning based on the data are not in place. While the site visit team was informed that a new data system has been developed, data input into this system has not yet began. Further, although the self-study indicated that the results of the various evaluation processes are shared with the GEPH Committee and the External Advisory Board, site visitors could not identify action steps that occurred as a result of sharing data with these entities. Evaluation planning was identified in the previous CEPH site visit as a problematic area and remains a weakness for the program.

The second concern is that many of the targets have already been met, and a few of the objectives may not reflect the mission of the MPH program. These problems call into question the thoughtfulness of the target setting process.

While the site visit served to clarify many of the reviewers' concerns with information presented in the self-study document, in many respects, the document appeared to be a preliminary draft, as many data in criterion 1.6 were incorrect, and data and information across criteria that should have been identical were

not. However, the process for creating the self-study was inclusive and included a kick-off meeting, a retreat, several meetings of the steering committee, a CEPH consultant visit and a mock site visit.

1.3 Institutional Environment.

The program shall be an integral part of an accredited institution of higher education.

This criterion is met. MSM is accredited by the Southern Association of Colleges and Schools (last reviewed in 2011, during which it received accreditation until 2021). Additionally, MSM maintains accreditation status from the Liaison Committee on Medical Education (last reviewed in 2013), the Accreditation Council for Graduate Medical Education and the Accreditation Council for Continuing Medical Education (which approves the institution to offer continuing medical education for physicians).

The MPH program was first accredited by CEPH in 1999. Until academic year (AY) 2012-2013, the MPH program delivered a track-based curriculum. In AY 2012-2013, the program began to shift to a generalist curriculum, enrolling its first generalist cohort and teaching out the remaining track-based students. The transition was complete in AY 2013-2014, and currently all students are enrolled in the generalist program.

MSM employs a mission-based budgeting model which provides 100% return of MPH tuition to the program. The MPH budget is developed and negotiated by the program director in conjunction with the university's chief financial officer. The budget negotiation process begins with a budget hearing in February and culminates with a budget implementation cycle from July 1 through June 30. Recovered indirect research funds are not reallocated to the MPH program, although program administrators reported that the third phase of mission-based budgeting will address this issue. Recommendations for this third budgeting phase are reportedly due to the university president in December 2014.

Fundraising and MPH student scholarships are managed through the Office of Institutional Advancement (OIA). The MPH program's External Advisory Board has a fundraising subcommittee which works in concert with the OIA – largely in an advisory capacity as reported during on-site meetings. During on-site meetings, university administrators communicated that a distributive model of philanthropy will be implemented in fiscal year (FY) 2016. Under this model, a director of unit development will be assigned to the program for fundraising purposes.

Primary MPH faculty appointments are in the CHPM Department. The MPH program director sits on the CHPM Faculty Appointment and Promotion Committee (FAPC). As such, the program director works directly with the FAPC chair on faculty appointments and assignments in the MPH program. The program director oversees the hiring and promotion of staff assigned to the MPH program.

Academic policy recommendations are reviewed and approved by the university-wide Academic Policy Council (APC), before forwarding to the Board of Trustees for final dispensation. The MPH program director also sits on the APC.

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. With status as an independent academic unit, the MPH program's organizational setting fosters public health learning and service. With administrative staff delegated to external relations and community engagement, the program has capitalized on its relationships with community stakeholders to effectively support the work of program constituents and advance the program's mission. The program is led by a program director (who concurrently holds the title of assistant dean for graduate education in public health), with five direct reports: a program manager, a director of community engagement advisor, an academic advisor, an external relations coordinator and an administrative assistant III. Faculty with primary assignments to the program report directly to the program director. In addition to reporting to the program director, the administrative assistant III and the external relations coordinator have secondary reporting responsibility to the program manager. The program manager oversees daily operations. Four of the administrative staff concurrently serve as faculty members in the program: the program director, director of community engagement, external relations coordinator and the academic advisor.

Coordinated collaborations between the MPH program and other departments in the institution are minimal and appears to be limited to student government activities and faculty participation on university-level committees.

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.

This criterion is met. Program-level committees are established to oversee functions such as admissions, curriculum quality and integrity, student progress and academic policies. The program's governance model demonstrates broad participation from faculty and staff. Responsibilities in programmatic oversight appear to be fully conceived and responsibilities embraced. The program has also sought to cultivate a sense of program ownership and leadership in its students through the Student Government Association (SGA), a robust student-led group that seeks to foster professional development. Students are involved, where appropriate, in program decision making and committees such as the Admissions Committee and the External Advisory Board.

The program has four standing committees: the GEPH Committee, Admissions Committee, Curriculum Committee and the Student Academic Progress Committee (SAPC). Additionally, a number of ad hoc committees were convened for the program's reaccreditation process. The self-study notes that the GEPH Committee is the program's principal governing committee, by which decisions of the other three committees are vetted. The self-study reports that the GEPH Committee reports to the institution's APC.

The SAPC appears to be the most robust committee, as meeting minutes reveal that the committee has met actively for the last year. The Curriculum Committee appears to be the newest committee and also the least active, as it convened for one meeting over the last year. However, a faculty member who met with site visitors indicated that the committee is only intended to meet once per year. Between Curriculum Committee meetings, the program's education specialist functions to review syllabi to ensure that course content aligns with competencies.

Overall, while the program has developed standing committees, it appears that most decisions are made on a more informal basis due to the close-knit nature of the program.

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.

