

**MOREHOUSE SCHOOL OF MEDICINE
MASTER PUBLIC HEALTH PROGRAM
SELF-STUDY REPORT - APRIL 2007**

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INTRODUCTION

The Morehouse School of Medicine Master of Public Health Program (MSM/MPH Program) established in 1995, is an academic program in the Department of Community Health and Preventive Medicine (CH/PM) and is located in the National Center for Primary Care. From its inception funding was provided by the Centers for Disease Control and Prevention through the Association of Minority Health Professions (formerly Minority Health Professions Foundation). Since 2005, MSM has tripled its financial support to the Program.

The Morehouse School of Medicine (MSM) is a Historically Black College/University (HBCU) established in Atlanta, Georgia in 1975. MSM's new mission is based on its founding principles of improving the health and well-being of individuals, families and communities of people of color and the underserved.

The MPH Program is optimistic about the future since our new President and Dean, Dr. John Maupin and Dr. Eve Higginbotham, respectively, have both committed their full support to the Program. As a result, changes continue to take place throughout the institution. This is complimented by support from the Department of Community Health and Preventive Medicine, faculty, students, alumni, community partners and an exceptionally qualified and dedicated Advisory Committee. These stakeholders are all involved in providing our students with a high quality education that prepares them for the public health workforce and specifically to provide services to marginalized and underserved communities at home and abroad.

The mission of the MPH Program is *to prepare individuals to organize and implement programs to improve the health, quality of life, and well-being of communities, through instruction, research, and service in public health, with a particular emphasis on people of color, minorities, and other underserved populations.* Specialty areas are offered in three tracks: Health Administration and Policy, Health Education and Health Promotion, and International Health.

Since the 2004 CEPH Site Visit, the Program has achieved significant progress. Highlighted are some of the major accomplishments:

1. Recruited and hired three core and track specific faculty;
2. Identified qualified public health faculty from the Department;
3. Established an independent Program budget;
4. In 2005/2006 held Curriculum Review and Strategic Planning Retreats and developed a 5 year Strategic Plan;
5. Research Coordinator appointed in 2005;
6. Program Director appointed as a member of the President's Leadership Council (2005);
7. Increased alumni from 77 in 2004 to 108 in 2006;
8. Acquired additional student study space and a Career Development Office;
9. 10th year anniversary celebration in 2005.

The Interim Report submitted in August 2006 addressed three criteria that were not met during the last accreditation period in 2004: **Governance, Faculty and Resources**. This report was used as the basis for the development of these sections of the Self Study Report and in some instances provided only current information. Two examples are Criterion: 4:1 Faculty, only the period 2005-2006 was used since the majority of the information submitted in previous reports was not reflective of the Program but the Department. This was the same for Section 3:1 Research (partially met) which was also based on efforts of Department faculty. The Executive Summary was prepared

for Advisory Committee members and program constituents with a succinct overview of the Self Study Document.

2007 EXECUTIVE SUMMARY

The Morehouse School of Medicine's Master of Public Health Program admitted its first ten students in 1995 and conducted its first commencement in 1997. In 1999, the Master of Public Health (MPH) Program received its initial accreditation from the Council on Education for Public Health (CEPH). From 1999 to present, the MPH Program has maintained its accreditation status.

1.0 THE PUBLIC HEALTH PROGRAM

1.1 Mission

The mission of the MPH program is *to prepare individuals to organize and implement programs to improve the health, quality of life, and well being of communities through instruction, research and service in public health, with a particular emphasis on people of color, minorities, and other underserved populations.*

1.2 Evaluation and Planning

The evaluation and planning processes are ongoing and include a number of activities which have worked well when measured against internal benchmarks. The processes involve the participation of all stakeholders, program leadership, faculty, students, alumni and members of the advisory and the three standing committees, and culminate annually in a two-day retreat.

1.3 Institutional Environment

The mission of Morehouse School of Medicine (MSM) is *dedicated to improving the health and well-being of individuals, families and communities; increasing 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, one of the Historically Black Colleges/Universities (HBCUs), offers four degree programs: MD, MPH, PhD, and MS in Clinical Research. MSM is accredited by the Southern Association of Colleges and Schools (SACS); Liaison Committee on Medical Education (LCME); Accreditation Council for Graduate Medical Education (ACGME) for the School's seven residency programs; Accreditation Council for Continuing Medical Education (ACCME), and the Council on Education for Public Health (CEPH).

Academic standards and policies of the institution are established by the Academic Policy Council. Within this framework, academic policies for the MPH Program are established by three Committees: Admissions Committee, Curriculum Committee and the Student Academic and Progress Committee (SAPC). The standards and policies relate to admission, retention, instruction, student progress, grading, class attendance, examinations and graduation requirements.

1.4. Organization and Administration

The MPH Program is housed in the Department of Community Health and Preventive Medicine (CHPM) but functions within the Office of the Dean, the academic administration of the School. The Office of Admissions and Student Affairs deals with all activities related to students. Any MPH student concerns regarding academic issues are addressed by the SAPC, one of the three MPH standing committees. Programmatic matters are handled by the Program Director and Deputy Director.

1.5 Governance

MSM: The Academic Policy Council (APC), chaired by the Dean, establishes academic policy for the School of Medicine. The APC consists of all Department Chairpersons, the Library Director, two elected student representatives and two elected faculty representatives. The three standing Committees of the MPH Program (Admissions, Curriculum and Student Academic and Progress Committees) are subcommittees of the APC. Members of the MPH standing committees, and other subcommittees of the APC, are nominated by the Committee on Committees and ratified by the APC.

MPH: The MPH Program's Administration and Faculty define the Program's mission, goals, objectives, policies, procedures, admission requirements, instructional programs and graduation requirements through the three standing committees that are integrated into the MSM academic structure. In 2005, the Program Director became a member of the President's Leadership Council established by the MSM President.

- **Student Recruitment, Admission and Award of Degrees.**

Recruitment for all academic programs is the responsibility of the Office of Student Affairs and is handled by the Director of Admissions. The MPH Program complements the recruitment efforts by attending recruitment fairs and organizing Open House events.

The Admissions process is managed by the Office of Admissions and Student Affairs, which compiles dossiers on each applicant and submits completed applications to the MPH Director who, along with the Chair of the Admissions Committee, prescreens all applicants. The MPH Admissions Committee is charged to select students who are most likely to become the best students and health professionals to fulfill the mission of the Program and the Institution. Recommendations from this Committee are presented to the Program Director and the Vice President of Student Affairs.

The Office of Admissions and Student Affairs manages the awarding of all degrees. The MPH Student Academic Progress Committee (SAPC) certifies that degree candidates have completed all requirements. The Vice President for Student Affairs presents the candidates to the APC, which approves the awarding of degrees.

- **Faculty Recruitment, Retention, Promotion and Tenure**

Faculty recruitment, retention, promotion, tenure, academic standards, policies, research requirements, and service expectations are governed by institution-wide policies which are described in Faculty Bylaws. In the Fall of 2005, three full-time dedicated faculty for the MPH Program were recruited at the Associate Professor level with responsibility for the Program's three areas of specialization: Health Administration and Policy; Health Education and Health Promotion, and International Health. All MPH faculty are evaluated by the Program Director and recommendations are presented to the Department Chair.

1.6 Resources

Budget: The MPH Program receives an annual institutional budget allocation effective July 1 through June 30. The funds are designated to support the Program's core faculty, staff and operational costs. Extramural funds are obtained through several sources to supplement the institutional budget. The funds are negotiated between the MPH Department Chair and the MSM Dean. Institutional support to the MPH Program increased over the past three years, doubling in 2004-05 and 2005-06. There are no legislative appropriations for the MPH Program, but MSM allocates some of the Title III program funds received to the MPH Program. Tuition paid by MPH students is not directly calculated into the MPH budget.

Offices: The MPH Program has six offices located in the National Center for Primary Care (NCPC) building for senior administrative faculty and staff and two modular work stations for other faculty.

Classroom and meeting space: All MPH classes are held in the NCPC building. Several computer labs are also available to MPH students, faculty and administrative staff. MSM's computer laboratory, located in the NCPC building, has 45 stations.

Study Space: Study space for MPH students was obtained in 2006 and is located in NCPC 227. This is complemented by a 24-hour study room on the second floor of the Medical Education Building (MEB).

Other Space: The new Career Development Office is located on the second floor of the NCPC Building.

Special Equipment: The Division of Information Technology Services (DITS) consists of a team of computer professionals devoted to academic and administrative computer service, research, media support etc. Academic support for the MPH Program includes: internet connectivity; remote access; web page development and maintenance; blackboard learning, management and support; instructor training; email; server management; database design, development and management, and end-user training.

Library: The Library is located on the first floor of the MEB and is open 105 hours a week. The library has areas for group and individual study. Its collection includes 80,064 print volumes and subscriptions to 487 print journals titles. In addition to its open stacks of books and journals the library subscribes to 202 electronic books and 4,378 electronic journals.

Community Resources: The MPH Program has formal agreements with 22 community and advocacy organizations and service agencies. The Program also has a number of informal relationships with a diverse pool of agencies and organizations where students, faculty and students engage in volunteer service projects.

2.0 INSTRUCTIONAL PROGRAM

2.1 Master of Public Health Degree

The MPH Program confers the Degree of Master of Public Health after students have completed course work in one of the three areas of specialization. The Program also offers a dual Medical Doctor/Master of Public Health (MD/MPH) degree with MSM, and a joint Master of International

Affairs and Development/Master of Public Health (MIAD/MPH) degree with Clark Atlanta University.

2.2 Program Length

The requirement for the MPH at MSM is 46-credit hours. A credit is defined as one hour of classroom contact per week. A semester lasts 15-16 weeks. The program does not award an MPH degree with less than 42 credit hours.

2.3 Public Health Core Knowledge

The MPH Program offers a 46-credit hour comprehensive instructional program comprising three tracks: Health Administration and Policy; Health Education and Health Promotion, and International Health.

The curriculum comprises:

- Core Courses
- Track Concentrations
- Practicum Experience
- Culminating Experience
- Public Health Leadership Seminars
- Career/Professional Development Workshops

All MPH students must complete eight (8) required Core Courses:

- ✓ Biostatistics
- ✓ Epidemiology
- ✓ Fundamentals of Public Health
- ✓ Grant and Proposal Development
- ✓ Introduction to Environmental Health
- ✓ Health Administration and Policy
- ✓ Research Methods
- ✓ Social and Behavioral Aspects of Public Health

2.4 Practical Skills

Practice Placement, Policies and Procedures

The Practicum Experience is a planned and supervised learning experience in a health services agency or health-related program. The Practicum Experience is the foundation of the MPH Program. Each student is required to complete a total of three credit hours (480 hours) of Practicum Experience. Site Selection for the Practicum Experience is arranged in consultation with the Track Coordinator, Practicum Coordinator, and the student and takes into consideration the student's area of specialization, former experience, location and financial factors.

Preceptors Approval, Qualifications and Evaluation

Through formal agreements, the MPH Program utilizes agencies and/or organizations who commit to identifying a Preceptor to serve as the primary supervisor for the student and the Liaison with the Practicum Coordinator. An Agreement Form must be completed by the Preceptor prior to a placement and provides information on the expertise and knowledge of the Preceptor and assurance by the Agency. At the completion of the Practicum, the student is evaluated and graded by the Preceptor. The student also evaluates the Preceptor, the Practicum and the agency/organization.

2.5 Culminating Experience

The Culminating Experience provides the student an opportunity to synthesize and integrate the knowledge acquired from course work and other learning experiences. The student is expected to apply this knowledge to theory and principles in a situation that approximates some aspect of professional public health. Faculty use this experience as a mechanism to evaluate whether the student has mastered the body of knowledge, values, and skills needed for public health practice. Each student must defend their public health research project, orally present it in a public forum and then submit the approved written version of the project for binding at the conclusion of the semester. Each student is guided by his/her Academic Advisor and a three-member Culminating Experience committee throughout this process.

2.6 Required Competencies

All MPH students must complete the eight (8) required Core courses, three track-required courses, two electives and the Practicum and Culminating Experiences. On completion of these requirements, students are expected to acquire a set of core competencies in the following domains:

- Analytic Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Public Health Practice Skills
- Basic Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and System Skills

Some specific competencies are required for each of the three track/specialization areas.

How Competencies are Developed

The entire MPH team - Program Director, Deputy Director, Track Coordinators, faculty, students and alumni - continuously monitor current public health trends that aid in curriculum evaluation and renewal. Students and faculty assess the attainment of specific competencies at the end of every semester course. When necessary, the MPH Program hires consultants to assist with competency functions during quarterly Curriculum Committee meetings and the annual Curriculum Retreat.

Program Assessment

The Program continuously consults with alumni and employers and seeks their assessment of the performance of graduates. An employer survey is used to identify deficiencies in the student and/or instructional program and to address the needs of the workforce and the practice of public health.

2.7 Assessment Procedures

Monitoring Procedures

Students' knowledge acquisition and achievement of competencies in all courses are monitored and evaluated through a combination of written class assignments, case analyses, oral presentations, examinations and/or term papers. Students must maintain a grade of B or higher in all Core and required track courses.

Self-Monitoring Procedures

At the end of each course, students must rate their attainment of the competencies using the following scale:

- (1) Aware – Basic level of mastery of the competency. Individuals may be able to identify the concept or skill but have limited ability to perform the skill
- (2) Knowledgeable – Intermediate level of mastery of the competency. Individuals are able to apply and describe the skill
- (3) Proficient – Advanced level of mastery of the competency. Individuals are able to synthesize, critique or teach the skill.

2.8 Joint/ Dual Degrees

Doctor of Medicine/Master of Public Health

The MD/MPH joint degrees option at MSM is designed to provide an educational environment suitable for training physicians to address the health needs of communities and individuals. The program is designed to be completed in five years with the integration of public health courses in each year, except the first clinical year (3rd Year). The remainder of the MPH courses are completed in the Fourth and Fifth Years. Students in the MD/MPH program complete 46 MPH credits. Two students have graduated from the dual MD/MPH program.

Master of International Affairs and Development/Master of Public Health

In 1999, Clark Atlanta University (CAU) and MSM began offering a dual masters degree program in Public Health and International Affairs and Development. The Program was administered by the Department of International Affairs and Development and the International Health Track of the MPH Program. Students completing this program receive two degrees: a Master of Arts from CAU and a MPH from MSM. To date, three students have graduated with MIAD/MPH dual degrees.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

3.1 Research

Policies on research are described in several institutional documents. MPH faculty conduct a considerable amount of funded community-based and health services research through the MSM Prevention Research Center, the Program on Healthcare Effectiveness Research, and the Social Epidemiology Research Division. The elimination of racial and ethnic disparities continues to be a major focus of research conducted by MPH faculty.

Student involvement in research occurs primarily through the Culminating Experience. Strengths of the research enterprise include its integration into the overall research efforts of the School, collaboration with other institutions, research relationships with local agencies and the community as well as student involvement in research.

3.2 Service

Community service is an essential element of the MSM and MPH Program missions. Faculty and students are required to engage in service activities and a community activity is included in several courses. Faculty in the MPH Program and the Department of Community Health and Preventive Medicine (CHPM) are evaluated on their service efforts. For faculty assessment, community

service for a non-clinician is evaluated based on the same criteria as clinical service for a clinician, as is outlined in CHPM Department Handbook.

3.3 Workforce Development

The MPH program does not have a formal structured workforce development program. However, the program provides financial support for each faculty and staff member to attend one conference a year. Faculty members attend the American Public Health Association and the Georgia Public Health Association annual meetings and are encouraged to participate as presenters. In addition, faculty members attend various conferences in their areas of expertise and/or interest.

Although there is no formal workforce development program within the MPH program, there are many professional development opportunities for faculty, staff, students and other public health professionals.

4.0 FACULTY, STAFF AND STUDENTS

4.1 Faculty Qualifications

The MPH Program has identified competent and qualified Faculty committed to research, teaching and service in the field of public health. Core teaching faculty include: faculty with full-time appointments in the MPH Program, track coordinators, or those who teach one of the required core courses. All core faculty have a terminal degree in public health, the social sciences or allied fields.

In Fall 2005, the Program recruited three (3) full-time core faculty at the Associate Professor level to serve as Track Coordinators for three areas of specialization. Additional junior faculty at the Assistant and Instructor levels were also hired for each track. The MPH Program currently has a total of ten (10) full-time faculty.

4.2 Faculty Policies and Procedures

Policies and procedures pertaining to faculty are well documented. The School has a faculty development program in which both regular and adjunct faculty may participate. CHPM faculty are evaluated annually using a Faculty Activity Report (FAR) which defines competencies in the following areas: Teaching, Administration, Service, and Research. The same areas are identified as criteria for the appointment, retention and promotion of faculty using the procedures outlined in the Academic Appointments and Promotion Process and Policies Handbook.

4.3 Faculty and Staff Diversity

The majority of the MPH faculty are African American. Seventy-one (71%) percent of faculty members are in this category. MSM is a Historically Black College/University (HBCU) committed to recruiting qualified African Americans and other underrepresented minority faculty throughout the institution.

4.4 Student Recruitment and Admissions

The Program emphasizes recruitment of African-American and other minority students. The Office of Student Affairs takes the lead in recruitment and admissions. Applicants are prescreened by the MPH Director and Chair of the Admissions Committee to eliminate candidates who do not meet

minimum requirements. Final decisions about candidates are made by the thirteen-member Admissions Committee.

4.5 Student Diversity

The MSM student handbook states that “the primary objective of the School is to recruit, select, enroll and educate able students from racial minority and educationally disadvantaged groups...” The School however, does not discriminate against any applicant based on race, class, ethnicity, gender or disability. The Program recognizes that the shortage of minorities in leadership positions in public health (and other related health professions) has to be addressed by recruiting its candidates mainly from students at HBCUs. Recruitment efforts have expanded to colleges serving Latino students.

4.6 Advising and Career Counseling

On admission, all MPH students receive a one-day official Orientation organized by the Office of Student Affairs and Admissions. Since 2004, the MPH Program has added an additional day for student orientation focusing on information on research and internship opportunities as well as on meeting returning students, alumni, faculty and community partners. The majority of counseling is carried out by Track Coordinators, with supplementary mentoring provided by Advisory Board members and other faculty. The Practicum Coordinator, MSM Human Resources personnel, and other consultants conduct career advising through a number of activities.

1.0 The Public Health Program

1.1 MISSION

The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

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

The mission of the MPH Program is *to prepare individuals who will organize and implement programs to improve the health, quality of life and well-being of communities and people, through education, research, and service in public health. The Program has a particular emphasis on people of color, minorities, and other underserved populations.*

The MPH program mission is the public health complement to the MSM mission stated below:

Morehouse School of Medicine is dedicated to improving the health and well-being of individuals, families 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.

1.1.b. One or more goal statements for each major function by which the program intends to attain its mission including education, research, and service.

The three major functions include instruction, research, and service in Public Health. Seven goals are delineated below and categorized under their correlating function.

Instruction:	
Goal I:	Provide students the education, skills, abilities and values to address the public health needs of communities, regions, and nations with a particular focus on underserved populations.
Goal II:	Prepare graduates for leadership in the Public Health field.
Goal III:	Increase the representation of African Americans and other underrepresented populations in the Public Health professions.
Goal IV:	Promote life long learning through continuing public health education.
Research:	
Goal V:	Discover, develop, and advance knowledge through basic and applied research on problems that disproportionately affect underserved populations.
Service:	
Goal VI:	Collaborate with local, regional, state and international communities in all projects and activities to improve the health and well-being of underserved populations.
Goal VII:	Improve and impact public health policies and practices in order to promote health and decrease health disparities among minority and other underserved populations.

1.1.c. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

Goal I: Provide students the education, skills, abilities and values to address the public health needs of communities, regions, and nations with a particular focus on underserved populations.

Objectives:

A. Provide a curriculum that incorporates basic public health sciences including epidemiology, biostatistics, health policy and management, environmental health, global health, and behavioral health.

Measured by:

- 80% of students obtaining a grade of B or higher in the core curriculum.
- 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

B. Provide a curriculum in each area of specialization that will prepare graduates for practice in that area.

Measured by:

- The delivery of curriculum content supported by practicing public health professionals with expertise in each of the areas of specialization.
- 90% of faculty qualified to teach in each area of specialization.
- 80% of students obtain a grade of B or higher in track required courses.
- Evaluations of courses and faculty by students.
- Preceptor Evaluation of student performance during Practicum Experience.
- 95% of students receiving a grade of B or higher for Practicum Experience.
- 90% of students Practicum site and objectives are aligned with area of specialization.

Goal II: Prepare graduates for leadership in the Public Health field.

Objectives:

A. Develop students' critical decision-making abilities and analytic skills.

Measured by:

- Assessment of students' ability to apply critical decision-making and analytic skills in oral and written presentation of culminating/practicum experience projects.
- Percent of student participation on MPH committees.
- Percent of students in leadership roles in MPH Student Association.
- Percent of students presenting at seminars and conferences.

B. Develop students' set of knowledge, skills, abilities, and values needed to lead public health and healthcare organizations successfully.

Measured by:

- Instructor/preceptor evaluations of the extent to which the students exhibit leadership skills.
- Successful completion of the Health Administration & Policy core course, Public Health Leadership Seminar requirements, and the Practicum Experience.

- Assessments of student's skills and abilities before and after completion of Practicum Experience.
- Percentage of students in leadership roles in MSM and external organizations.

Goal III: Increase the representation of African Americans and other underrepresented populations in the Public Health professions.

Objectives:

A. *Recruit, admit and retain a student body that is composed of African-Americans and members of other minority groups.*

Measured by:

- The number of African-Americans, people of African decent and members of other minority groups recruited, admitted, and retained within the student body per academic year.

B. *Increase the number of African Americans and other minorities obtaining a MPH degree.*

Measured by:

- The number of minorities graduating from the program each year.
- Graduate 95% of students who enter the Program.

C. *Provide students with the knowledge, skills, and values needed to address health disparities affecting African-American and other underserved populations.*

Measured by:

- 90% of students obtaining a grade of B or higher in core and required courses.
- Offer courses that target the health needs of African American and other underserved communities (e.g. Community Health Promotion II, Environmental Health, Grant Writing and Proposal Development, Managing the Health Sector in Developing countries, Intercultural Communications and Health, Complimentary and Alternative Medicine and Public Health Law).
- Analysis of end of first year assessment and exit interview.

Goal IV: Promote life long learning through continuing public health education.

Objective:

A. *Promote constant learning in public health and related areas.*

Measured by:

- The number of students and faculty who attend conferences, seminars and workshops.

Goal V: Discover, develop, and advance knowledge through basic and applied research in problems that disproportionately affect underserved populations.

Objective:

A. *Provide opportunities for students to enhance skills in research designed to eliminate racial and ethnic health disparities.*

Measured by:

- The number of students participating in faculty research projects as graduate research assistants.
- The number of publications co-authored with students.

B. Maintain an active program of community based research.

Measured by:

- The number and dollar value of funded research projects per year.
- The number of research papers published in refereed journals per year.
- The annual number of other publications: books, book chapters, reports, etc.
- The annual number of presentations at local, national, and international conferences on public health-related issues, inclusive of racial and ethnic health disparities.

Goal VI: Collaborate with local, regional, state and international communities in projects and activities to improve the health and well-being of underserved populations.

Objective:

A. Strengthen partnerships with agencies, community groups and organizations with a focus on community health.

Measured by:

- The number of community health (service) projects in which faculty and students are involved.
- The number of Memorandum of Agreements signed.
- The number of letters of support provided to Community Based Organizations, neighborhood associations, churches and Public Health agencies.
- The number (percent) of faculty and students involved in community service related to public health.

Goal VII: Improve and impact public health policies and practice in order to promote health and decrease health disparities among minority and other underserved populations.

Objective:

A. Promote the adoption of effective evidence-based approaches to health promotion and disease prevention.

Measured by:

- The number of organizations to which the Program provides technical assistance.
- The number of evidence-based interventions implemented as a result of the technical assistance provided.

1.1.d. A description of the manner in which the mission, goals, and objectives are developed, monitored, and periodically revised and the manner in which they are made available to the public.

The mission of the MSM MPH Program was originally developed during the initial planning for the Program in 1995. Planning was carried out by a Steering Committee consisting of

representatives of MSM leadership, local academic institutions, and the community. The mission was revisited at a Program Retreat in 1999. However, its essential meaning has remained unchanged. The Program mission enhances the institutional mission by training public health professionals to serve underserved communities. The goals that support the mission were also developed at the 1999 retreat.

The mission and goals were revisited May – October 2006 by the MPH Program Self-Study Committee which consisted of MSM and MPH faculty, staff, students and community partners. The Program Director serves on a number of MSM Committees and is an integral part of the Schools decision making process. Progress on achieving the goals is monitored annually through a variety of monitoring tools such as the mission, goals and values statement which are posted on the MPH Program web page and appear in all promotional material.

1.1.e. A statement of values that guide the program, with a description of how the values are determined and operationalized.

The MPH Program is working to ensure conditions and behaviors which support the highest attainable standards of health, which, according to the Constitution of the World Health Organization, is one of the fundamental rights of every human being. The MPH Program is committed to developing a cadre of public health leaders who value learning and the application of knowledge to lifelong service. The vision was established by a committee comprised of stakeholders, faculty, students, alumni and community members. The Program operationalizes the vision by monitoring faculty research and performance, establishment of community partnerships and alumni success. Also during the Fall Convocation students were asked to recite their professional oaths. MPH students recite the International Declaration of Health Rights and take the oath which states “we as people concerned about health improvement in the world, do hereby commit ourselves to advocacy and action to promote the health rights of all human beings”.

1.1.f. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- MPH program’s mission is clear, well articulated, and gives the program direction.
- MPH program’s goals are clearly derived from the mission.
- MPH program’s objectives are measurable and the program collects data in an organized manner by which achievement of the objectives can be measured.
- Curriculum, teaching and technical assistance provided to other professions e.g. Social Work (Clark Atlanta University), Divinity (Interdenominational Theological Center)

Concerns:

- None

Recommendations:

- Continue to review the program’s mission, goals, objectives and value statement biannually to ensure they are consistent with the profession and reflective of the uniqueness of our program.

1.2 EVALUATION AND PLANNING

The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

1.2.a. Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.

The Program has an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; performance measurements are used to assess the Program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future. This process is intended to promote an environment in which faculty, staff, students, alumni, and community-based partners understand the overall program mission.

Evaluation Procedures and Planning Process

The MPH Program has utilized members of the three standing committees and advisory committee members to establish a Self Study Planning and Review Committee. The Committee is composed of faculty, staff, students, alumni representatives and community-based partners. This committee is responsible for strategic planning and evaluation activities and is chaired by the Program Director. The activities of this Committee are on-going and designed to evaluate and make recommendations regarding all aspects of the Program's mission, goals, and objectives. The current strategic plan (2005-2010), for example, was developed over several months with the oversight and coordination of the Planning and Review Committee throughout the process. Action plans are created to facilitate achievement of stated objectives and then translated into measurable outcomes or key performance indicators. The key performance indicators are then used on a regular basis to measure progress toward the strategic plan. This form of evaluation is used to determine whether or not the program is achieving its goals and to identify areas in need of improvement.

Table 1.2.a.: Self-Study Committee Assignments

Sections	Criterion	Committee Members
1.0 The Public Health Program		
	1.1 Mission	Ayanna Bucknor, MD (Chair) LaQuanda Lewis, MPH Seseni Nu, MIAD/MPH
	1.2 Evaluation & Planning	Torrance Stephens, PhD (Chair) Bernice Liddie-Hamilton, PhD Telisha Miller, MPH Patricia Rodney, PhD, MPH
	1.3 Institutional Environment	Beverly Taylor, MD (Chair)
	1.4 Organization and Administration	Alma Jones, MBA, MPH Denise Koo, MD Maureen Lichtveld, PhD John Ray, MPH
	1.5 Governance	John Patrickson, PhD (Chair) Daniel Blumenthal, MD Esker Copeland, MPH/MIAD Bill Jenkins, PhD Patricia Rodney, PhD, MPH
	1.6 Resources	Patt Newbill (Chair) Divine Offoegbu Darlene Parker-Kelly Eli Phillips Patricia Rodney, PhD, MPH Rebecca Sealand
2.0 Instructional Programs		
	2.1 Master of Public Health Degree	Kwaku Danso, PhD, MPA (Chair) Abeo Jones, MBA, MPH
	2.2 Program Length	Imani Ma'at, EdD
	2.3 Public Health Core Knowledge	Telisha Miller, MPH Patricia Rodney, PhD, MPH
	2.4 Practical Skills	Torrance Stephens, PhD
	2.5 Culminating Experience	Reinetta Waldrop, MSHS,
	2.6 Required Competencies	FACHE
	2.7 Assessment Procedures	
	2.8 Academic Degrees	
	2.9 Doctoral Degrees	
	2.10 Joint Degrees	
	2.11 Distance Education or Executive Degree Programs	

Table 1.2.a.: Self-Study Committee Assignments continued

Sections	Criterion	Committee Members
3.0 Creation, Application and Advancement of Knowledge	3.1 Research	Imani Ma'at, EdD (Chair) Rebecca Din George Rust, MD
	3.2 Service	Merle McNeal, PhD (Chair)
	3.3 Workforce Development	Anne Daane Gail McCray Patricia White
4.0 Faculty, Staff and Students	4.1 Faculty Qualifications	Telisha Miller, MPH (Chair)
	4.2 Faculty Policies and Procedures	Morna Gailor, MPH Rufus Lynch, PhD
	4.3 Faculty and Staff Diversity	Marlene Macleish Patricia Rodney, PhD, MPH
	4.4 Student Recruitment and Admissions	Carla Durham (Chair) Erica Amuzie, MPH
	4.5 Student Diversity	Katrina Brantley, MPH
	4.6 Advising and Career Counseling	Karen Lewis Candice Marshall, MPH Sterling Roaf, MD

Meetings

MPH Administration- Bimonthly meetings are held with Staff and Track Coordinators.

Faculty/Curriculum- During the past year 80% of the Faculty meetings and curriculum committee meetings have been combined to plan and review instructional components of the program and to make faculty aware of all curriculum changes.

Curriculum retreat

The retreat included a review of the following:

- core courses and tracks, including research experiences and subsequent opportunities
- student satisfaction and academic progress
- faculty involvement
- competency integration
- progress toward personal and professional goals
- practicum experiences and opportunities

Strategic Planning Retreat

A bi-annual day long planning retreat was attended by faculty, staff, students, Advisory Committee members, Practicum preceptors, inter-departmental staff and the Department Chairperson in the Spring 2005. The purpose of the Retreat was to update the Strategic Plan and included a review of the following:

- Governance, Resources and Faculty –partially met criterion from 2004 self study
- student satisfaction and academic progress
- faculty involvement
- program goals and guiding principles
- progress toward meeting stated goals from the previous annual review

Admissions- This committee meets three times per year for orientation of committee members, candidate review and the interview process and candidate selection.

Advisory- The Advisory committee meets quarterly, and the Program Director provides Program updates. An annual report is submitted to the Dean of Academic Affairs. The President of the MPH Student Association is the student representative on this committee.

SAPC- This Student Academic Progress Committee meets at midterm and at the end of the semester. The committee also meets on an emergency basis if required to address specific student issues.

MPH Student Association- The Executive Board meets with the Director at least twice a semester. The Association President reports to the Program Director and the MSM Board of Trustees.

Budget Review - MPH Program Budget Meetings are held biweekly and an annual budget review is prepared.

These meetings provide organized settings in which concerns may be voiced and suggestions made. In reality, feedback from faculty to program leadership can take place at any time, not simply in scheduled meetings.

Evaluation Activities

Several evaluation tools and activities are used to assess the program's effectiveness. The tools and activities for each constituent are listed below.

Faculty

A requirement for all MSM faculty is to complete an annual faculty review. This review is conducted using a structured Faculty Activity Report(FAR) form on which each faculty member reports his/her accomplishments in the areas of teaching, research, administrative service, and community service.

MPH Faculty/Adjunct Faculty Assessment

MPH faculty and adjunct faculty members are required to complete an independent assessment of their teaching performance at the end of each semester. The completed evaluation is discussed individually with the Director (Core faculty) and Track coordinators (Track faculty).