This criterion is met with commentary. In FY 2013, MSM began utilizing a mission-based management system of budgeting and resource allocation. It is through this process that the tuition revenues were allocated directly to the program to ensure that the program is self-sustaining. The MSM budget process is a four phase process, beginning with the base budget, moving to a mandatory increase phase, then to a mission critical phase, followed by a final phase when the budget is presented to the Board of Trustees.

Seven years of data are provided in the self-study's budget table. It is noteworthy that the recent change to the mission-based system has resulted in a need for the MPH program to separate its budget from the overall CHPM departmental budget. This extraction has proven difficult for the program, as on-site discussions revealed that the faculty and staff salaries presented in Table 1 do not accurately reflect the program's expenditures in these categories.

Table 1 presents the program's budget for FY 2008 through 2014.

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

During on-site discussions, reviewers learned that the MPH program director is confident that tuition and fee monies, in addition to small amounts of money from scholarship funds and an endowment, are sufficient to run the program. Despite the figures presented in Table 1, reviewers were informed that the program receives approximately $800,000 annually to cover all operating expenses. Since the responsibility for faculty and staff salaries is shared between the MPH program and the CHPM Department, personnel expenses are much less of a “burden” on the MPH program budget. Finally, the site team learned that the “Grants/Contracts-Title III” entry in Table 1 does not actually reflect the program’s funded research revenue but rather the amount of Title III funding received by the entire institution, of which the MPH program receives a portion. The program does not receive any funded research revenue generated by its faculty.

The commentary relates to the limitations of the documentation available to site visitors and Councilors. The budget table data was difficult to interpret and presented challenges in the task of verifying the adequacy of the program's finances.

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.

This criterion is met. The program's faculty and physical resources are sufficient to achieve its mission, goals and objectives. With a contingent of 11 primary faculty, the program exceeds CEPH's minimum faculty expectations for offering a generalist degree. The program is further supported by non-faculty personnel to assist in fulfilling its educational goals. With a student/faculty ratio of 4:1 for primary faculty and 3:1 for the total faculty, the size of the faculty complement in relation to the size of the student body supports and encourages effective and regular student/faculty interactions. During the site visit, faculty, staff and students alike noted the program's intimate nature as a distinguishing aspect and strength of the program.

Administrative and staff personnel have fluctuated over the last three years, with five in AY 2011-2012, two in AY 2012-2013 and four in AY 2013-2014. In the 2014-2015 academic year, if the program receives its anticipated new hires, it will experience its highest staff count in four years with six administrative/staff positions. These two new positions will consist of a teaching associate and an administrative assistant III.

The program is housed in the National Center for Primary Care located on the institution's main campus in Atlanta's West End community. Administrative offices, classrooms, faculty offices and a study lounge are located on the building's second and third floors. Students also have access to a computer lab and printer, but all students are given personal laptop computers equipped with Microsoft Office Suite 2010, SAS and SPSS. The campus offers wireless connectivity in classrooms, lecture halls, common spaces and in the library. Students are able to connect to the campus network to access academic, research and clinical applications.

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.

This criterion is partially met. 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, national origin, religion, disability status, political affiliation, veteran status, socio-economic background, sexual orientation, gender and gender identity and/or expression. Due to underrepresentation of African American males within the public health discipline, the MPH program prioritizes efforts to recruit and retain male students.

The program's self-reported data suggest that male recruitment and retention efforts have been effective, as 14% of the student body were male in AY 2012- 2013, compared to 42% in AY 2013-2014. This increase, however, still does not reach the program's stated 50% goal for male student composition. The program likewise has goals of 50% for male staff and faculty, which stand at 67% and 17% respectively as of AY 2013-2014.

The program's Men's Learning Community is worthy of note, as it serves as a retention tool for males. The group is comprised of male staff, faculty and students who meet regularly to provide support and mentoring to one another. On site, male staff and students conveyed that they value the opportunity to support and learn from one another in a non-judgmental environment.

Academic documentation and on-site discussions with students, staff, faculty, and alumni revealed that the MSM community broadly embraces diversity in learning, research and service. Community members, employers and preceptors echoed these sentiments during meetings, with many suggesting that MSM students and graduates were particularly sensitive to, and effective in, diverse practice conditions.

The concern is that the program does not currently possess a formal, comprehensive diversity plan. The narrow focus on African American male recruitment, while laudable, does not reflect the broader MSM diversity definition. Per CEPH criteria, the program should establish two objectives related to racial/ethnic diversity, but the program sole race/ethnicity-related objective is for 20% of the student body to be comprised of non-African American racial/ethnic minorities. Program administrators report that they are currently working with the External Advisory Board to expand diversity goals, which may, among other modifications, acknowledge the demographic shifts currently underway in Georgia.

2.0 INSTRUCTIONAL PROGRAMS.

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.

This criterion is met. The curricular content of the MPH degree reflects the social mission and community focus of the program and the institution at large. As a generalist degree, the program equips students with a broad mastery of public health with an orientation toward underserved populations. The program not only prepares students for careers in public health practice, but through its thesis requirement, students are also prepared for scholarly careers.

Table 2 presents the program's degree offerings.

Table 2. Instructional Matrix – Degrees & Specializations	
Specialization/Concentration/Focus Area	Professional
Master's Degrees	
Generalist	MPH

The generalist degree has a focus in community health, and the curriculum consists of 15 credit hours of coursework in the five core areas of public health, 13 credit hours of required coursework beyond the core, 14 credit hours of electives, a three credit hour practicum and a three credit hour culminating experience. Due to the limited number of elective courses offered by the MPH program, students may take electives offered by 11 other Atlanta-based institutions through a consortium called the Atlanta Regional Council for higher Education (ARCHE). MPH students, however, primarily take elective courses offered by the following three ARCHE partners: Mercer University's MPH program, Emory University's Rollins School of Public Health and Georgia State University's School of Public Health. These three entities offer a select number of public health courses that may be used for credit in the MSM MPH program.

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.

This criterion is met. The MPH program requires 48 semester credit hours for degree completion, exceeding CEPH's 42 credit hour minimum. No degrees have been awarded for fewer than 48 credit hours in the last three years. The program largely consists of full-time students who complete the program within two years. In some instances, it may take students up to three years to complete the program.

Per institutional policy, one credit hour is equivalent to one hour of classroom time with two hours of personal study effort per week. In the MPH program, students attend class for 15 weeks in the fall semester, and near the end of the semester, students are given a two-week class recess to prepare for final exams. In the spring semester, students attend class for 14 weeks, and final exams are taken during the fifteenth week.

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.

This criterion is met. The MPH program requires all students to complete one course in each of the five core areas of public health. The program does not grant waivers for any of the core courses. Based on a review of syllabi, reviewers conclude that core course content and assignments deliver appropriate depth and breadth in the five core public health knowledge areas. Core course syllabi for the core areas of

biostatistics, epidemiology and health services administration contain learning objectives and competencies that display the knowledge and skills associated with the specific core content area. The environmental health sciences core course syllabus contains learning objectives but no competencies, and the social and behavioral sciences core course syllabus does not contain learning objectives or competencies. Despite the lack of this information, reviewers were able assess the relevancy and sufficiency of the discipline-specific content through the courses' descriptions, weekly topics and required readings listed on syllabi.

Table 3 presents the required core courses for MPH students.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	MPH 500 – Fundamentals of Biostatistics	3
Epidemiology	MPH 502 – Epidemiology	3
Environmental Health Sciences	MPH 501 – Introduction to Environmental Health	3
Social & Behavioral Sciences	MPH 504 – Social and Behavioral Aspects of Public Health	3
Health Services Administration	MPH 503 – Health Administration, Management and Policy	3

Competencies that are present on core course syllabi (biostatistics, epidemiology and health services administration) are not those from the program's core competency set but rather a subset of the Council on Linkages Between Academia and Public Health (COL) tier 1 competencies. The biostatistics core course imparts a subset of COL competencies in the analytical/assessment skills domain, while the epidemiology core course imparts a subset of competencies from this domain as well as from the communication, cultural competency and public health domains. The health services administration core course imparts competencies in domains that include financial planning and management, cultural competency, communication, community dimensions of practice and leadership and systems thinking. Mastery of the COL competencies is assessed through a combination of written course assignments, oral presentations, case studies, field projects, examinations and papers. Though not listed on core course syllabi, reviewers conclude that the program's core competencies are gained through coursework because of their correlation with the selected COL competencies and course learning objectives.

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.

This criterion is met. The program requires all students to complete a 360 hour field practicum and 120 hours of community service. Students typically complete their practicum hours in the summer after their first year in the program, however to gain credit for a summer practicum, students register for the

Practicum Experience course in the fall semester of their second year. The practicum may be completed on either a full-time or part-time basis, after the student has successfully completed the five core courses, the Fundamentals of Public Health course and the Community Health Assessment and Improvement course. Practicum and community service expectations are not waived, regardless of students' professional history.

The program orients preceptors to their roles and responsibilities in two major ways. First, the external relations coordinator visits proposed sites (where feasible and appropriate) or conducts a meeting by conference call. When a visit is possible, the coordinator personally determines preceptor suitability and commitment. Secondly, all preceptors receive written orientation guidelines that outline their roles and responsibilities. Preceptors are provided with a formal assessment instrument which outlines their review of student performance to be submitted at the conclusion of the practicum. Preceptors who met with site visitors confirmed these practices.

Students are likewise provided with written field practicum guidelines, which cover placement, monitoring and site evaluations. Practicum expectations and deliverables are formally articulated prior to the initiation of the experience. Students are placed at sites predicated on their expressed interests, whenever possible. A review of recent placement sites reveal a broad distribution among federal, state and local agencies, community based organizations and primary care environments. On site, faculty reported that students are not permitted to conduct practica in MSM-sponsored or controlled projects, either on or off campus.

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.

This criterion is met. The culminating experience for MPH students is a thesis. The thesis provides students the opportunity to "design and implement an original research study that contributes to the knowledge base of the public health profession." Students may not undertake the culminating experience until they have completed all core coursework and the practicum experience. Students are also required to obtain HIPAA training and IRB clearance for the thesis.

The thesis is evaluated, using a grading rubric, by a thesis committee that includes a chair (who must be an MSM faculty member) and at least two other members, one of whom should be a public health practitioner and the other a content area expert. The thesis committee chair assists the student in selecting committee members. The completed thesis is defended in a closed session with the thesis committee, who provides the student's final grade. Although the grading rubric is useful in guiding committee members' assessments, it could be improved by adding specific competencies associated with the experience.

Following a successful defense to the thesis committee, students are required to give a presentation that is open to the public. Students made positive comments about the culminating experience and the value it added to their program of study. Policies and guidelines for the thesis are provided in the culminating experience guidebook and on Blackboard in the culminating experience folder. A list of thesis titles from the last three years was provided to reviewers, as well as several completed theses.

The site team reviewed student theses and found most to be adequate in demonstrating public health knowledge, though site visitors noted that two theses did not readily appear to require public health knowledge, skills and abilities acquired through coursework. These two theses were titled: "Selecting Applicants to Serve the Social Mission" and "Alumni Perceptions: Assessing the Ability of Morehouse School of Medicine Master of Public Health Program in Meeting the Council on Education for Public Health Accreditation Criteria."