Students

Student concerns and expressions of satisfaction are reported to MPH leadership from the MPH Student Association through the student body president. Feedback on individual courses, Practicum, advisement and overall program satisfaction is provided during the End of First Year Assessment and the Exit Interview. The End of the First Year Assessment Form is completed at the end of the first year. First year students also meet with the Director in a group setting to discuss the assessment. The Exit Interview form is completed by all graduating students prior to the exit interview. The Program Director conducts the exit interview with each graduate prior to commencement. Other student evaluation tools include the Student Course Evaluation forms and the Preceptor Evaluation Form.

Community Partners

Several community partners serve as Practicum Preceptors to the students during the Practicum Experience and some are also graduate employers and serve throughout their professional careers.

Preceptors are required to complete an Evaluation of Student Performance during the Practicum Experience.

Graduate Employer Surveys. Employers are asked to complete the Graduate Employer Survey of MSM/MPH graduate to assess the graduate's level of competence and professionalism.

Alumni

The Alumni Survey is distributed to all alumni within a three year period post graduation. The survey is administered by the Program.

1.2.b. Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

All academic programs within the MSM are required to engage in the process of evaluation and planning, utilizing guidelines provided to each program. Assessment, planning, and evaluation processes utilized by the MPH Program, as directed by the School, led to a process involving Program constituents in reviewing and acting on evaluation data to enhance the quality of programs and activities. Action plans are developed and implemented at each level.

For example, as with all MSM academic programs, the MPH Program conducts faculty retreats in which progress toward objectives and goals is evaluated and program-level goals are updated and revised. School administered standard course evaluations are required in each course each semester. Course evaluations are reviewed each semester by the Program Director and the Dean's office. Results of course evaluations are used to make decisions regarding course staffing. Full-time and adjunct faculty are counseled, as appropriate, in cases of lower than desirable evaluations. Individual faculty members regularly use personal course evaluations to collect specific information from students that are used to revise course content and format. Faculty evaluations (FAR) are conducted by the Program Director and the written evaluations are reviewed by the Department Chair. The Program Director's evaluation is done by the Chair. All evaluations are forwarded to the Dean of Academic Affairs.

Feedback from the Admissions Committee is provided to the Director and to the Vice-Dean of the School, who oversees admissions. This feedback plays an important role in enhancing the quality of the MPH program through their recommendations that may result in changes in recruitment strategies, application procedures and/or admission standards. The Director quickly identifies advisors for in-coming students to facilitate initial advisement for matriculation into the program with an appropriate faculty member.

The Exit Interview Survey is administered annually to all graduating students. This survey assesses information related to satisfaction with courses and other aspects of the MPH Program, plans for employment, and core exit survey information requested by CEPH. Data from this survey provide outcome measures for measuring the Program's progress toward objectives and goals. This information is used by the Program Director to identify methods to improve academic programs and student services.

An Alumni Survey, now available online, is conducted every three years. Current employment data is collected from alumni to assess competency preparation and needs for continuing education. The availability of the Alumni Survey in online format is a vehicle for improving communication, and publication of career opportunities and continuing education opportunities for alumni.

The Curriculum Committee meets on a monthly basis for assessment and evaluation of course offerings, to gain ongoing understanding of student needs, concerns, and issues as they relate to curricular requirements, course scheduling, practicum issues and course evaluations. Recommendations from this committee, shared with the Director, may result in the addition or deletion of courses, the addition or deletion of tracks, changes in teaching strategies, scheduling changes, additional or innovative practicum sites, or other identified issues to ensure the quality and content of course instruction, practicum opportunities and experiences, and student satisfaction with the overall Program.

Planning and evaluation was also used to identify sources of and enhancement of the quality of research during the strategic planning phases. Feedback from faculty indicated a strong interest and desire for greater research infrastructure and faculty support for research efforts designed to eliminate racial and ethnic health disparities and to maintain an active program of community based research. Additional feedback indicated the need to include students in these opportunities as a way of increasing skills in research. Toward this end a plan to hire additional faculty and improve stability in academic and research infrastructure is included in the 2005-2007 Strategic Plan. All constituent members have been involved throughout the self-study process.

Plans developed at each level listed in 1.2.a. are implemented as follows:

Program Leadership: Projects initiated at this level are usually put in motion by the Program Director under her supervision, or with responsibility delegated to another faculty member. Examples include planning and conducting a retreat, recruiting a faculty member, or pursuing a grant.

Advisory Committee: The committee functions in an advisory capacity. Recommendations may be acted upon by the Program Director, assigned for implementation to a faculty member, or, declined with explanation.

Standing Committees: Recommendations from each of these committees are provided to the Program Director for action.

Student Academic Progress Committee: Recommendations from this committee may lead to changes in the academic counseling function, procedures for reporting grades, or adjustments in academic standards. With respect to action consequent to the evaluation of individual student performance, the committee makes recommendations for each student in accordance with the guidelines established and approved by the faculty. The Committee also reviews and approves recommendations for remediation submitted by the Track Coordinators. Each student's progress in the curriculum is tracked by the Committee.

Admissions Committee: Feedback from this committee is provided to both the Program Director and the Vice-Dean of the School, who oversees admissions. Recommendations may result in changes in recruitment strategies, application procedures, or admissions standards.

Curriculum Committee: Recommendations may result in the addition or deletion of courses, the addition or deletion of tracks, or changes in teaching strategies.

Faculty: Recommendations from faculty for improvement of the program are most likely to be expressed in faculty meeting. They may be acted on directly by Program Leadership or may be referred to the appropriate committee.

For individual faculty, guidance for improvement of performance (and reinforcement of outstanding performance) is offered by the Program Director at the time of the annual evaluation. For the Program Director, this function is performed by the Department Chair.

Students: Students evaluate courses and faculty at the end of each semester. This information is compiled for each course and is reviewed by the Program Director. Course evaluation results are also given directly to the respective teaching faculty. All MPH core course evaluations are reviewed during the annual Program retreat. When student evaluations indicate that improvement in the course is needed, the Course Director and the Track Coordinator will meet to plan revisions (if the Course Director is the Track Coordinator he/she will meet with the Program Director). In the case of major revisions, the revised syllabus will be sent to the Curriculum Committee for review and approval.

Alumni: Recommendations that emerge from the exit interviews with graduates are provided to the faculty/staff for follow-up. The Alumni Survey is available online. An Alumni Employer Survey was sent to employers during the Self-Study Process.

1.2.c. Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program’s performance must be provided for each of the last three years.

The MPH Program utilizes performance/outcome measures to monitor the effectiveness of meeting the Program’s vision, mission, goals and objectives and for portions of the quarterly and annual reports to our funders. Examples of these measures include the percent of practiced based learning integrated throughout the curriculum, the number of students recruited annually and the percentage of Alumni who are currently employed in public health and providing service to minority communities and/or pursuing higher education, which fulfills our mission to “prepare individuals who will organize and implement programs to improve the health and well-being of communities and people of color...” All Program objectives are measurable and are evident in our efforts to accomplish our goals of instruction, research and service. All activities demonstrate a commitment by all constituents to ensure the viability of our MPH Program and to eliminate racial and ethnic disparities in health. Selected target levels are defined and data regarding the program’s performance for the selected measures are provided for each of the last three years in Tables 1.2.c(1-3).

Table 1.2.c.(1): Measures of Program Performance: Instructional

Instructional: Goal I. Objective A				
Outcome Measures	Activities (Target Level):	Performance		
		2003-04	2004-05	2005-06
The delivery of curriculum content by full-time teaching faculty with expertise in each of the basic public health sciences	Offer Courses in the 5 basic public health core areas. Three additional core to cover additional core areas: Fundamentals of Public Health (Fall 2003), Grant writing and Proposal (Spring 2005) Development and Research Methods (Fall 2003)- currently 100% core course offerings	5	7	8
Instructional: Goal II. Objective A				
Percent of student participation on MPH Committees	Curriculum- Monthly meetings	2	2	6
	Advisory- Quarterly meetings	1	1	1
	Admissions- Annually	1	1	1
Instructional: Goal III. Objective B				
Graduate 95% of the students who enter the Program	Completion of graduation requirements within five years of entry	12 (May 2004) 100%	8 (May 2005) 100%	11 (May 2006) 100%

Table 1.2.c.(2): Measures of Program Performance: Research

Research: Goal V. Objective A				
Outcome Measures	Activities (Target Level):	Performance		
		2003-04	2004-05	2005-06
Increase in the # of students participating in faculty research as graduate research assistant	Pursue research funding from federal, state, and foundation sources	8	7	6
Increase in the number of publications co-authored with students	Develop a focused research agenda for the program	0	1	5

Table 1.2.c.(3): Measures of Program Performance: Service

Service: Goal VI: Objective A				
Outcome Measures	Activities (Target Level):	Performance		
		2003-04	2004-05	2005-06
The number of Formal Agreements signed	Establish at least ten active formal agreements via grants and Practicum opportunities	15	13	14

1.2.d. An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation criteria.

The current document represents the culmination of an inclusive process of institutional reflection and planning as we move forward. This process involved the dedicated intellect and energy of faculty, staff, students, alumni, community-based members, and an external consultant. The document was informed by inordinate amounts of time given to committee meetings, faculty development activities, data collection and analysis. We have benefited from this process in various ways including the School's response to recommendations made by the CEPH Board following our last accreditation review in 2004.

This document supports the stated progress that we have made over the course of the past three years. Strengths of the Program include enhanced measures to evaluate goals and objectives of the Program and the School, identification and actions to evaluate and improve upon program outcomes to improve the assurance structures and process that supports regular and systematic Program review, and to gauge performance against them. Goals and objectives pertaining to education, research, practice and service have been met, while newly formed goals and objectives continue to move forward as planned.

The MPH Program has provided all documentation as stipulated by CEPH. The Program conducted a series of activities to assess the program including a faculty and curriculum retreat to review the mission, goals and objectives, and revised the Strategic Plan to address the major concerns in the three areas of Governance, Faculty and Resources as identified by CEPH during the last site visit (See Strategic Plan for 2005-2010). A Self Study Planning and Review Committee was established to address these criteria and an interim report was submitted August 2006.

Criterion 1.1: Mission: No significant weaknesses were identified.

Criterion 1.2: Evaluation and Planning: No significant weaknesses were identified.

Many of the goals and objectives outlined in the Strategic Plan as well as the self -study process have been fully met. Recommendations are revisited annually by the Program's leadership, faculty and students. The current self-study provides a base for the next cycle of strategic planning.

Criterion 1.3 & 1.4: Institutional Environment & Organization and Administration:

Although no significant weaknesses were noted, we have made the following recommendation:

To develop protocols that continuously promote the autonomy of the MPH Program within the context of the Department of Community Health and Preventive Medicine and MSM as a whole.

Criterion 1.5: Governance: Since 2005, the Program Director has greater autonomy in policy setting, decision making, and resource allocation (See Interim Report, August 2006).

Concern: The Department Chairman negotiates the allocation of institutional funds to the Program with the Dean and Vice President for Academic Affairs.

Recommendation: The Program Director be an integral part of the process with the Dean and Vice President for determination of program funding.

Criterion 1.6: Resources: The Program has adequate space, library facilities, and community resources. The Program has a strong cadre of community partners and practicum sites. Increased funding from the institution allows the Program to recruit core faculty.

Criterion 2.0-2.11: Instructional Programs: No significant weaknesses were identified. However, The MPH Program will continue to evaluate and strengthen its academic programs to ensure they are of the highest quality and meet the needs of a diverse and outstanding student body. In addition, we recognize that the MPH program must continue to emphasize the importance of professional practice for instruction based on theory, practice and skill enhancement.

Criterion 3.1: Research: Partially met: In response the Program appointed a Research Coordinator to develop a long and short term plan.

Recommendations: Encourage MPH faculty to respond quickly and competitively to emerging public health challenges through submission of grants to increase resources and develop students' research skills. Enhance MPH student skills in timely response to research opportunities, fellowships and travel abroad programs.

Criterion 3.2-3.3: Service: No significant weaknesses were noted.

Recommendation: MPH program become more active within the leadership structure of the Georgia Public Health Association, to ensure that racial and ethnic disparities in health are effectively addressed.

Criterion 4.0-4.3: Faculty: To deepen the three areas of specialization, new faculty for two of the tracks have been recruited. One faculty for the Health Administration is being recruited.

Recommendation: Appoint a subcommittee of the Curriculum Committee to develop a strategy for creating interdisciplinary learning and research opportunities between track specific faculty in the program, department and MSM.

Criteria 4.4-4.6: Students: No significant weaknesses were noted.

Recommendation: To utilize a variety of settings, venues and events to recruit Native American and Latino students.

Conduct an assessment of candidates who were accepted into the MSM/MPH program but selected another school or program.

Continue to evaluate and strengthen the MPH academic program to ensure highest quality and effective training of public health professionals.

1.2.e. An analysis of the program's responses to recommendations in the last accreditation report (if any).

The Interim Report provides evidence that the program has established clear and appropriate roles, responsibilities and reporting lines for its committees that develop policy and curriculum for the MPH program (Admissions, Curriculum, Student Academic Progress and Promotion, and Advisory) and has demonstrated greater autonomy for the Director in policy setting, decision-making and resource allocation for the program (Criterion III);

MPH Standing Committees

The MPH committees are as follows: Admissions; Student Academic Progress and Promotion; Curriculum; and Advisory. With the exception of the Advisory Committee, these committees are subcommittees of the School's Academic Policy Council (APC).

Governance

The MPH Program Director has achieved Greater Autonomy in Policy Setting, Decision Making, and Resource Allocation.

Policy Setting

MPH Program Policy is formulated in the following domains: Academic Affairs, Faculty Affairs, and Admissions.

Decision Making

In areas in which policy is established at the institutional level, the Program Director makes decisions in the following areas: Hiring and Termination of Services, Performance Appraisals and Promotions.

Resource Allocation

Institutional Funds: The Program Director works with the Program Manager and core faculty to initiate a needs analysis for Program operations. The Department Chairman presents the proposed MPH Program budget to the Dean and Vice President for Academic Affairs who determines the allocations of institutional funds to the Program.

Extramural Funding: Extramural budgets are established at the time proposals are developed by the faculty. Budgets are set based on the administrative and operational needs of the proposal, and in compliance with funding agency guidelines. Requests for extramural budget approvals are submitted by the Program Director to the Department Chairman, prior to submission for approval by the Vice President for Sponsored Research.

This report provides evidence that the program has established a budget line for the MPH Program and a process for budget determination, based on needs determined by the program director and other program officials, and has developed and implemented policies related to extramural funding and indirect cost recovery for the program and its core faculty (Table 1.6.b);

The following measures have been taken by the institution to demonstrate the adherence to the recommendation by CEPH. MSM provided a substantial increase in support starting in 2005-06 and specific resources are now dedicated to the MPH Program to fund full time faculty and staff. These funds are used at the discretion of the Program Director with final approval by the Department Chair. Financial resources for research and service projects are obtained through individual grant funding.

The report provides evidence that the program has established a critical mass of full-time, core faculty devoted to the MPH program that can develop and implement program policy, provide leadership for the tracks, lessen the dependence on adjunct faculty and provide stability for the program and its students (Table 4.1.a).

1.2.f. A 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, teaching faculty, students, alumni and representatives of the public health community.

The Self Study process was officially launched on May 10, 2006. The MPH Program involved faculty, staff, students, alumni, institutional administrators, community partners and Advisory Committee members in the development of the Self Study document. The purpose of the launch was to inform stakeholders of the re-accreditation process and establish working committees to develop the Self-Study document, a requirement for the re-accreditation of the Program. A self-study time line FY2006-2007 was prepared and discussed and distributed to all stakeholders detailing the expected dates of submission for each draft report.

Prior to the launch, Committee Chairs were selected and a meeting held to familiarize them with the process and responsibilities. The Self Study Committee comprised the Director, Chairs of the Self Study Committees, a Consultant and the Self Study Administrator. This Committee was established to study and report on the Program's compliance with CEPH Criteria. The Self Study Committee supervised the development of the Self Study document. Committee Chairs provided leadership, direction and assistance to committee members and ensured that the document prepared by the committee was accurate, analytical, objective and contained clear recommendations accompanied by appropriate remedial actions. Final drafts were submitted to the Self Study Committee by Committee Chairs. Committee members were pre-selected using the same criterion for Chairs. Each Committee held working sessions to develop documents for each criterion. Submission dates for draft reports were preset by the Self Study Review Committee. These were reviewed and returned to the Committee Chairs for corrections and improvement. A Consultation visit was arranged and took place on September 21, 2006, with Ms. Laura Rasar King, Executive Director, The Council on Education for Public Health (CEPH). The overall purpose of the visit was two fold: (1) to answer questions related to the new CEPH guidelines, and (2) to give visibility to the self-study and re-accreditation of the MPH Program to the new School administration and within the Institution. Overall, the entire process of engagement of all stakeholders, administrators, alumni, faculty, students, advisory committee members and community partners proved to be beneficial in the successful completion of the Self-Study document in a timely manner.