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).

This criterion is partially met. The program maintains a set of eight competencies to be attained by its students upon graduation. The program's competencies are tailored to uniquely reflect the knowledge, skills and abilities attained through a program with a focus on community health and underserved populations. The program's current competencies were developed by the core MPH faculty in AY 2013-2014 at the program's annual faculty retreat.

Five of the eight competency statements express skills to be acquired in each core area of public health, and a sixth competency relates to program planning. The first six competencies describe basic skills expected in the core knowledge area and are mapped to required courses, and three of the six are tailored to underserved communities, as consistent with program's mission. The final two "competencies" are to essentially fulfill the practicum and culminating experience requirements, though this would be expected of any public health student. The competency related to the culminating experience is to "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." The competency that relates to the practicum is to "apply skills and knowledge in public health setting(s) through supervised experience(s) related to professional career objectives." These two competencies are mapped to the practicum and culminating experience as the primary mechanism for gaining these competencies.

Beyond the core courses, the program requires five additional prescribed courses, which deliver one new competency and reinforce existing competencies mapped to core courses. The five prescribed courses are as follows: Fundamentals of Public Health, Research Methods, Community Health Assessment and Improvement, Global Health Systems and Health Program Planning and Evaluation. Each course, with the exception of the Health Program Planning and Evaluation course, is mapped to at least one core program competency. The Health Program Planning and Evaluation course is the sole course through which students gain the one new competency that is not delivered through core courses. This competency is to "describe the use of program planning and evaluation to address public health problems in communities, particularly underserved communities."

The first concern is related to the generalist curriculum's relationship to the competencies. Reviewers noted that available documentation indicates that only one new competency is gained through the 27 credit hours of didactic coursework required beyond the core (which includes electives). This suggests that either the competency set is not sufficiently describing the knowledge and skills that students gain in required coursework, or that the required coursework is not supporting an appropriate breadth of skill and knowledge development.

The second concern is related to the fact that competencies are not consistently presented to students and other stakeholders. Competencies are not consistently listed on syllabi; instead a selection of COL tier 1 competencies are listed. Since the tier 1 competencies are intended for frontline staff and entry-level workers, these competencies do align with the program's aim of preparing students to work directly with underserved populations. When site visitors asked students of their awareness of competencies, students appeared to be unaware that the program has a set of eight competencies in which it expects students to be proficient upon graduation.

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.

This criterion is partially met. The program has taken steps to ensure that graduation rates are as high as possible and has done considerably well with student retention. From AY 2009-2010 to AY 2014-2015, the program has had an average of 23 new students enrolling annually. Trends across the six years show that it is most common for students to withdraw from the program after their first or second year, though an exception was the 2010 cohort in which two students withdrew in their third year. Trends also show that it is common for the majority of the cohort to complete the program within two years. Graduation rates of cohorts reaching the three year maximum time to graduate exceed CEPH's 70% threshold. The cumulative graduation rate for the 2009 cohort is 80%, and the cumulative withdrawal rate is 15%. As of

fall 2014, two students remain in the program from the 2009 cohort. The 2010 cohort experienced slightly lower graduation and withdrawal rates, with cumulative rates at 78% and 13% respectively. Two students remain in the program from the 2010 cohort. The 2011 cohort currently has a 74% graduation rate and a 1% withdrawal rate. There are four students remaining from this cohort.

The self-study reports that the program has known the employment/continuing education status of its graduates for the last three years, however discussions on site revealed that the program has experienced difficulty in collecting information from alumni. The program has primarily engaged in traditional methods for contacting alumni, such as email requests and surveys, but in the future the program plans to take advantage of social media to collect information on alumni. The program attempts to collect employment status from graduates at three points in time. Upon completion of the program, the MPH external relations coordinator asks students of their post-graduation plans. The coordinator also collects the student's personal contact information for further follow-up post-graduation. Six months after graduation, alumni are contacted via email for follow-up on employment status, though the external relations coordinator noted on site that this attempt generally yields few results. An additional follow-up is done via email one year post-graduation.

Students and preceptors reported that public health values and learning objectives are outlined and stressed during the practicum experience, and then again during preparation and completion of the culminating experience. However, the program's competencies are not directly evaluated in the practicum, though students identify objectives and expected deliverables in collaboration with the placement site (listed on the Scope of Work form), and both students and preceptors are asked to rate the student's proficiency in the following areas related to public health knowledge: "understanding of the knowledge to accomplish work" and the "ability to apply public health theory to the practice of public health." Regarding the culminating experience, the program's competencies are not assessed in the evaluation of the culminating experience by the thesis committee. Further, while the culminating experience guidebook states that the goal of the culminating experience is to "provide students the opportunity to demonstrate their ability to critically examine selected issues related to public health, review relevant scholarly and professional literature, and write an analysis based on that review," it does not state that the culminating experience must synthesize and integrate knowledge acquired across the curriculum.

During the site visit, employers, preceptors and community members reported that graduates possess a superior reputation for their command of public health knowledge. However, the program has not engaged in a formal assessment of employers on graduates' ability to perform competencies in an employment setting, although the program does gain feedback on its competencies and curriculum through the External Advisory Board (which includes a member that is doctorally-trained in public health,

two members with MPH degrees and county and district health directors, among others). The program's last assessment of alumni on their perceptions regarding their ability to perform competencies in an employment setting was conducted in 2012 for the track-based competencies.