1.2.g. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- The participation by a variety of stakeholders in the self-study process raised the awareness and provided visibility for the Program within the institution.

Concerns:

- None

Recommendations:

- To identify additional resources for database management and improve data collection and monitoring.
- To ensure that required data is collected using CEPH templates.

1.3. INSTITUTIONAL ENVIRONMENT

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

1.3.a. A brief description of the institution in which the program is located along with the names of accreditation bodies (other than CEPH) to which the instruction responds.

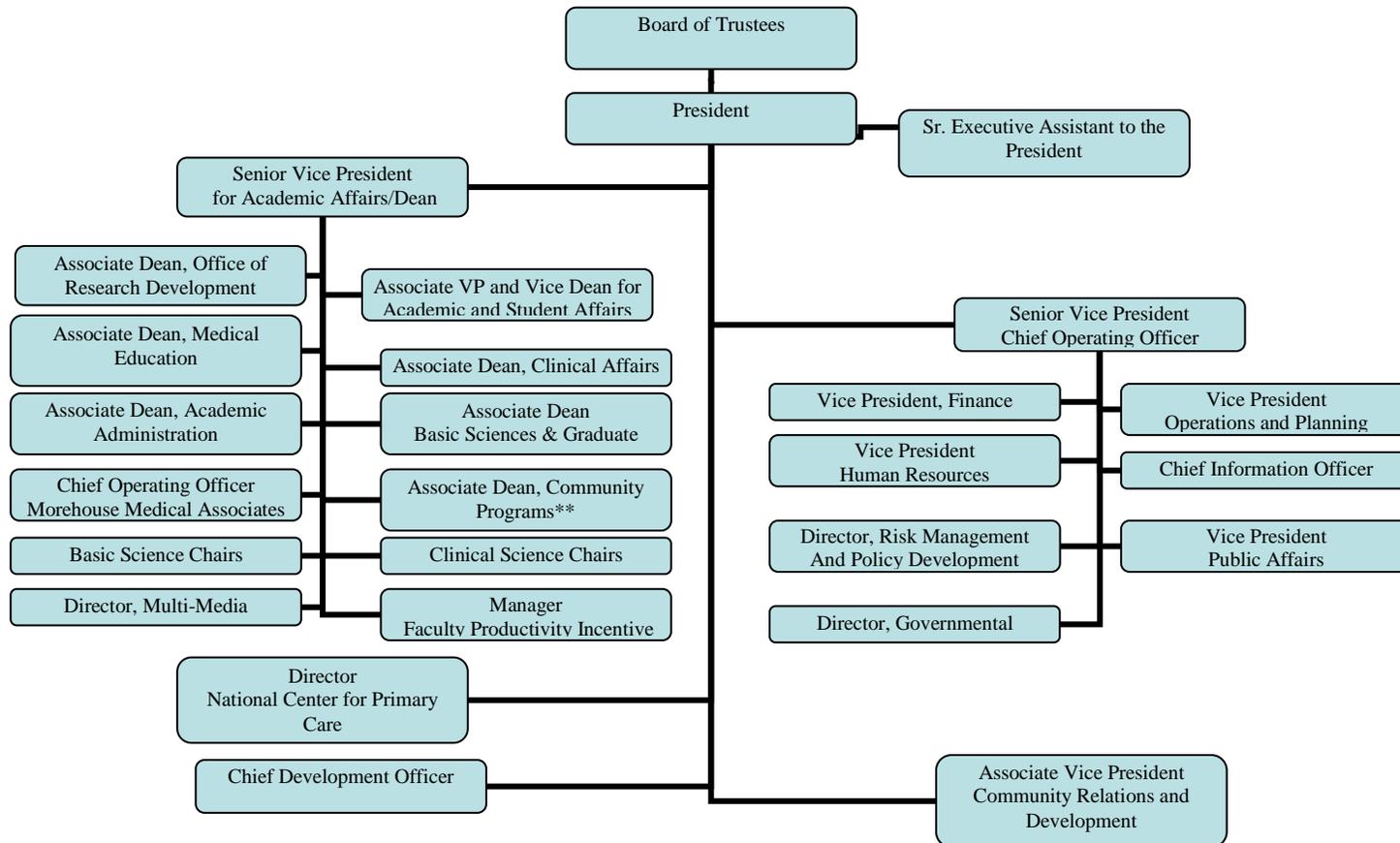
To address the critical health manpower needs of the citizens of Georgia and those who reside in medically underserved areas of the nation, the National Medical Association endorsed the development of a new medical school at Morehouse College. In April 1975, the School of Medicine was established as a two-year educational program in the basic sciences at Morehouse College. The School was first accredited by the Southern Association of Colleges and Schools (SACS) in 1980 and re-accredited from 2001-2111. In 1981, the School of Medicine became independent of the College and in May, 1985, the first class of students was awarded the doctor of medicine degree. SACS was notified in 1994 about the development of an MPH Program.

The following bodies accredit MSM:

- *Liaison Committee on Medical Education (LCME)* accredits the medical education program.
- *Southern Association of Colleges and Schools (SACS)* accredits the institution.
- *Accreditation Council for Graduate Medical Education (ACGME)* accredits each of the School's seven residency programs through the Residency Review Committee for each specialty.
- *Accreditation Council for Continuing Medical Education (ACCME)* accredits MSM to award Category I continuing medical education credits.

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.

MSM Organizational Chart



***In 2006 the Dean established an Education Program Committee comprising Directors from all four academic programs. As of March 2007, the MPH Program Director reports on academic matters to the Associate Vice President and Vice Dean for Academic and Student Affairs.*

The organizational chart above represents the most recent configuration of the lines of authority for Morehouse School of Medicine. There were major administrative changes for the institution when MSM welcomed a new Senior Vice President for Academic Affairs/Dean, Dr. Eve Higginbotham, in April 2006 and effective July 1, 2006, Dr. John Maupin as President. It is anticipated that the organizational structure will change during his tenure.

The administration of the Department of Community Health and Preventive Medicine and the Master of Public Health program remains stable.

1.3.c. A brief description of the university practices regarding:

- **Lines of accountability, including access to higher – level university officials**

Lines of accountability are shown on the Organizational Chart. Academic departments report to the Dean, who reports to the President. As a free-standing medical school, we lack the “higher-level institutional officials” found at larger institutions (Provost, Vice-President for Health Affairs, etc.). The Dean and the President are consistently responsive to requests for meetings with the Department Chair, the MPH Director, or both.

- **Prerogatives extended to academic units regarding names, titles and internal organization**

Academic departments are able to establish their own internal organization. Titles are established at the institutional level and apply uniformly to all academic units.

- **Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising**

The Senior Vice President and Chief Operating Officer reports to the President and oversees the principal management functions of the School. Other senior officers of the School including the Vice President of Finance, Operations and Planning, Advancement, and Human Resources; and the Directors for Information Technology, Risk Management, and External Affairs, manage these functions on a day-to-day basis. The chairperson of each department prepares the department's budget and submits it to the Dean for approval. The MPH Program budget is included in the budget of the Department of Community Health and Preventive Medicine. The Program Manager of the MPH Program monitors finances related to the MPH Program and works with the Senior Department Administrator to assist the MPH Director in the preparation of the MPH budget.

The School returns to the department an amount equivalent to 15% of the portion of salary of core faculty on a grant that carries full indirect cost. As an example, if a grant carries full indirect cost and supports 50% of the salary of a core faculty member who makes \$70,000 per year, the School would return to the Department $.15 \times .50 \times \$70,000 = \5250 . This is an arrangement that applies to all basic science departments; CHPM is the only clinical department to which it applies.

Tuition and fees are not returned to departments. Institutional support for the MPH Program is not tied to tuition and fees generated by the program.

Private sector fund-raising is led by the School's Office of Institutional Advancement. This office serves the entire School.

- **Personnel recruitment, selection and advancement, including faculty and staff**

Personnel recruitment, selection, and advancement: Faculty may be recruited by advertising in journals, at meetings (such as APHA) and by word of mouth. A search committee is usually appointed in the case of important faculty positions (i.e. Track Coordinator). The MPH Program is responsible for recruiting its own faculty. “Finalist” candidates are brought to campus for interviews and to do a presentation. The final selection for MPH faculty is made by the MPH Director in consultation with the Search Committee. The individual selected must be approved by the Department Chair and nominated by him for a faculty appointment. The appointment must be approved by the School’s Faculty Appointments and Promotions Committee (FAPC) and the Academic Policy Council (APC), as are all MSM faculty appointments. (The members of the FAPC, like those of other institutional committees, are nominated by the Committee on Committees and approved by the APC. The APC consists of all department chairs, the Director of the Library, and elected representatives of the basic science faculty, the clinical faculty, and the student body). Faculty advance through the academic ranks based on criteria established by the APC. Staff advancement requires an evaluation of duties, responsibilities, and work activities in a position description or through desk audit procedures. A letter with concurrence of your department head/chair should be submitted to the Human Resources Department, stating the specifics or reasons(s) for reclassification, along with a revised organizational chart reflecting the change. All employees are encouraged to explore specific position vacancies and general career opportunities both within and outside of their current department.

- **Academic standards and policies, including establishment and oversight of curricula**

Academic standards and policies for the institution are established by the APC. Within that framework, academic standards and policies for the MPH Program are established by the Program’s three Committees: Student Academic Progress and Promotions, Admissions, and Curriculum. These standards and policies relate to admission and retention, instruction, graduation requirements, student progress, grading, class attendance, and examinations, as well as student health services, counseling, and discrimination issues.

1.3.d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

Not applicable to this program.

1.3.e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program’s operation.

Not applicable to this program.

1.3.f. Assessment of the extent to which this criteria is met.

This criteria is met.

Strength:

- MPH Program participates in providing information for all the accrediting bodies.

Concerns:

- None

Recommendations:

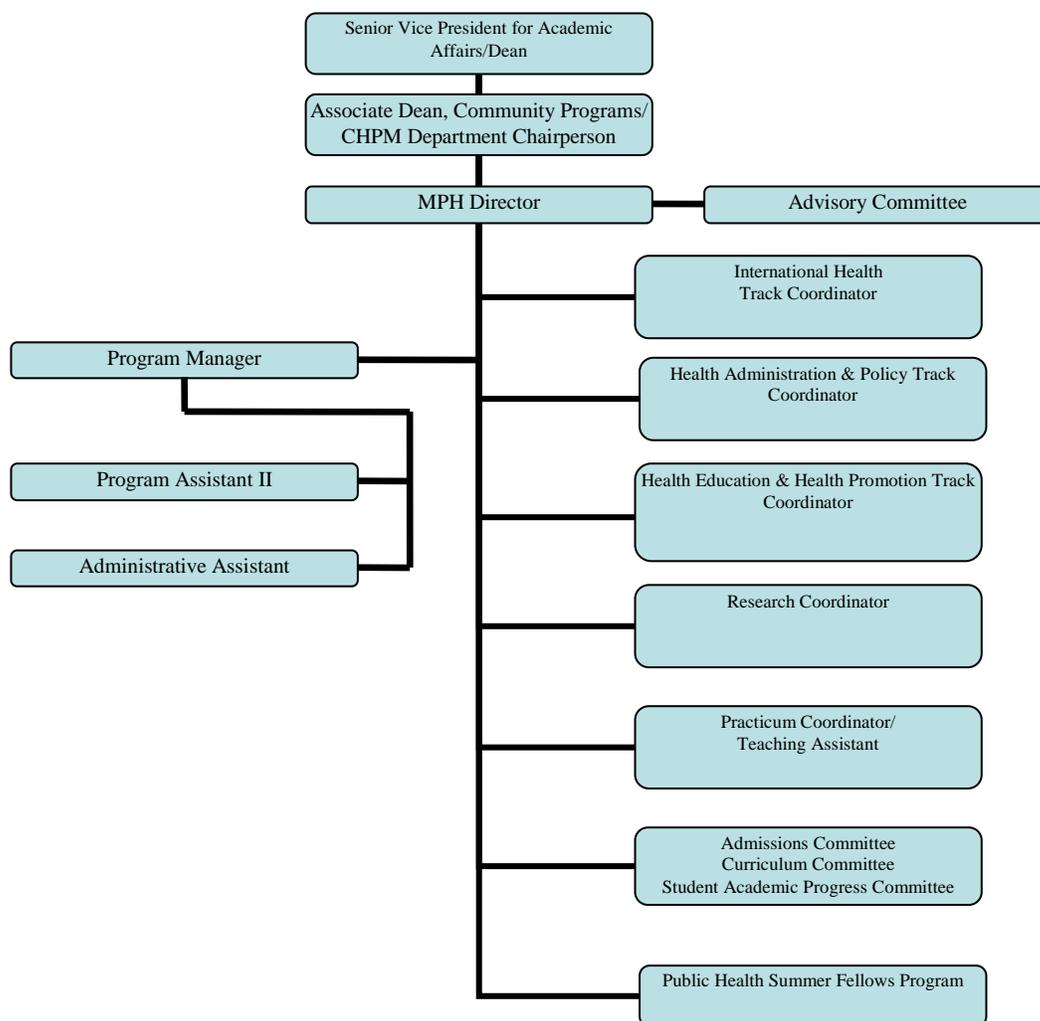
- Continued participation with institutional accrediting bodies.

1.4 ORGANIZATION AND ADMINISTRATION

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

1.4.a One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher level departments, schools and divisions.

MPH Program Organizational Chart

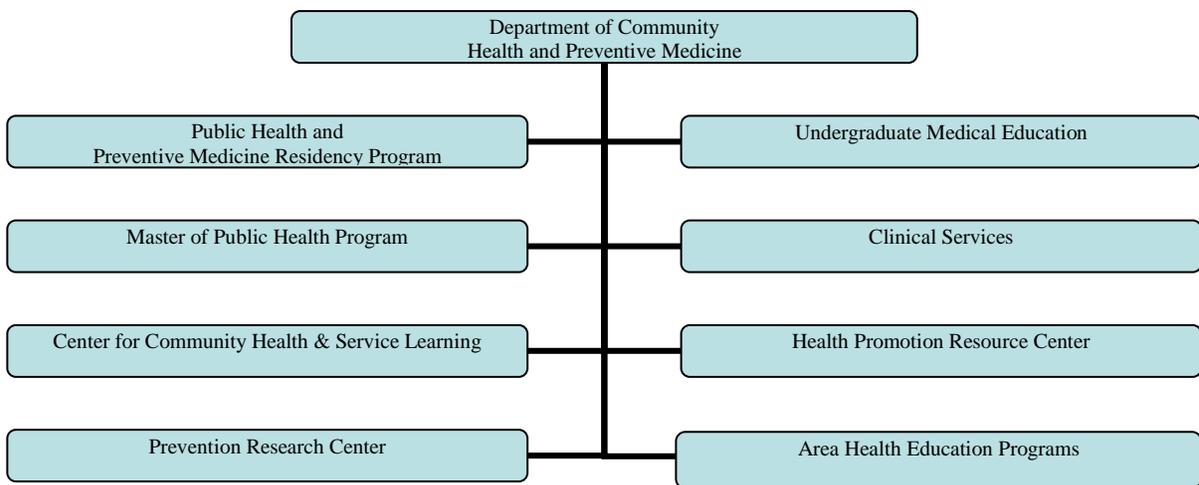


*The organization chart is being reused to reflect reporting mechanisms of all academic programs to the Senior Associate Dean for Academic Affairs.

1.4.b. Description of the roles and responsibilities of major units in the organizational chart.