The first concern relates to the fact that the program has not developed plans to assess employers on graduates' attainment of the program's new generalist competencies, and the program has also not assessed alumni on these competencies. It should be noted that the new generalist competencies were adopted in AY 2013-2014. During AY 2014-2015, the program plans to begin surveying the first graduates for which the new competencies were in place.

During the site visit, reviewers were informed that competency self-assessments are conducted by students upon entering the program, at the end of their first year, prior to and subsequent to the summer field practicum and after all courses have been completed. However, data provided to the site visit team appear to indicate that the program is in its nascent stages of assessing student achievement of competencies, as self-assessment results for the mid- and post-assessments were not provided to the site team. Further, the pre-assessment results provided to the site team (taken by first year students in August 2013), reveal that students may not be thoughtfully assessing their knowledge of the program's competencies. For example, nearly 30% of incoming students rated themselves as "knowledgeable" (comfortable with the knowledge or has the ability to apply the skill) on the program's competency related to the practicum, which is to "apply skills and knowledge in public health setting(s) through supervised experience(s) related to professional career objectives." Similarly, over 10% of incoming students rated themselves as "knowledgeable" on the program's competency related to the culminating experience, which is to "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."

The second area of concern relates to the need for the program to continue with its plan to fully implement pre- and post-assessments of competencies, in addition to faculty and/or administration's review of data, to ensure that students are proficient in the program's competencies (since the practicum and culminating experience do not currently serve as adequate mechanisms for assessing student achievement of competencies). The program can utilize competency assessment data as a means of continually monitoring the curriculum to ensure that potential areas of weakness in curricular content are improved to effectively deliver the program's competencies.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

This criterion is not applicable.

2.10 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

2.11 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

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.

This criterion is met with commentary. The MPH program's research goal is to "engage in research that addresses the needs of communities with emphasis on underserved populations." All policies related to conducting research at MSM are clearly articulated in the institution's faculty bylaws. Research grant application submissions are handled centrally through the Office of Sponsored Research, whose primary responsibility is to help faculty succeed in garnering extramural funding for their research activities. Post-award activities are a shared responsibility by the Office of Sponsored Research and the principal investigator.

MSM benefits greatly from the research capacity of the centers/institutes that have been developed over several years, which include a NIH-funded Cardiovascular Research Institute, the National Center for Primary Care and a Prevention Research Center. These centers/institutes allow students multiple opportunities to gain research experience by working as research assistants as well as opportunities to collect data for their theses. The centers/institutes also provide some opportunities for faculty to engage in community-based research.

The self-study lists over $8 million in total awards for AY 2013-2014, of which approximately $2.2 million is for the current year. The prior two years show approximately $7 and $20 million in total awards. Approximately half of the research activity listed in the self-study is community based. In particular, the

Prevention Research Center's mission includes working with minority communities to disseminate new prevention strategies that were developed with guidance from the results of community-based participatory research activities. As highlighted in the self-study and during the site visit, MPH faculty also engage in community-based research activities housed within the Satcher Health Leadership Institute at MSM.

When analyzing the data provided in the self-study, site visitors noted that only four of the 11 primary faculty members have funded research projects. The two primary faculty listed with significant funded research activity have 0.5 FTE each devoted to the MPH program, with the other 0.5 FTE being devoted to their research center/institute activities. The MPH program does not receive any revenue from the research activity of these faculty members, rather the revenue and indirect cost recovery is returned to the faculty member's respective center/institute.

In attempting to understand the research endeavors of the MPH program, the site team learned that the MPH program's core faculty members' responsibilities do not include engaging in a significant amount of funded research activity. This explains the rationale for the program's research outcome measures' focus on "scholarly work" rather than extramurally funded research. The MPH program currently far exceeds the outcome measures it has identified (30% of MPH primary faculty will present scholarly work at conference each academic year, and 30% of these same faculty will submit scholarly work for peer-reviewed publication every two years). In speaking with the university's new president, it was clear to the site team that she supports MPH faculty engaging in funded research activity, and the new budgeting model's faculty compensation plan will support faculty in pursuing funded research.

The commentary relates to the limited engagement in funded research by MPH faculty. The site team understands that core faculty do indeed engage in scholarly activity (discussions with faculty and students confirmed this) and that they are not expected to obtain funding for their research. On site, the one improvement that students desired was for core faculty to be engaged in research in order to enhance the classroom learning experience and so that students could work directly with these faculty on research projects. Should a primary faculty member want to secure funded research, this opportunity will be incorporated in the new faculty compensation plan. As faculty complete their annual faculty development forms moving forward, they will be able to plan for funded research activity. Currently, as the site team learned from the president, faculty are allowed "protected" time to plan research activities, but the expectation is that this time will result in the procurement of large research grants. In speaking with core MPH faculty, none reported having protected time.

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.

This criterion is met. MPH faculty and students are explicitly expected to provide service to their respective constituencies. Faculty expectations are outlined and evaluated during annual faculty evaluations, and service is one of the considerations for promotion and merit increases. A review of available summary data reveal an active and generous professional and community oriented service record by students and faculty. Eighty-seven percent of primary faculty reported involvement in community service since 2012. The external professional service record of faculty is representative of a broad range of activities, which include participating in grant and journal submission reviews, site visitor roles, advisory committees and task forces. Likewise, faculty and students join together in community service in a broad range of activities ranging from disaster preparedness to clothing drives. Faculty community service is very diverse in its composition, which includes advocacy support and service with food programs, among others.