The MSM MPH Program is in the Department of Community Health and Preventive Medicine (CHPM), which was established in 1985. The department shares in the mission of MSM, improving the health and well-being of individuals, families 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 Department Chairperson, Dr. Daniel Blumenthal, provides primary oversight of the department. The Senior Department Administrator is responsible for monitoring the department’s budget, insuring compliance with institutional and federal policies, and allocating departmental space. An organizational chart of the Department of CHPM is below.



CHPM is responsible for seven programs in addition to the MPH program. These programs are as follows:

Undergraduate Medical Education

CHPM is responsible for four core courses for medical students: three in the first year (Clinical Preceptorship, Biostatistics and Epidemiology, and Community Health) and a required rural clerkship in the fourth year. The department also offers four elective clerkships in the fourth year, with Preventive Medicine having the greatest degree of popularity.

Public Health and Preventive Medicine Residency Program

The Public Health and Preventive Medicine Residency Program is a two-year graduate medical education program co-sponsored by the Georgia Department of Human Resources, Division of Public Health. Prior to enrollment all entering residents complete at least one year of an accredited clinical postgraduate program. Preventive Medicine residents receive comprehensive general public health training with emphasis on disease prevention, epidemiology and public health administration. Residents are enrolled in the MSM MPH Program and are required to satisfy the requirement for the MPH degree. The Georgia Department of Human Resources, Division of Public Health, the Centers for Disease Control and Prevention, and various local health departments participate in the training program.

Clinical Services

Since 1997, the Department of CHPM has collaborated with the Fulton County Department of Health and Wellness (FCDHW) and Grady Health Systems (GHS) to provide comprehensive adult and pediatric health services in two underserved communities in northwest Atlanta and south DeKalb County.

Health Promotion Resource Center

The Health Promotion Resource Center (HPRC) was established in 1987, with a grant from the Kaiser Family Foundation, to collaborate with communities throughout Georgia to identify health problems, such as substance abuse and teen pregnancy. HPRC has successfully disseminated health information to rural and urban communities throughout Georgia and formed collaborative relationships between academic institutions and communities. The HPRC pioneered the model known as *Community Organization and Development for Health Promotion*, which is a tool for community empowerment. The HPRC represents a program in which MPH students have participated in community projects.

Area Health Education Centers Program

The Area Health Education Centers Program (AHEC) is one of over 40 AHEC Programs nationwide. Our program is a part of the Georgia Statewide AHEC Network, which is funded through the Medical College of Georgia. AHEC provides educational opportunities for health sciences students (including MPH students) and residents, continuing education for health professionals, recruitment programs for disadvantaged high school students, and consumer information for community residents.

Prevention Research Center

The MSM Prevention Research Center (PRC) was established in 1998. PRC is one of a network of 33 academic research centers funded by the Centers for Disease Control and Prevention (CDC) to achieve local and national health objectives focused on gaining knowledge about the best methodologies for solving the nation's obstinate health problems. The center engages in interdisciplinary applied prevention research in collaboration with community partners, federal, state, regional, and local health and education agencies, and other universities. It regularly offers MPH students opportunities to serve as research assistants and to develop Culminating Experience projects.

Center for Community Health and Service Learning

The Center for Community Health and Service Learning at MSM has formed a consortium composed of HBCUs, along with faith-based and community-based organizations to disseminate the Morehouse School of Medicine model of service learning. The program is designed to promote, reaffirm, and instill in students a commitment to helping those who are less fortunate.

1.4.c. Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

Interdisciplinary Track Coordination

The MPH Program has developed an integrated approach to fulfilling its mission of training public health leaders. Within the Program, students in all three tracks are required to take a core curriculum consisting of 24 credit hours. The core course content includes Biostatistics, Introduction to Environmental Health, Introduction to Epidemiology, Health Administration Management and Policy, Fundamentals of Public Health, Research Methods, Social & Behavioral Aspects of Public Health and Grant & Proposal Development. Each track requires additional track specific courses of 12 credit hours. An additional four to six credit hours in elective courses, which

are non-track specific and open to all students, are necessary for graduation. This gives students an opportunity to augment their public health training to meet their area of interest and specific educational needs.

MPH Program and Other Institutional Program Interdisciplinary Cooperation

Through seminars sponsored by the Cardiovascular Research Center, Department of Community Health Department and Preventive Medicine, and the National Center for Primary Care, MPH students have an opportunity to attend lectures on topics such as ethics, cardiovascular disease, strokes, status of health insurance in America, and health disparities.

The MPH Program collaborates with other academic programs in the Morehouse School of Medicine by providing training for students within other departments at the School. Students from the Master of Science Clinical Research Program and the Biomedical Graduate Programs have enrolled in the Biostatistics course offered by the MPH Program. Students from the Master of Science Clinical Research Program have also enrolled in the MPH Program epidemiology course. Residents of the General Public Health Preventive Medicine Residency obtain their MPH from the MSM MPH Program.

MPH Faculty Interdisciplinary Collaboration

Many of the MPH Program faculty conduct research in areas of public health interest, such as tobacco control, violence prevention, substance abuse, women's health, and maternal child health. The MPH faculty collaborates with faculty from the School's multidisciplinary centers and institutes, as well as other departments, to execute these studies. MPH faculty serve on MSM committees and service projects, in addition to providing training to students from other programs, such as graduate medical students, graduate social work students, clinical research students, biomedical graduate students, and preventive medicine residents.

The Master of Public Health Program is a multidisciplinary program in a multidisciplinary department. Faculty in the Department are encouraged to work and pursue research opportunities in teams that cut across disciplines. Faculty in the Department represent the following disciplines:

Preventive Medicine: Blumenthal, Taylor, Buckner, A. Jones, Daniel

Clinical Medicine: Ash-Mapp, Ghose

Sociology and Adult Education: Rodney

Psychology/Behavioral Science: Stephens, Yancey, Rasheed, Conerly, Griffin, Reese, Quarrels

Epidemiology: Caplan, Din, Welsh, Smith

Biostatistics: Quarshie, Al-Mahmoud, Shamsa

Health Policy: S. Davis, Waldrop, C. Jones

International Health: Danso, Finch, Rodney, Floyd

Education: Ma'at, M. Davis

1.4.d. Identification of written policies that are illustrative of the program's commitment to fair and ethical dealings.

The MSM has a number of policy documents that apply to all programs and functions of the School, including the MPH program. The publications include: MSM Policy Manual, Academic Appointment and Promotion Process and Policies Manual, MSM Catalog, MPH Student Handbook, and the Employee Handbook. The policies are committed to fair and ethical dealing among students, faculty and staff, and establish parameters for decision-making and operational matters. Information regarding student admission, student academic promotion guidelines, refund

policies, grievance procedures, conflicts of interest, sexual harassment, instructor-learner misconduct, discrimination, and other issues are contained in these publications.

The MSM Policy Manual is located in the CHPM office with portions available on the MSM intranet. The Academic Appointment and Promotion Process and Policies Manual are distributed by the Office of the Dean to all faculty. The MSM Catalog is distributed by the Office of Student Affairs and is available on the MSM intranet. The MPH Student Handbook is distributed by the MPH Program to incoming students during orientation and additional copies are located in the MPH office. The Employee Handbook is distributed by the Department of Human Resources.

1.4.e. Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

The MPH Program functions within the School's academic administration framework. All activities related to student affairs are handled by the Office of Admissions and Student Affairs. Student complaints concerning academic issues are handled by the Student Academic and Progress Committee (SAPC). Programmatic matters are handled by the Program Director. The Director meets with the student and recommends that an official complaint is submitted in writing. The matter is then investigated by the Director who meets with the student and the faculty or staff person to resolve the complaint.

One written complaint was filed in 2005 by a student who protested a grade received for one of the core courses. This complaint was satisfactorily addressed by SAPC. Verbal complaints were made by students for another track required course. The resolution of this matter was referred back to the course instructors. The MPH Director meets with all students twice a semester at an open forum organized by the MPH Student Association to address and resolve student grievances/issues.

1.4.f. Assessment of the extent to which this criteria is met.

This criterion is met.

Strengths:

- The position of the Program in the School's organizational structure is supportive of its mission and goals, and the program itself is well-organized for this purpose
- Each component of the MPH Program has a well-defined role that supports the pursuit of the Program's mission and goals.
- Diverse public health disciplines are represented by the faculty of the MPH Program and the Department of Community Health and Preventive Medicine, and cooperation among the disciplines is encouraged and supported.
- Numerous documents at the level of both the School and the Program include policies that support our pursuit of consistently fair and ethical dealing.
- There are written policies for handling student grievances and complaints.

Concerns:

- None

Recommendations:

- The written policies for handling student grievances and complaints should be made available to students.

1.5 GOVERNANCE

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Where appropriate, students shall have participatory roles in program governance.

1.5.a. Description of the program's administrative governance and committee structure and processes particularly as they affect:

- **General Program Policy Development**

The Academic Policy Council (APC), chaired by the Dean, establishes academic policy for the School of Medicine. The APC consists of all Department Chairpersons, the Director of the Library, two elected student representatives, and two elected faculty representatives. The three faculty standing committees of the MPH Program (Admissions, Curriculum, and Student Academic Progress (SAPC)) are subcommittees of the APC. Members of the three MPH standing committees, and other subcommittees of the APC, are nominated by the Committee on Committees and ratified by the APC.

The President has established a Leadership Council which is comprised of leaders within the Institution. The Director of the MPH Program is a member of the Council.

- **Planning**

The original planning was conducted from 1993 to 1995 by the MPH Steering Committee consisting of: the Department Chairperson, the Deputy Chairperson, the Department Administrator, the Chairperson of the MPH Advisory Committee, and a Consultant. When the program was established, the Steering Committee was disbanded and replaced by an Advisory Board. The Advisory Board became an Advisory Committee when the MPH Program was integrated into the academic programs of MSM. Strategic planning has been undertaken at an annual faculty retreat. The MPH Director has led the faculty in subsequent planning sessions.

- **Budget and Resource Allocation**

The MPH Program has its own budget which consists of institutional and grant funds. The institutional funds, which consist almost entirely of personnel support, are negotiated between the Department Chairperson and the Dean.

Institutional Funds: The budget process includes an identification and analysis of proposed costs for academic and administrative operations. Budget marks are set based on past expenditures and anticipated expenses for the new fiscal year. In addition, mandated budgetary increases or decreases are taken into consideration when establishing the proposed budget, as well as anticipated extramural funding, or lack thereof.

The Program Director works with the Program Manager to initiate a needs analysis for Program operations. The Program Manager then works along with the Department Administrator to develop the budget lines according to the above process. The information is compiled by the Department Administrator for review with the Department Chairman and Program Director.

The Department Chairman presents the proposed budget to the Dean who in turn determines allocations.

Extramural Funding: Extramural budgets are established at the time proposals are developed. Budgets are set based on the administrative and operational needs of the proposal, and in compliance with funding guidelines.

Upon notification of an award, a request for an account number is submitted to initiate contract spending according to the budgeted object codes and contract timelines. Requests for extramural budget approvals are submitted by the Program Director to the Department Chairman, and then to the Vice President, Office of Sponsored Programs for approval.

Facilities and Administrative Cost Rates: A College and University Rate Agreement structure is in place to cover facilities and administrative costs. These rates apply to grants, contracts and other agreements, and apply to Research and Training and other Sponsored Activities. The rates have been approved by the Office of Management and Budget Circular A-21.

- **Student Recruitment, Admission, and Award of Degrees**

Recruitment: The MPH Program has undertaken an aggressive marketing strategy to complement the recruitment efforts of the School's Office of Admissions. Students are recruited through several channels: presentation at college fairs, advertisement in the Chronicle of Higher Education, speaking engagements, conferences, open houses, and mailings to historically black colleges and universities, and to other institutions of higher education. Potential candidates are invited to tour the campus and meet faculty and students. Exhibits are displayed at the annual meeting of the American Public Health Association and at other professional and student meetings. The CHPM Minority Summer Fellows Program in Public Health introduces talented minority college students to the program.

Special Status students are non-degree seeking students, though they are still governed by the same academic rules (e.g. application, fees, drop/add, withdrawals, grading, and retention policies) governing regular students. Students seeking reclassification from the Special Student status to regular degree seeking student status must submit an application via standard admission procedures. Special Status Non-Degree students are not eligible for financial aid. Students not yet admitted to the MPH Program may take up to 12 credit hours of core required coursework as Non-Degree Seeking. Once admitted, with approval of the MPH Director, a maximum of 12 credit hours of non-degree seeking coursework with a grade of B or better will be accepted towards the degree.

Admissions: The admissions process is managed by the Office of Admissions and Student Affairs, which compiles dossiers on each applicant and submits completed applications to the MPH Director, who along with the Chairperson of the MPH Admissions Committee prescreen all applicants. The MPH Admissions Committee is charged to select students who are most likely, in its opinion, to become the best students and public health professionals who will fulfill the mission of the program and Institution. Recommendations of the Committee are presented to the Program Director and the Vice President of Student Affairs.

Award of Degrees: The Office of Admissions and Student Affairs also manages the process for awarding degrees. The SAPC certifies that degree candidates have completed all requirements. The Vice President of Student Affairs presents the candidates to the APC, which approves the awarding of all degrees.

- **Faculty Recruitment, Retention, Promotion, and Tenure**

For the first time, dedicated full-time faculty for the MPH program were recruited in the Fall of 2005. The Faculty Search Committee identified three candidates at the Associate Professor level

that were recruited by the Program Director as Track Coordinators for the Health Education/Health Promotion, International Health, and Health Administration and Policy.

All participating MPH faculty are evaluated by the Director and recommendations presented to the Department Chairperson.

The medical school, as described in the Faculty Handbook, establishes policies for faculty promotion. The Department Chairperson on the recommendation of an ad hoc Departmental Promotions Committee nominates faculty for promotion. Nominations are reviewed and approved by the Institutional Faculty Appointments and Promotions Committee, and given final approval by the APC. The Institution does not offer tenure, but multi-year contracts may be offered to faculty in Series I. Faculty in Series II, the equivalent of clinical or research track, are offered one-year contracts. Faculty employed 50-99% time are also in Series II. Volunteer faculty and those employed less than 50% time are in Series III.

- **Academic Standards and Policies**

The Student Academic Progress Committee (SAPC) establishes academic standards and policies for MPH students. The standards and policies are described in the MPH Student Handbook. The SAPC certify that degree candidates have completed all requirements. The Associate Dean for Student Affairs presents the candidates to the APC, which approves the awarding of all degrees.

- **Research and Service Expectations and Policies**

Series I faculty at MSM are expected to engage in research and service as well as teaching. Full-time Series II faculty are expected to engage in research or service in addition to teaching. Specific time and effort expectations are negotiated between faculty and the department chair. "Service" for MPH faculty may consist of institutional service (serving on committees) and/or community service, particularly community health promotion activities. Research and service expectations for promotion in faculty rank are described in the Faculty Bylaws.

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

Student and Faculty Handbooks and Advisory Committee By-laws are available on-site.

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

There are three standing MPH committees: Student Academic Progress Committee; Admissions Committee; and the Curriculum Committee. They are described below.

MPH Student Academic Progress Committee

Membership: Currently, there are ten (10) members in the MPH Student Academic Progress Committee members; see Table 1.5.c.(1).

Table 1.5.c.(1): Current MPH Student Academic Progress Committee Members

Last Name, First	Rank/Title	Department
Patrickson John (Chair)	Associate Professor	Anatomy/Neurobiology
Danso Kwaku	Associate Professor	CHPM
Davis Sharon	Associate Professor	CHPM
Jones Alma	Associate Professor	CHPM
Lewis Karen	Registrar/Staff	Admissions
MacLeish Marlene	Research Professor	Medical Education
Stephens Torrance	Associate Professor	CHPM
Taylor Beverly	Associate Professor	CHPM
Quarshie Alexander	Associate Professor	MSCR Program
Rodney Patricia	Professor	CHPM

Charge: The MPH SAPC is a standing committee of the APC. Its membership and Chairperson are selected by the APC following the recommendation of the Committee on Committees. The MPH Director submits recommendations of committee members to the Committee on Committees. Members are assigned for a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually.

The Committee is charged with monitoring the academic performance of each MPH student. The Committee evaluates and makes recommendations for each student in accordance with the guidelines established and approved by the faculty. It evaluates unusual problems that students may encounter and assures that guidelines are applied in a fair and equitable manner. It determines satisfactory academic progress, probation, or dismissal for academic reasons.

The SAPC convenes at periodic intervals to monitor the personal and professional development of all MPH students and to make appropriate decisions and recommendations. The committee considers interim and final grades, qualitative evaluations, practical experiences, as well as additional evidence submitted by the student or others that might have a bearing on the student's progress.

The Committee also reviews and approves recommendations for remediation submitted by the Track Coordinators. Student's progress in the curriculum is tracked by the SAPC to determine eligibility to enter degree candidacy. Students who have met all the requirements are recommended by the Vice President of Student Affairs to the APC (chaired by the Dean) as candidates for receipt of the MPH degree.

All committee decisions regarding student promotion, graduation and dismissal are communicated to the Vice President for Student Affairs, who in turn presents it to the APC for review and approval. The Associate Dean for Student Affairs communicates Committee decisions regarding graduation and dismissal to the student. All decisions are communicated in writing to the MPH Program Director, the Track Coordinator, and others deemed appropriate by the Dean.

MPH Admissions Committee

Membership: Currently, there are fourteen (14) MPH Admissions Committee Members; see Table 1.5.c.(2).

Table 1.5.c.(2): Current MPH Admissions Committee Members

Last Name, First	Rank/Title	Department
Taylor Beverly (Chair)	Associate Professor	CHPM
Amuzie Erica	Student Representative	CHPM/MPH
Daane Ann	Community Education Manager	United Way
Danso Kwaku	Associate Professor	CHPM/MPH
Davis Sharon	Associate Professor	CHPM/MPH
Dickey Avis	Associate Professor	CDC
Miller Telisha (staff)	Practicum Coordinator/Recruiter	CHPM/MPH
Newbill Patt (staff)	Program Manager	CHPM/MPH
Ray John	Alumni Representative	CDC
Roaf Sterling (staff)	Director, Admissions	Admissions
Rodney Patricia	Professor	CHPM/MPH
Stephens Torrance	Associate Professor	CHPM/MPH
Warren Rueben	Associate Administrator	ATSDR
White Patricia	Executive Director	GA Division of Public Health

Charge: The Committee on MPH Admissions is responsible for the acceptance of all students entering the MPH program at MSM. Members are selected for a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually. One student representative, elected by the MPH Student Government, serves for a one year term.

MSM encourages applications from and gives full consideration to all applicants for admissions and financial aid without regard to sex, race, handicap, color, creed, nationality, or ethnic origin. The Committee selects students who are most likely, in its opinion, to become the best students and public health professionals. Selection of students by the MPH Admissions Committee is made after considering many factors, including academic readiness, motivation, aptitude, and public health experience and exposure. Other criteria for admission are established by MPH Advisory Committee, Program, Faculty, and implemented by the Committee.

MPH Curriculum Committee

Membership: Currently, there are twenty-one (21) MPH Curriculum Committee members; see Table 1.5.c.(3).

Table 1.5.c.(3): Current MPH Curriculum Committee Members

Last Name, First	Rank/Title	Department
Rodney Patricia (Chair)	Professor	CHPM/MPH
Al-Mahmoud Ahmad	Assistant Professor	MSCR Program
Burnette Miriam	Assistant Professor	Interdenominational Theological Center
Danso Kwaku	Associate Professor	CHPM/MPH
Davis Sharon	Associate Professor	CHPM/MPH
Drayton Thomas	Student Representative (HAP)	CHPM/MPH
Durham Carla	Residency Program Manager	CHPM
Edu Ugo	Student Representative (IH)	CHPM/MPH
Frazier Emma	Research Associate Professor	Morehouse College/Public Health

Graham	Louis	Student Representative (HAP)	Sciences Institute
Green	Veronica	Student Representative (IH)	CHPM/MPH
Holmes	Kayla	Student Representative (HEHP)	CHPM/MPH
Jackson	Danielle	Alumni Representative	CDC
Lewis	Karen	Registrar/Staff	MSM Admissions
Lynch	Rufus	Dean, School of Social Work	Clark Atlanta University
Ma'at	Imani	Assistant Professor	CHPM/MPH
Martin	Kelli	Student Representative (HEHP)	CHPM/MPH
Miller	Telisha (staff)	Practicum Coordinator	CHPM/MPH
Mobley	Chanda	Director	American Lung Association
Page	Rhonda	Evaluation Analyst	GA Dept. of Human Resources
Stephens	Torrance	Associate Professor	CHPM

Charge: The charge to the Curriculum Committee is to develop a curriculum that will lead to the fulfillment of the objectives of the MPH program. The Committee is responsible for planning the academic calendar, class schedules, and the determination of core, integrated, and elective course offerings. The Committee also evaluates all segments of the curriculum, including student evaluations to identify potentially ineffective sequences, unnecessary repetitions, and subject areas that may require more emphasis. The Committee is charged with conducting a continuing review of curriculum design, course organization, and teaching performance to formulate specific recommendations for modifying courses in the interest of improving the curriculum. In addition, the Committee is expected to review the descriptive outline of each course prior to incorporation in the curriculum. Each course is reviewed every two years. An annual report is made by the Program Director to the APC through the Dean for Academic Affairs.

The Committee membership and Chairperson are selected by the APC following the recommendation of the Committee on Committees. Members serve a three year term, with a maximum of two consecutive terms allowed. One-third of the membership rotates off the committee annually. One student representative, elected by the MPH Student Government, serves a one year term.

MPH Advisory Committee

The Advisory Committee is an external body comprised of representatives from community health agencies, members of the Atlanta University Center schools, public health agencies, alumni, and a student representative.

Membership: Currently, there are 17 MPH Advisory Committee members; see Table 1.5.c.(4).

Table 1.5.c.(4): Current MPH Advisory Committee Members

Last Name, First		Organization
Treadwell	Henrie (Chair)	Director, Community Voices, MSM
Amuzie	Erica	Student Representative, MSM/MPH
Bell	Barbara	Director, Health Careers Program, Spelman College
Benjamin	Georges	Executive Director, APHA
Benning	Eric	Medical Director, Fulton County Dept. of Health & Wellness
Clay	Candace, (Alumni Representative)	Policy Analyst, GA Dept. of Human Resources
Douglas	Adisa	Director of Programs, Public Welfare Foundation
George Grady	Nicole (staff) Lesley	Program Assistant II, MSM/MPH Vice President, Community Foundation for Great Atlanta
Koo	Denise	Director, Career Development Division Office of Workforce and Career Development CDC
Lichtveld	Maureen	Professor and Chair Freeport McMoRan Chair of Environmental Policy Tulane University School of Public Health
Lynch	Rufus	Dean, School of Social Work, Clark Atlanta University
Ngalame	Paulyne (Alumni Representative)	Evaluation Coordinator, SisterLove, Inc.
Owens	Steve	Program Director, Directors of Health Promotion & Education
Rodney Sinho	Patricia Sanjay	MPH Program Director, MSM/MPH Director, Health Unit CARE-USA
Wright	Teri	Program Director, W.K. Kellogg Foundation

The MPH Advisory Committee currently has three primary responsibilities:

1. Provide expert advice and guidance in all aspects of the MPH Program including recruitment, mentoring, curriculum and development.
2. Facilitate and promote involvement and collaboration with key partners in the community; government health agencies at the federal, state and local level; private health partners and foundations; and representatives from the broader corporate community (e.g., Coca-Cola, Bellsouth, etc.)
3. Assist the Program in describing and articulating opportunities for collaboration within the broader academic community in Georgia.
4. Serve as mentors to MPH students.

The strategies and anticipated results for each of these roles are expressed in Table 1.5.c.(5).

Table 1.5.c(5): Advisory Committee Strategies and Anticipated Results

Role	Strategy	Anticipated Results
I: Expert advice and Guidance	Integrate competencies from the Institute of Medicine reports	Curriculum prepares graduates for Public Health needs of the community in the 21 st century
II: Recruitment	Develop an assertive recruitment strategy focusing on enrollment of two populations: a) Undergraduates going directly to graduate school, and b) Non-traditional students who are currently in the Public Health workforce.	Overall increase in enrollment and retention in the MPH program
III: Mentoring	Each committee member will serve as a mentor within the MPH program.	Graduates grounded in the expectations of the real public health practice world
IV. Facilitation	By Fall 2003, develop a revised roster of committee members representing key partners who will provide the guidance to get the program ready for functioning in the 21 st century.	Established a revitalized Advisory Committee
V. Marketing	Collaboration with the MSM and the MPH programs to develop an assertive marketing campaign for the MPH program	Program expansion and growth. More funding possibilities and increased funding

1.5.d. Identification of program faculty who hold membership on university committees through which faculty contributes to the activities of the university.

Membership of MPH faculty on MSM institutional committees includes the following for academic year 2006-2007:

Commencement/Convocation Committee – Patricia Rodney

MSM Educational Program Team- Patricia Rodney

President’s Leadership Council – Patricia Rodney

Institutional Review Board – Brenda Hayes

MD Admissions Committee – Kwaku Danso

1.5.e. Description of student roles in governance, including any formal organizations, and student roles in evaluation of program functioning.

Students are involved in all program committees except SAPC. The Director meets with the MPH Student Association executive members to address student issues. Students participate in individual course evaluations at the completion of each semester. The Director conducts end of the year assessments with first year students. Students were involved in the Curriculum and Strategic Planning Retreat.

1.5.f. Assessment of the extent to which this criterion is met

This criterion is met.

Strengths:

- Program Administration and faculty define the program's mission, goals, and objectives, policies and procedures, admission requirements, instructional program, and graduation requirements through committees that are integrated into the MSM academic structure.
- Program Faculty have input into institutional policies, including those regarding criteria for faculty appointment and promotion, through membership on Institutional Committees.
- MPH student representatives are included on the MPH Curriculum Committee, Admissions and the MPH Advisory Committee.
- Community members are represented on all MPH Committees except SAPC.
- An exceptionally strong Advisory Committee composed of leaders of important constituents.

Concerns:

- None

Recommendations:

- Efforts should be made to ensure the new administration understand and support the governance structure of the MPH Program.

1.6 RESOURCES

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

1.6.a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program.

The Master of Public Health Program receives an annual institutional budget allocation effective July 1 through June 30. These funds are designated, in part, to support core faculty, Program staff, and operational costs. Extramural funds are received from various sources to supplement the institutional budget. These resources have been sufficient to support the MPH Program. There are no legislative appropriations for the MPH Program. However, some funds are received via the Title III program funds allocated to the institution. The Title III program helps eligible Institutions of Higher Education (IHE) to become self-sufficient and expand their capacity to serve low-income students by providing funds to improve and strengthen the academic quality, institutional management, and fiscal stability of eligible institutions. Funds may be used for planning, faculty development, and establishing endowment funds. Administrative management, and the development and improvement of academic programs also are supported. Other projects include joint use of instructional facilities, construction and maintenance, and student services.

Tuition paid by MPH students is not directly calculated into the MPH budget. The indirect cost rates vary depending on research and/or training objectives of grant funds received.

1.6.b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program.

The budget increases reflected in the following table are a direct result of the institutions commitment to the MPH Program with allocation of funds to support additional faculty and staff support to the MPH Program. Three additional faculty positions at the Associate Professor level were hired as Track Coordinators (Health Administration and Policy, Health Education and Health Promotion, and International Health). In addition, institutional funding was secured to hire a Program Manager to assist the Program Director in administrative tasks.

Table 1.6.b: Program Budget

REVENUE						
Source of Funds	2002-2003	2003-2004	2004-2005	2005-2006	TOTAL	% of Total
Total- MSM	\$126,010	\$126,010	\$191,375	\$403,444	\$846,839	45.19%
TOTAL Extramural	\$272,496	\$314,095	\$230,175	\$210,270	\$1,027,036	54.81%
Total Source of Funds	\$398,506	\$440,105	\$421,550	\$613,714	\$1,873,875	100.00%
EXPENDITURES						
	FY-03	FY-04	FY-05	FY-06		
	Expenses	Expenses	Expenses	Expenses	TOTAL	% of Total
Salaries & Wages	\$204,632	\$255,817	\$252,894	\$376,260	\$1,089,603	
Fringe Benefits	\$47,786	\$61,639	\$57,761	\$77,772	\$244,958	
Subtotal Personnel	\$252,418	\$317,456	\$310,655	\$454,032	\$1,334,562	71.22%
Consultant/Contracted Svc	\$38,161	\$19,241	\$17,702	\$50,006	\$125,110	6.68%
Honorarium	-	\$100	\$150	\$1,500	\$1,750	0.09%
Supplies	\$16,838	\$8,582	\$8,042	\$6,672	\$40,134	2.14%
Travel	\$12,427	\$7,953	\$14,646	\$32,590	\$67,616	3.61%
Meetings/Conferences	\$9,932	\$1,342	\$7,010	\$7,753	\$26,037	1.39%
Printing/Duplicating/Binding	\$7,246	\$1,885	\$136	\$1,110	\$10,377	0.55%
Photography	-	\$300	-	-	\$300	0.02%
Dues & Subs.	\$105	\$530	\$1,039	\$3,843	\$5,517	0.29%
Repairs & Maintenance	-	-	-	\$126	\$126	0.01%
Advertising	-	\$1,000	\$1,800	\$50	\$2,850	0.15%
Postage	\$402	\$942	\$810	\$967	\$3,121	0.17%

Table 1.6.b: Program Budget continued

Telecommunications	\$481	\$333	\$3,339	\$7,950	\$12,103	0.65%
Network Fees	-	-	\$3,851	\$4,126	\$7,977	0.43%
Books	815	\$140	\$352	912	2,219	0.12%
Leased Equipments	-	\$2,236	\$3,484	\$4,721	\$10,441	0.56%
Furn./Equip. Umbrella Acct.	\$9,042	\$3,502	\$1,585	\$1,122	\$15,251	0.81%
Stipends	\$6,480	\$19,080	\$3,360	\$15,000	\$43,920	2.34%
Tuition & Fees	\$19,020	\$19,971	\$19,780	\$1,916	\$60,687	3.24%
Other	\$25,137	\$35,512	\$23,809	\$19,318	\$103,776	5.54%
Total Direct Costs	\$398,506	\$440,105	\$421,550	\$613,714	\$1,873,875	100.00%
Net Revenue After Expenditures	0	(0)	-	-	0	
BUDGET*						
Source of Funds	2002-2003	2003-2004	2004-2005	2005-2006	TOTAL	% of Total
Total- MSM	\$ 126,010	\$126,010	\$111,068	\$391,965	\$755,053	45.19%
TOTAL Extramural	\$391,548	\$427,080	\$362,752	\$360,300	\$1,541,680	54.81%
Total Source of Funds	\$517,558	\$553,090	\$473,820	\$752,265	\$2,296,733	100.00%

*BUDGET: Amounts listed as budget reflect allocations from which MPH Program billed expenditures.

1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

N/A

1.6.d. A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.

The following chart reflects the faculty employed with the MPH Program.

Table 1.6.d: Core Faculty Employed by the Program

Name Title/Academic Rank	% Time	Graduate Degrees Earned	Teaching Area
Core Courses			
Rodney, Patricia <i>Director, Professor</i>	100	PhD MPH	Fundamentals of Public Health
Danso, Kwaku <i>Deputy Director, IH Track Coordinator, Associate Professor</i>	100	PhD MPA	Managing the Health Sector in Developing Countries
Stephens, Torrance <i>HEHP Track Coordinator/Associate Professor</i>	100	PhD	Research Methods Social Behavioral Aspects of Public Health
Davis, Sharon <i>HAP Track Coordinator/Associate Professor</i>	100	PhD	Health Policy and the Legislative Process
Al-Mahmoud, Ahmad <i>Research Assistant Professor</i>	10	PhD	Biostatistics
Caplan, Lee <i>Professor</i>	10	MD PhD	Introduction to Epidemiology Advanced Epidemiology
Hayes, Brenda <i>Research Assistant Professor</i>	10	DSW MPH	Grant and Proposal Development

Name Title/Academic Rank	% Time	Graduate Degrees Earned	Teaching Area
Courses taught by MPH Faculty			
Health Administration and Health Policy Track			
Waldrop, Reinetta <i>Instructor</i>	100	MSHS	Health Administration Management & Policy Financial Management for Health Care Administrators
Casares, Carolina <i>Assistant Professor</i>	10	MPH MD	Health Administration and Policy Track
Murrain, William <i>Assistant Professor</i>	15	JD	Public Health Law Healthcare Delivery in the United States
Health Education and Health Promotion Track			
Conerly, Rhonda <i>Assistant Professor</i>	10	PhD	Health Communications
Griffin, James <i>Assistant Professor</i>	50	PhD	Methods of Program Evaluation
Rasheed, Tina <i>Instructor</i>	100	MEd	Ethnicity, Class Politics and Disease
International Health Track			
Ma'at, Imani <i>Assistant Professor*</i>	100	EdD MCP	Research Methods Intercultural Communication and Health
Kondwani, Kofi <i>Assistant Professor</i>	100	MD	Complimentary and Alternative Medicine
Ndjakani, Yassa <i>Instructor</i>	50	MD MPH	Chronic & Re-emerging Diseases

*This table includes 2007 updates on core faculty since the 2005-2006 Interim Report.