One of the program's distinguishing features is its emphasis on service to underserved communities, in support of a larger aim of creating a culture of lifelong personal and professional service among its graduates. This culture is cultivated through select academic courses and service-learning activities and is amplified by the SGA. The SGA reports recent service activities including clothing drives, organizing and overseeing community health and wellness programs and athletic events. The program affirms support for service by providing two awards for second year students – the Bill Jenkins Award and the MPH Community Service Award.

Students are required to complete 120 hours of community service in addition to the service provided through the practicum. The 120 hour student service requirement is anchored by memoranda of understanding between the program and host sites. Service sites are located in the vicinity proximal to the campus. Sites include Learn to Grow, Inc., Mother Hubbard's Daycare and Kindergarten Center, Vine City-English Avenue/West Side Historical Society and the Healing Center. During the site visit, representatives from service sites praised students for their reliability and professionalism.

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.

This criterion is partially met. In fall 2009, the program began offering a certificate in public health in response to the interim report request from the CEPH Board of Councilors during the last accreditation review. The program has since discontinued its certificate program, as it was unsuccessful in attracting the target audience of working professionals because courses were only offered during the day.

The self-study reported that workforce development programs were not offered during the current self-study period. However, during the site visit, reviewers learned of several ongoing activities that may relate to this criterion's expectations. In on-site discussions, the program reported that it did indeed provide workforce training through the Prevention Research Center, the Satcher Health Leadership Institute's Community Health Leadership Program (CHLP) and the Annual Dr. Daniel S. Blumenthal Public Health Summit. The Satcher Health Leadership Institute's CHLP serves to advance policies and sustain programs that support health equity and optimal health outcomes in underserved communities. CHLP trains 45-60 community participants annually in strategies to address health-related issues such as tobacco use and maternal and child health. The MPH program director and an additional primary faculty member participate in CHLP by training participants in principles of community engagement and providing lectures on environmental health.

The Annual Dr. Daniel S. Blumenthal Public Health Summit is organized by the CHPM Department and is held in MSM's National Center for Primary Care. The most recent summit was held on April 1-2, 2014. The two-day annual summits are intended to educate physicians, researchers, public health professionals, medical residents, students and community members on emerging public health issues. Topics addressed at the summit have included violence prevention, obesity prevention, blood cancers and cardiovascular health. Although MPH faculty do not serve as speakers or panelists at the summit, faculty did serve on the summit's Abstract Committee in 2014.

In 2013, the program reviewed findings from the 2011 HRSA-funded Georgia Public Health Institute Training Center workforce survey. The findings suggested that 47% of respondents spend more than 50% of their time in medically underserved areas and that emergency preparedness was identified as a highly expressed training need. As discussed on site, the MPH program believes it is uniquely suited to address this need in lieu of its mission by modifying their existing emergency preparedness course to make it accessible to the workforce in an asynchronous format. Piloting of the new format is not yet underway, however, it is planned for AY 2014-2015.

The MSM Office of Graduate Medical Education (GME) has policies, procedures and evaluative criteria to support continuing professional education. Basic technology, support infrastructure and continuing professional education polices exist under the auspices of this office. The backbone of support offered by the GME Office, coupled with contributions from the Georgia Public Health Training Center, the CDC and input from the program's External Advisory Board are existing resources that have been identified to support and leverage the MPH program's efforts in workforce development. Additionally, MSM is qualified and poised to develop health equity and health systems transformation capacity building programming that could inform practice in Georgia, and the nation, should it elect to do so.

The concern is that the program has not formalized its workforce development efforts to capture the extent of its involvement and impact in public health workforce development. As mentioned, reviewers did learn on site that faculty are involved in workforce development efforts, but attendance data, registration information and other analytics are not collected. Should the program move forward with its plan to offer an online emergency preparedness course, it will have direct access to quantitative data on the course, and thus a more clearly articulated description of the program's overall impact and contribution to workforce development. The program may consider the benefit of conducting a department and/or university-wide inventory of workforce training to fully characterize its current efforts and success.

4.0 FACULTY, STAFF AND STUDENTS.

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 objectives.

This criterion is met. As of fall 2014, there are 11 primary faculty members whose expertise encompasses the breadth of public health disciplines. Ten of these faculty members are doctorally trained, (DrPH, DVM, EdD, MD and PhD), and five have public health degrees at either the master's or doctoral level from accredited schools or programs of public health. Many of the primary faculty members have had previous and extensive experience working with community organizations and/or in public health organizations, such as the CDC. These experiences, in conjunction with their educational backgrounds, provide strong evidence that the MPH program has excellent and well-prepared faculty.

The primary faculty group is supported by as many as 27 adjunct faculty. Among these adjunct faculty members are faculty from other academic programs at the institution and public health practitioners (from the DeKalb County Health Department, CDC and non-profit organizations). These faculty members are involved by teaching courses, providing guest lectures and serving as practicum preceptors and thesis committee members.

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.

This criterion is met. The MSM Faculty Handbook is a very thorough and well-articulated document that provides faculty with information on faculty rules and policies, including promotion guidelines and terms of appointment. The promotion guidelines are clearly presented within the document, and in discussions on site, faculty agreed that the policies were clear.