1.6.e. A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years. These data must be presented in table format and include at least: a) headcount of primary faculty who support the teaching programs, b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the teaching programs (adjunct, part-time, secondary appointments, etc), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of core faculty plus other faculty, f) total FTE of core and other faculty, g) headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in 4.1.a. and 4.1.b.

This table reflects the head count of faculty and students, and the full-time equivalency of faculty and students, as well as faculty student ratios.

Table 1.6.e. Faculty, Students, and Student/Faculty Ratios by Department or Specialty Area

Table 1.6.e. Faculty, Students and Student/Faculty Ratios by Department or Specialty Area										
	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
Dept/Spec #1 HAP Track	2	2.0	3	.70	5	2.70	20	19.70	9.85	7.30
Dept/Spec #2 HEHP Track	3	3.0	3	.60	6	3.60	10	9.0	3.0	2.5
Dept/Spec #3 Int'l Track	4	4.0	3	.60	7	4.60	8	7.70	1.93	2.35
Other++	1	1.0	5	1.0	6	2.0	7	4.70	4.70	2.35

Other ++ = Faculty who teach only one of the eight Core Courses, Other++=Special Status Students

Faculty FTE Equation: # Full-time Faculty = $\frac{\text{Total part-time faculty \% effort}}{.50}$ (minimum % effort for full time)

Student FTE Equation: # Full-time Students = $\frac{\text{Total \# of part-time student hours}}{9}$ (minimum hours for full-time)

1.6.f. A concise statement or chart concerning the availability of other personnel (administration and staff).

The MSM/MPH Program employs administrative staff directed by Dr. Patricia Rodney, Program Director. Administrative personnel perform all administrative and program functions of the Program. These functions include tasks associated with day-to-day operations, grants and contracts, faculty and student assistance, and liaison with agency and community partners.

Table 1.6.f.: MPH Personnel

Employees	Position
Patricia Rodney, Ph.D., MPH	Director
Kwaku Danso, Ph.D., MPA	Deputy Director
Tina Rasheed, MEd	Director, Summer Fellows Program
Patt Newbill	Program Manager
Telisha Miller, MPH	Practicum Coordinator
Nicole George, MEd	Program Assistant II
Lori Mosley	Administrative Secretary

Full job descriptions are available on site.

1.6.g. A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.

Offices

The Program has six offices in the National Center for Primary Care (NCPC) building for senior administrative faculty and staff, plus four modular workstations for students. These are arranged as follows: the Director's Office with a reception area; a three office suite with a reception area, two additional offices and adjunct faculty work stations. Student work stations are available on the second floor of the NCPC building, room 227. The total consists of approximately 1,695 square feet of contiguous space.

Classroom and Meeting Space

MPH classes are held in the National Center for Primary Care and the Hugh Gloster building where large classrooms and several small conference rooms are available for the MPH program. Several educational computer labs are accessible to the MPH program for students, faculty, administration or staff. Room 107 in the Research Wing has 15 stations and a podium. Room 113 in the Research Wing has 12 stations and a podium. The computer laboratory in the National Center for Primary Care has 45 stations and a podium.

Campus and Common Areas

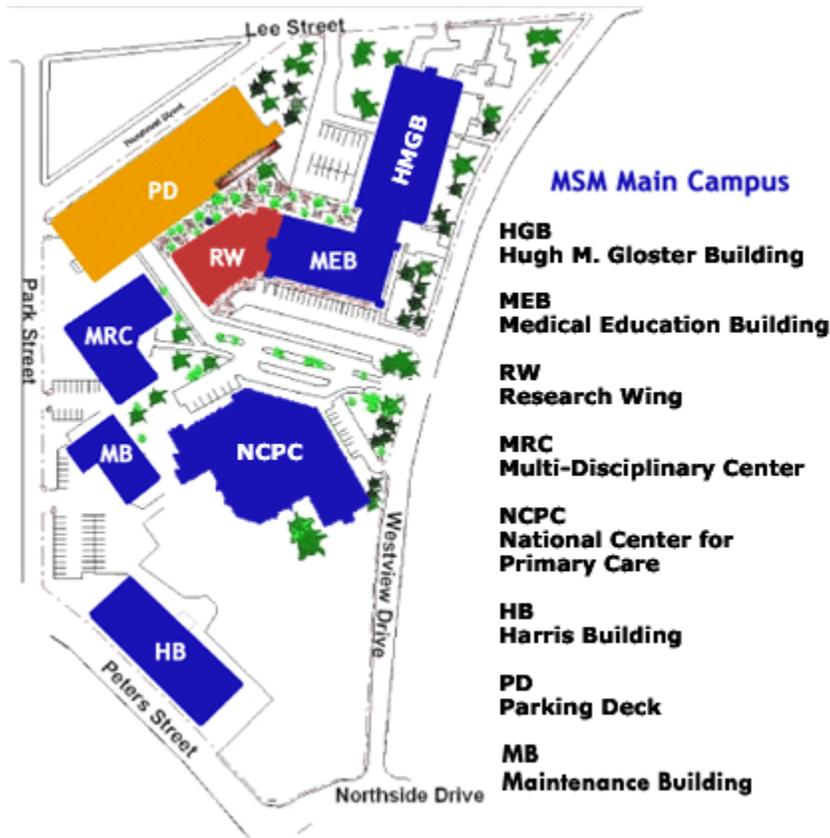
The MSM campus contains six buildings that provide approximately 335,000 gross square feet of classroom, laboratory and office space. Amenities include a 550-seat auditorium and a cafeteria in the National Center for Primary Care, and (in other buildings) a student lounge, student lockers, two modest vending/snack areas and an exercise center. Student mailboxes, telephones and the MPH reception area are located on the 3rd floor of the National Center for Primary Care in the MPH suite, which serves as a dedicated message center area for MPH students.

Study Space

Study space for MPH students was obtained in 2006 and is located in NCPC 227. This is complimented by a 24-hour study room on the second floor of the Medical Education Building (MEB). The new Career Development Office is located on the second floor of the National Center for Primary Care building, Room 229.

Other Space

Approximately 4,136 square feet is located in the PRC, housed in rented office space about five miles south of campus, where it can better facilitate community-based research. Students work as research assistants on projects and are often subsequently employed after graduation.



1.6.h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

Not Applicable. (The MPH Program does not use any laboratory space.)

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

The Division of Information Technology at MSM provides the institution with a team of computer professionals devoted to academic and administrative computing, research media support, educational support, audiovisual services, application training, and help desk support. Academic computing includes: Internet connectivity, remote access, web page development and maintenance, Blackboard learning management support and instructor training, email, server management, database design, development and management, and end-user training.

Every MPH faculty member has a desktop computer on his/her office desk with connection to the institutional network. Students (and faculty) have access to common-use computers in the Library and at student workstations.

Video-conferencing and video streaming capability is available throughout the campus. The MPH program can attend meetings with other participants via real-time interactivity in voice, video or data collaboration, or all three. A fee is associated with some services.

1.6.j. A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The Library is located on the first floor of the Medical Education Building on campus. Open 105 hours per week, the Library has areas for group and individual study. Along the walls are open study carrels, enclosed study carrels and in the main reading room there are eight public workstations with Internet and Intranet access.

The Library collection includes 80,064 print volumes and subscriptions to 487 print journal titles. There are approximately 25 print public health related journals and over 200 print public health monographs. Public Health students and faculty also have access to four electronic public health books and over 70 electronic public health journals. In addition to open stacks of books and journals, the Library subscribes to 202 electronic books and 4,378 electronic journals.

The Library uses Voyager by Endeavor as its online catalog of resources. Desktop access to Voyager is available anywhere there is Internet access. Materials available on the subjects of Public Health, Epidemiology, Community Health, and International Health are based on recommendations from the Brandon Hill List for Small Medical Libraries, Public Health Faculty and the Library collection development policy. All faculty, staff and students of the MSM with a current and bar-coded MSM Identification Card may borrow from and use the collection.

All electronic resources of the Library can be accessed via the Library Webpage www.msm.edu/library/ and the MSM Intranet. The following electronic resources are available: Information Services Staff conducts classes on how to utilize all of these resources. Interlibrary Loan is a function of Information Services that may be used when the Library does not have the item needed.

The Library/Research Information Technology Center (RITC) Electronic Computer Laboratory (E-Lab) has twenty workstations and is located within the library on the first floor. The Library/RITC E-Lab is specifically intended to strengthen the institution's research capabilities and provide faculty and students with improved access to and proficiency in the use of information technology in research. Available software loaded on the machines includes Adobe Acrobat Reader, EpiInfo, Internet Explorer, Microsoft Office Suite, (Access, Excel, PowerPoint, and Word), Reference Manager, and SPSS for statistical analysis.

Dr. Roland Welmaker, a MPH part-time faculty, is the Library's Archivist. He serves as the Liaison for the Program to ensure that the public health collection is enhanced and updated.

The Library has three 24-hour study areas on the second floor of the Medical Education Building. These rooms have study space for students for individual and group study. A copy machine is strategically located in this large area.

Science Direct is a resource for the Library which contains psychological and sociological subject collections with citations and abstracts. Students and Faculty may use the Library's Interlibrary Loan Service to obtain articles from these collections.

1.6.k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

The MPH Program has formal agreements with 22 community organizations, advocacy organizations, and service agencies. Community resources are listed in the form of guest lecturers, community based training, research (grant and other research collaborations), faculty, staff and student volunteer and professional service.

Table 1.6.k.: Community Resources & Formal Agreements

Organization/Agency	Resource	No. of Student Rotations/Projects	Memorandum of Agreement
Adventures in Health Education and Agricultural Development, Inc. (AHEAD), Tanzania	Instructional/Service	*	Yes
American Lung Association	Instructional/Service	2	Yes
American Red Cross	Instructional/Service	2	Yes
Association of Black Cardiologists	Instructional	1	Yes
CARE, USA	Instructional	*	Yes
Center for Black Women's Wellness, Inc.	Service	*	Yes
Centers for Disease Control & Prevention <i>Office of Smoking and Health. HIV Infection & Reproductive Health. Physical Activity and Nutrition Branch and Special Pathogens Brant.</i>	Instructional	5	Yes
Clayton County Board of Health	Instructional	*	Yes
Cobb County Board of Health	Instructional	*	Yes
DeKalb County Board of Health	Instructional/Service	2	Yes
Fulton County Dept. of Health & Wellness	Instructional/Service/Research	3	Yes
Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP)	Instructional/Service	1	Yes
Grady Health System (Teen Services)	Instructional	2	Yes
Ministry of Health, Ghana	Instructional	2	Yes
National Assoc. for Equal Opportunity in Higher Education (NAFEO)	Instructional	2	Yes
Oakhurst Medical Centers	Instructional	2	Yes
Prometra USA	Instructional/Service	1	Yes
Sisterlove, Inc.	Instructional/Service	6	Yes
Violence Prevention Coalition Project	Instructional/Service	*	Yes
Western Regional Health Authority-Montego Bay, Jamaica	Instructional	*	Yes
Zap Asthma, Inc.	Instructional	1	Yes
RCIP, Inc.	Instructional/Service/Research	1	Yes

	**		
Community Voices	Instructional/Service	2	Yes
MEDICC	Instructional/Service	*	Yes

*Student Projects and Placements in development phase. **Research grants Submitted.

Note: Additional community resources include group projects performed by students, lectures held in classes, faculty and students volunteering with community based organizations, Student Government Association services and partnerships and educational services provided by the MPH program (e.g., the Public Health Summer Fellows Program and Ben Carson Science Academy Program).

1.6.I. A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.

In-kind academic contributions are represented by agency personnel who supervise students on practicum assignments, faculty from other schools who sit on thesis committees, members of the Advisory Committee who serve without compensation, adjunct faculty who give lectures or seminars.

Table 1.6.I: In-Kind Academic Contributions

In kind category	Type of service	Estimated hours of service
Four (4) Adjunct faculty	Lectures and course instruction	40
Guest speakers (no faculty appointment)	Seminars, lectures	16
Public Health Leadership Seminars	Lectures	30
Career Development Workshops	Professional Work Ethics and dress for success.	20
Committee Members	Culminating Experience Committees	750
Agency & community organization staff	Supervise students on practicum assignments	1,500
Mentoring	Personal and/or Professional advisors	40
TOTAL		2,396

1.6.m. Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

The Interim Report, submitted August 2006 identifies a significant increase and commitment of institutional funds earmarked for the MPH Program.

The following table shows the adequacy of resources available to the MPH Program funding, research and community service.

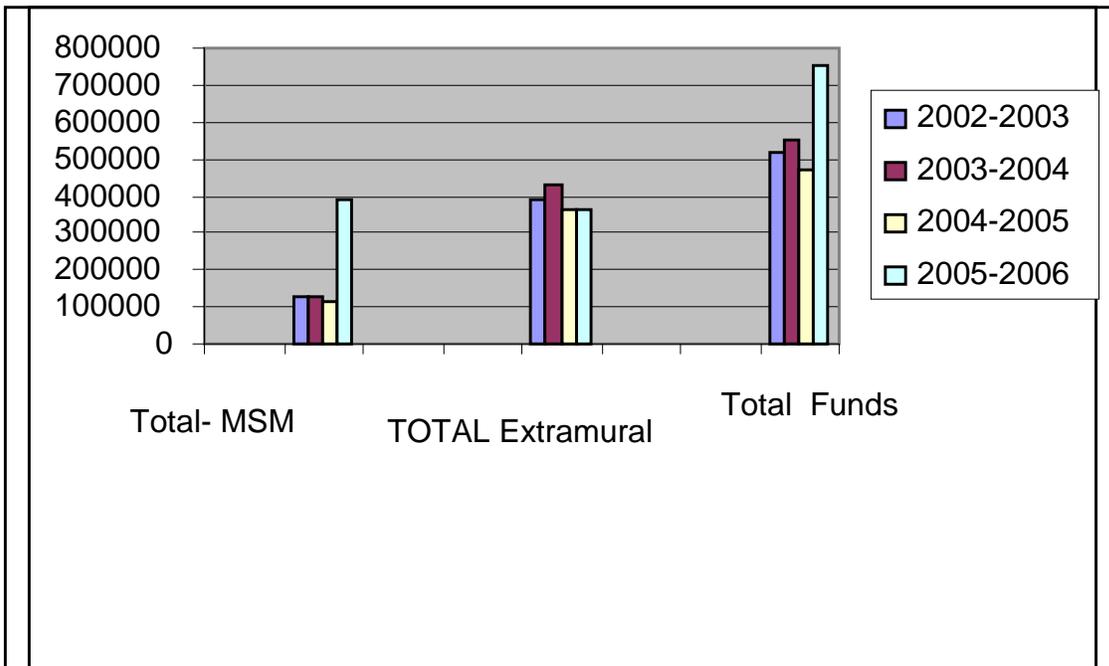
Table 1.6.m.(1): Resource Outcome Measures

Item	Outcome measure/benchmark	Actual
Student/faculty ratio	≤ 4:1 whether calculated by individuals or FTEs	Individuals: 1.73 FTEs: 3.2
Program expenditures per FTE student	At least equal to tuition (\$20,000/year)	\$25,278
Institutional expenditures per FTE student	At least = to 92% of tuition (accounts for 8% overhead) = \$18,400	\$16,495
Research dollars per FTE faculty	No specific benchmark for total faculty average	\$111,639 total \$ 28,240 annual
Research dollars per full-time faculty member	Should cover a % of salary equivalent to % of time spent on research.	6 of 9 full-time faculty meet benchmark set by department
Community agreements	Written agreements with those agencies requiring them	22 written agreements
Extramural funding (service, research, or training) as % of total budget	No specific benchmark	82%

Institutional expenditures per FTE student

The chart reflects the total institutional funds (Total MSM), total grant funds (Total Extramural) and the total funds during the period 2002 through 2006. The colors reflect the year. There is a consistent increase in funding.