All faculty members are appointed to one of five series at the time of initial appointment (series I, series II, series III, series IV or series V). Series I faculty members have full-time appointments and are expected to make significant contributions in teaching, scholarly activity and service but can negotiate the percent time dedicated to each area. Competence, distinction and outstanding performance are essential and are defined in the evaluation criteria. Faculty in series II are not necessarily expected to make contributions in all three areas of teaching, scholarly activity and service but must contribute significantly in at least two areas. Unlike series I, academic titles in series II are qualified by a modifier and awarded to faculty who are salaried at MSM for 50% time or more. Unlike the multi-year appointments available to series I faculty, series II faculty are given appointments for one to three years. Series III appointments are reserved for individuals who contribute in one or more areas of academic pursuit. Titles in series III are qualified by a modifier and are awarded to faculty who are salaried at MSM for less than 50% time. These faculty are appointed to terms of no more than one year. Series IV and V are for volunteer faculty who have appointments at other regionally accredited institutions (series IV) or who are community members who do not have faculty appointments at other institutions (series V). Volunteer faculty members are appointed to two-year terms.

The academic titles approved for series I and II are: professor, associate professor, assistant professor or instructor. Series III, IV and V titles are: adjunct professor, adjunct associate professor, adjunct assistant professor, adjunct instructor, adjunct clinical professor, adjunct clinical associate professor, adjunct clinical assistant professor or adjunct clinical instructor. The process for faculty appointment and promotion is the same across all series and follows a formalized set of guidelines and policies. In addition to the MSM Faculty Handbook, the Academic Appointment and Promotion Process and Policies Handbook also clearly articulates the criteria for promotion across all ranks. Faculty going up for promotion follow the processes and guidelines articulated in this handbook. MSM does not grant tenure to faculty, but faculty are eligible for extended contracts, which are renewed as long as faculty are meeting the criteria for success in their respective ranks. Assistant professors in series I have a six year time line for promotion to associate professor, which is similar to tenure-granting institutions. Appointment and promotion for faculty in the MPH program begins at the program level and then moves to the department level, where the CHPM department chair submits the qualifications of persons to be considered for faculty appointment to the MSM dean (who concurrently serves as the university president). The dean then forwards candidates' files to the departmental FAPC, who then forwards the files to the institution's APC for review. Final steps in the promotion process are the president's approval followed by the Board of Trustees approval.

Each faculty member is evaluated annually using forms approved by the APC. The forms include a Faculty Activity Report (FAR), which is completed by the faculty member and forwarded to the department chair. The department chair then completes a second form – the Chairperson's Annual Evaluation for

Faculty (CAEF). The CAEF must be signed by the faculty member and is forwarded to the dean along with an updated curriculum vitae.

MSM demonstrates its support of faculty by providing excellent faculty development opportunities through the Office of Faculty Affairs and Development (OFAD). This office provides workshops on topics such as scholarly writing, teaching excellence and grant writing, to name a few. Faculty members complete an annual career development form wherein they provide professional goals and professional development needs for the next academic year. Based on the nature of faculty goals and development needs, the OFAD may be able to provide assistance. Further, the OFAD has funds available to assist faculty seeking development opportunities outside of MSM.

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.

This criterion is met. The program has established policies and practices to guide its admissions and retention efforts. The program seeks candidates who have the interest and motivation for undertaking and advancing in public health careers consonant with the program's mission. With a process that includes an on-site panel interview, the program has endeavored to select qualified individuals capable of taking advantage of the program's community and social orientation.

Admissions requirements for the program include a bachelor's degree, GRE test scores, a personal narrative, three letters of reference, a personal interview, a standard application and TOEFL scores if applicable. Applicants are expected to demonstrate a commitment to the social justice mission of the institution and a desire to serve in underserved communities. Further, interview panels look for students who not only have an orientation toward community health, but who appear poised for success in the program, as the program wants to ensure that passion is rightly aligned with aptitude.

The admissions process consists of two stages. Stage one includes a quantitative and qualitative screening of applicant credentials, and stage two includes an on-site interview and writing aptitude test. The screening in stage one involves the institution's Office of Admissions, which screens applicants based on academic performance, letters of reference and demonstration of commitment to public health practice through the personal narrative. Students passing the initial screening are then invited to campus for an in-person interview by a three-member panel. Prospective students also complete a writing exercise, which allows the program to assess students' writing ability. After the second stage of the screening, the interview panel forwards recommendations to the MPH Admissions Committee for a final decision.

The program began enrolling students in its generalist option in AY 2012-2013. In AY 2012-2013 and in AY 2013-2014, 56 and 60 students respectively applied to the generalist program, 26 and 28 were accepted, and 20 and 23 enrolled. The program attracts an applicant pool that is double the size of its intended enrollment numbers, which appears to allow the program to have some selectivity in the candidate pool and gives the program a wider pool with which to select qualified students. The program is satisfied with its current enrollment numbers. To ensure that the program continues to attract applicants, the program manager actively engages in recruitment efforts to HBCUs and majority institutions. Faculty also mentioned that current students and alumni serve as excellent ambassadors for the program, and many prospective students come from the recommendation of a friend or acquaintance.

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.

This criterion is met. During the site visit, program administrators described each graduate as a "hand-made product," alluding to the highly customized nature of academic advisement and career counseling tendered to students. During the site visit, students and alumni echoed these sentiments, in addition to their satisfaction with the support structures.

Academic advisement is primarily provided to each student by an MPH advisor who is assigned during orientation. The MPH program director is also available to the student body to augment the primary academic advisor. On site, students reported satisfaction with the existing processes and procedures and expressed appreciation for the faculty tradition of an open-door policy.

As a function of the small and intimate nature of the program, career advisement occurs formally and informally, at both the individual and group levels. Formally, the external relations coordinator provides career development workshops and meets with students in their first year to identify career aspirations. Workshops cover subjects such as professional etiquette, networking and branding. Alumni, employers, and site preceptors provide an interactive environment for student mentoring and identification of employment opportunities. On site, students and alumni expressed satisfaction with these arrangements.

A central part of MSM's Quality Enhancement Plan is the Learning Community model. Each Learning Community is composed of individuals who are in similar life stages and share common values, goals and experiences. These groups are facilitated by faculty or staff who assist students in working through personal or professional issues. Topics include stress management, school/life balance and professional development, among others.

A formal academic grievance policy exists and is provided to students in writing. Responsibility for policy implementation is delegated to the program's education specialist. The program reports two academic grievances during the self-study period, both of which were satisfactorily resolved. The program provides various venues for students to communicate their concerns, including regularly scheduled town hall meetings with the program director, exit interviews and a suggestion box. Students expressed satisfaction with the processes and procedures.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Morehouse School of Medicine
Master of Public Health Program

October 30-31, 2014

Thursday, October 30, 2014

8:30 am	Site Visit Team Request for Additional Documents
8:45 am	Team Resource File Review
9:30 am	Break
9:45 am	Meeting with Program and Department Administration
11:00 am	Meeting with Self-Study Working Group Ayanna Buckner, MD, MPH, FACPM; Chair, Graduate Education in Public Health Committee Martha Elks, MD, PhD; Senior Associate Dean, Educational Affairs Stephanie Miles-Richardson, DVM, PhD; Assistant Dean for Graduate Education in Public Health; Director, Master of Public Health Program John Patrickson, PhD; Chair, MPH Student Academic Progress Committee Brenton Powers, MPH; Program Manager, Master of Public Health Program
10:45 am	Break
11:00 am	Meeting with Faculty Related to Curriculum and Degree Programs Elaine Archie-Booker, EdD, RN; Director of Community Engagement, Master of Public Health Program; Assistant Professor, Department of Community Health & Preventive Medicine Vaughn Gay, Med; Education Specialist, Master of Public Health Program Rhonda Holliday, PhD; Research Associate Professor, Department of Community Health & Preventive Medicine Nythea Tolbert, MPH; Instructor, Department of Community Health & Preventive Medicine; External Relations Coordinator, Master of Public Health Program
12:00 pm	Break
12:15 pm	Lunch with Students Samuel Baxter, 2nd year MPH student Kwanza Boone, 1st year MPH student Klahe Butty, 2nd year MPH student Brion Edwards, 2nd year MPH student Scotti Rowser, 1st year MPH student Serena Robinson, 2nd year MPH student Brooke Staley, 1st year MPH student
1:15 pm	Break
1:30 pm	Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues Tabia Akintobi, PhD, MPH; Associate Professor, Department of Community Health and Preventative Medicine; Director, Prevention Research Center Elaine Archie-Booker, EdD, RN; Director of Community Engagement, Master of Public Health Program; Assistant Professor, Department of Community Health & Preventive Medicine Gemechu Gerbi, PhD, MSc; Assistant Professor, Department of Community Health & Preventive Medicine; Director of Public Health Research, Master of Public Health Program Reinetta T. Waldrop, DrPH, MSHS, FACHE; Assistant Professor, Department of Community Health & Preventive Medicine
2:30 pm	Break
2:45 pm	Resource File Review and Executive Session
3:45 pm	Break

4:00 pm — Meeting with Alumni, Community Representatives, Advisory Board Members and Preceptors

Alumni:
Raegan Tuff, PhD, MPH (2003)
Marcus Dumas, MPH (2009)
William Moore, MPH (2010)
Denise Smith, MPH (2012)
Akisha Joseph, MPH, CPH (2012)

Advisory Board Members:
Rueben C. Warren, DDS, DrPH, MDivl; Chair, MPH External Advisory Board; Professor and Director of Bioethics, Tuskegee University National Center for Bioethics in Research and Health Care
Sonia Alvarez-Robinson, PhD, SPHR; Executive Director, Strategic Consulting, Georgia Institute of Technology
Nekatana Gilliam; Administrative Assistant, Learn to Grow, Inc.
Sandra Elizabeth Ford, MD, MBA, FAAP; District Health Director, Dekalb County Board of Health
Charles Moore, MD; Associate Professor of Otolaryngology, Emory University School of Medicine; Founder, HEALing Community Center, Inc.
John Moore, III, MS, CIH, CSP; Senior Industrial Hygienist, Georgia Power

Community Partner:
Mr. Moric Palmer; Director, Mother Hubbard's Daycare and Kindergarten Center

Preceptor:
Daphne L. Byrd-Verizzani, Med; Executive Director, Southeastern Primary Care Consortium, Inc., Atlanta Area Health Education Center

5:00 pm — Adjourn

Friday, October 31, 2014

8:30 am — Meeting with Morehouse School of Medicine President & Dean
Valerie Montgomery Rice, MD; President & Dean, Morehouse School of Medicine

9:00 am — Meeting with Institutional Academic Leadership/University Officials
Ngozi F. Anachebe, MD, PharmD, FACOG; Associate Dean, Admissions & Student Affairs
Bennie Harris, PhD; Sr. Vice President, Office of Institutional Advancement and Marketing and Communications
Taya Scott, MBA; Associate Vice President of Academic Financial Services

9:30 am — Break

9:45 am — Executive Session and Report Preparation

11:30 am — Working Lunch, Executive Session and Report Preparation

12:30 pm — Exit Interview
Stephanie Miles-Richardson, DVM, PhD; Assistant Dean for Graduate Education in Public Health; Director, Master of Public Health Program
Martha Elks, MD, PhD; Senior Associate Dean, Educational Affairs
Valerie Montgomery Rice, MD; President & Dean, Morehouse School of Medicine