Figure 1.6.m(2):: MPH Program Resource Support 2002-2006



1.6.n. Assessment of the extent to which this criterion is met.

The criterion is met.

Strengths:

- Resources in all categories are now adequate.
- Institutional funding has increased greatly over the past three years and actually doubled during the period 2004-05 and 2005-06.

Concerns:

- The program depends heavily on federal training grants which are not guaranteed into the future.
- An increase in student body size will require additional resources.
- The level of research funding among core faculty is low.

Recommendations:

- Work continuously with School administration to secure additional institutional support as the number of students enrolled in the program increases.
- Encourage and assist core faculty to develop a research program and secure external extramural research support.

2.0 Instructional Programs

2.1 MASTER OF PUBLIC HEALTH DEGREE

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 or an MPH with areas of specialization. The program, depending upon how it defines the unit of accreditation, may offer other degrees, professional and academic, 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 undergraduate, masters 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 and 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.

2.1.a. Instructional Matrix

Table 2.1.a. Instructional Matrix – Degree/Specialization

	Academic	Professional
Masters Degrees		
Degree Conferred:		
• Master of Public Health (MPH)		X
Specializations:		
• Health Administration and Policy		X
• Health Education & Health Promotion		X
• International Health		X
Joint Degrees/Dual Degrees		
Degrees Conferred:		
• MD - MPH		X
• MPH - MIAD		X

2.1.b. The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

Table 2.1.b. Description of Curriculum

Core Courses: 24 credit hours required	Semester Credit Hours
• Biostatistics	3.0
• Environmental Health	3.0
• Epidemiology	3.0
• Health Administration, Management & Policy	3.0
• Social & Behavioral Aspects of Public Health	3.0
• Research Methods	3.0
• Fundamentals of Public Health	3.0
• Grant & Proposal Development	3.0
Required Track Courses: 12 credit hours required	
Health Administration and Policy	
• Financial Management for Health Administrators	3.0
• Healthcare Delivery in the United States	3.0
• Health Policy & the Legislative Process	3.0
• Public Health Law	3.0
Health Education & Health Promotion	
• Community Health Promotion I	3.0
• Community Health Promotion II	3.0
• Methods of Program Evaluation	3.0
• Health Communications for Public Health	3.0
International Health	
• Inter-Cultural Communication & Health	3.0
• Chronic & Re-Emerging Diseases	3.0
• Women's Health & Development	3.0
• Managing the Health Sector in Developing Countries	3.0
Electives: 4 credit hours required	
• Intermediate Epidemiology Methods	2.0
• Food and Nutrition	2.0
• Complementary/Alternative Medicine	2.0
• Introduction to Spirituality and Health	2.0
• Reproductive Health: An Epidemiological Approach	2.0
• Ethnicity, Class, Politics & Disease	2.0
• Health and Human Rights	2.0
• Directed Study	1.0-2.0
Other Degree Requirements: 6 credit hours	
• Practicum Experience (480 hours)	3.0
• Culminating Experience	3.0
• Career/Personal Development Workshops	0.0
• Public Health Leadership Seminar	0.0
• Quantitative & Qualitative Labs	0.0
Total Number of Credit Hours	46

Course descriptions are available on site.

2.1.c. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- Strong curriculum review and evaluation process.
- The program ensures the training of competent professionals in the public health sciences and also has enhanced core offerings to include grant and proposal development to ensure a commitment to public health practice

Concerns:

- None

Recommendations:

- Combine Practicum and Culminating Experiences to ensure a comprehensive final project and deepen relationships with community partners.

2.2 PROGRAM LENGTH

2.2. An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.

The requirement for an MPH degree at Morehouse School of Medicine is 46 semester credit units.

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. A semester lasts 15-16 weeks.

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

The minimum number of 46 credit hours for the professional MPH degree is depicted in the degree requirements matrix below.

2.2.c Information about the number of MPH degrees awarded for less 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 for less than 42 semester hours.

2.2.d Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- The program has sufficient hours to fulfill the requirements of a professional master's degree.

Concerns:

- None

Recommendations:

- None

2.3 PUBLIC HEALTH CORE KNOWLEDGE

All professional degree students must demonstrate an understanding of the public health core knowledge.

2.3.a. Identification of the means by which the program assures that all professional degree students have a broad understanding of 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 Morehouse School of Medicine MPH Program is dedicated to ensuring that all MPH students have a strong public health knowledge base through a curriculum that includes:

- Core Courses
- Track Concentrations
- Practicum Experience
- Culminating Experience
- Public Health Leadership Seminars
- Career Development/Professional Workshops

All MPH students must complete eight required Core Courses which include:

- Biostatistics
- Grant and Proposal Development
- Introduction to Environmental Health
- Epidemiology
- Health Administration, Management and Policy
- Social and Behavioral Aspects of Public Health
- Fundamentals of Public Health
- Research Methods

The knowledge acquisition 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. The Student Academic Progress Committee meets to review student's mid-term performance and prescribes remedies where a student fails to achieve the passing grade (B). The committee evaluates and makes recommendations for each student in accordance with the guidelines set by SAPC. The committee considers interim and final grades during the entire matriculation process and reviews and approves recommendations submitted by course instructors.

Across each Track, students are required to complete four Track specific required courses. Students are required to attain a letter grade of B or higher in each core course and track course. 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.

Students complete a Culminating Experience (thesis or manuscript) which is evaluated based on the demonstration of their ability to critically examine selected public health issues. These requirements are supplemented by student's exposure to current issues in public health through

monthly Public Health Leadership Seminars. Students are required to attend five seminars per semester.

2.3.a. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- Integration of theory and practice throughout core courses.
- The three areas of specialization now have qualified and dedicated full-time faculty.
- All course courses except Environmental Health are taught by fulltime or part-time MPH faculty.

Concerns:

- Lack of justification to recruit faculty to teach environmental health course.

Recommendations:

- Encourage faculty to apply for environmental grants that will require the recruitment of appropriate faculty.

2.4 PRACTICAL SKILLS

All professional 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 the students' areas of specialization.

2.4.a. Description of the program's policies and procedures regarding practice placements, including selection of sites, methods of approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.

Practice Placement, Policies, and Procedures

The Practicum Experience is defined as a planned and supervised learning experience in health service agencies or health-related programs. The Practicum Experience plays an integral role in the MSM MPH Program and is required of all students regardless of prior experience or training. Each student is required to complete a total of three credit hours (480 hours) of Practicum Experience. The Practicum may be completed on either a full or part time basis (not less than 20 hours a week unless approved by the MPH Director). One of the most essential aspects of student placement in a health care setting is the guidance, direction and instruction provided by the MPH Practicum Coordinator and Agency Preceptor.

To receive maximum benefit from a fieldwork experience, it is important that a student have a strong foundation of core public health knowledge. Therefore, to be eligible to participate in a fieldwork experience, a student must have completed four of the eight core curriculum courses and two of the four required Track Courses. During Spring semester, students are required to complete a *Request for Practicum Placement form* (completed forms needed for pre-registration) which assists the Practicum Coordinator in identifying the appropriate field experience. Students intending to do a Practicum must pre-register for the fieldwork. Upon selection of a Practicum site, the Preceptor must complete the Site Profile, Practicum Proposal and Preceptor/Agency Agreement forms. A Practicum Experience is approved when all contractual agreements are signed by the Preceptors, Practicum Coordinator, Track Coordinator and student. The student is required to complete a summary/report of the Practicum Experience and submit it to the Practicum Coordinator. The Preceptor will submit a final letter grade on her/his assessment of the student's performance. Students are also expected to present their Practicum Experience at the Fall Semester Public Health Leadership Seminar. This provides students with the opportunity to present to faculty and other students, improve presentation skills and expose new students to the variety of practicum opportunities available.

Selection of sites

Selection of placement sites are arranged in consultation with the Track Coordinator and Practicum Coordinator who explore the student's area of specialization and specific interests, location and financial factors and work to match the student with an appropriate opportunity. The agency/organization completes a Site Profile and works with the student to develop a Practicum Proposal. Sites with formal agreements are preferred for placements.

Methods of approving preceptors

Agencies/organizations that agree to be field placement sites identify a Preceptor to serve as the primary contact between the program and the organization. Preceptors complete a Preceptor Application Form which provides information to assess the suitability of the Preceptor and the site for the field experience. The Track Coordinator and the Practicum Coordinator evaluate the Preceptor and the potential project relevance. The Preceptor must agree to commit to the responsibilities listed in the Practicum Experience guidelines.

The Practicum guidelines outline the qualifications required to be a site preceptor. In order to register for the Practicum Experience students are required to complete a minimum of 12 hours of the core curriculum and 6 hours of the track specific curriculum.

Approaches for faculty supervision of students

The Track Coordinator ensures that each student's work/research is focused within his/her track and meets the MPH Program requirements for the Practicum Experience. The Practicum Coordinator monitors students' progress throughout the Practicum and works with the Track Coordinator to provide guidance and supervision. The Track Coordinator is also responsible for reviewing all learning objectives and Practicum documentation prior to approval.

Means of evaluating practice placement sites

The Practicum sites are evaluated by the student and Practicum Coordinator based on the following components: student access to agency resources, accomplishment of learning objectives established by the student and preceptor and student recommendation of appropriateness of the agency/organization as a future placement site.

Preceptor qualifications and evaluation

Preceptors are expected to have the knowledge and expertise in their field of practice including appropriate professional degrees. Preceptors are also expected to have interest in and time for guiding and teaching, ensuring the students involvement in practice. The Preceptor is evaluated by the student based on the following components: accessibility of the Preceptor, opportunity for supervisory discussion and mentorship, level of guidance and supervision and explanation of project duties and responsibilities.

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: Agencies and preceptors used for formal practice placement for students, over the last three years.

Table 2.4.b.: Practicum Placements

Name	Track	Practicum Agency	Preceptor	Practicum Year
Adeniyi, Kafayat	HEHP	CDC, HIV Infection & reproductive health	Consuelo M. Beck- Sague, MD, MPH	2003
Albert, Oluwasegun	IH	Dekalb Board of Health	Alawode Oladele, MD, MPH	2005-2006
Ali, Zarinah	HEHP	CDC, HIV Infection & Reproductive Health	Consuelo M. Beck- Sague, MD, MPH	2003
Boland, Lynette Jackson	HEHP	Rockdale Hospital	James David Huber, MD	2003
Carter, Quantrilla	HEHP	Fulton County Dept. of Health and Wellness	Arlene Murrell, MS, RD, LD, CLE	2005-2006
Cohen, Lawrence	HAP	Georgia Dept. of Human Resources- Public Health Division	Susan Lance, DVM, PhD	2004
Coleman, Darylema	HEHP	CDC –Office of Smoking and Health	Gabrielle Starr (Team Leader) Latisha Marshall (Public Health Analyst)	2004-2005
Cutts, Tiffany	HAP	Hughes Spalding Children’s Hospital	Carla Parris, MHA	2005
Day, Zenobia	IH	SisterLove, Inc., Community Based Organization	Seseni A. Nu, MA, MPH	2003
Dunlap, Alton	HAP	SUNY Downstate Medical Center	Torrance Akinsanya, MPA	2004
Elmore, Lori	HEHP	CDC-Division of Nutrition and Physical Activity	Annie Carr, Public Health Nutritionist	2003-2004
Grant, Valerie	HAP	Georgia Department of Human Resources- Division of Public Health Agency for Toxic Substances and Disease Registry (ATSDR)	Susan Lance, DVM, PhD Jerome Cater, PhD	2006
Hamm, Marissa	HAP	Morehouse School of Medicine/ CHPM/SERD	Rakale Collins, Ph.D.	2004
Harmond, Lokie	HEHP	Atlanta Alliance on Developmental Disabilities	Crystal Russell, CHES, MPH	2005
Harris, Kanika	IH	Sisters and Daughters of Sheeba International	Larry Gant, DSW	2004
Hughes, Angelicia	HEHP	CDC Special Pathogens Branch	Abbigail Tumpey, Chief, Health Education Unit	2003-2004
Jackson, Ateesha	HAP	Grady Memorial Hospital- Grady Health System	Tish Towns, Vice President, Government Relations	2005

Name	Track	Practicum Agency	Preceptor	Practicum Year
Kamara, Feremusu	IH	Dekalb County Board of Health	Alawode Oladele, MD, MPH	2004
Marshall, Candace	HEHP	Women's Policy Education Fund	Jeana Brown, Project Director	2003
Morgan, Mae	HAP	Fulton County Dept. of Health and Wellness	Eric Benning, MD, MPH	2005
Muhammad, Hannifah	IH	SisterLove, Inc.	Yashica Willis, Deputy Chief Operating Officer	2003
Ngalame, Paulyne	IH	Georgia Division of Public Health, Family Health Branch	Rhonda Page, MA Evaluation Analyst	2003-2004
Norris, Keri	HAP	University of Michigan School of Public Health	Amy Schulz, Ph.D.	2003
		Consolidated OB/GYN Specialty Group, LLC	Sarah Holmes, CMM, CHCO	2003
Ogbuawa, Ngozi	IH	Erasmus Medical Center	Irina Stirbu, MD, DrPh, Researcher	2005
Richards, Judy-Hemans	IH	DeKalb Board of Health	Alawode Oladele, MD, MPH	2002
Short, Kimberlee	HAP	Morehouse School of Medicine Dept. of Community and Preventive Medicine	Elaine Booker, EdD	2004
Toliver, Maimouna (Bridge to the Doctorate Fellow)	IH	The Univ. of Michigan School of Public Health, Center for Research on Ethnicity, Culture and Health	Larry Gant, DSW	2005
Vanapalli, Hima	IH	RAKSHA, Inc.	Rita Patel, LMSW	2003
White, Nicole	IH	NIH National Institute on Drug Abuse	Paul Schnur, PhD	2005
Williams, Julie (Bridge to the Doctorate Fellow)	IH	The Univ. of Michigan School of Public Health Center for Research on Ethnicity, Culture and Health	Amy Schultz, PhD	2004
Wright, Richelle (Bridge to the Doctorate Fellow)	HAP	The Univ. of Michigan School of Public Health Center for Research on Ethnicity, Culture and Health	Cleopatra Coldwell, PhD	2003

2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

There are no waivers for the Practicum experience. All MPH students are required to complete the 480 hour Practicum including Residents.

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

The Public Health/General Preventive Medicine residency program at Morehouse School of Medicine was established in 1986 through collaboration with the Georgia Division of Public Health. It is a two-year 46 credit hour program that is fully accredited by the Accreditation Council on Graduate Medical Education. The program offers the academic and practicum requirements for training in the field of preventive medicine. Academic requirements are satisfied through matriculation at the Morehouse School of Medicine Master of Public Health Program. Residents complete the practicum requirements through fieldwork at the Georgia Department of Human Resources-Division of Public Health and other local health departments and agencies.

Its mission is to train qualified physicians to promote healthy behavior and prevent disease, injury and premature death. The program teaches residents to understand the health risks associated with social, cultural, and behavioral factors; identify and address health needs in individuals and populations; understand and address the impact of health disparities among racial and ethnic groups; and recognize and eliminate behaviors that lead to injury and death.

Our specific goal is to train minority physicians to assume leadership positions in public health administration, public policy, academia, research and the private sector. This residency offers wide and diverse experiences designed to satisfy board requirements for the American Board of Preventive Medicine. Graduates who complete this program are eligible for membership in the American College of Preventive Medicine. This program has also been fully accredited by the Accreditation Council on Graduate Medical Education since its inception in 1986.

Our graduates obtain careers in their specialty at local, state, and federal health agencies, academia, managed care organizations, and the private sector. The training program is two years for those without the Master of Public Health degree and one year for those with the degree. Residents who enter the program without the MPH degree will complete coursework towards the completion of the MPH degree at this institution.

Practicum Training

Preventive medicine is a distinct medical specialty with the focus of promoting health and preventing diseases in populations. Residents complete eight rotations of six weeks in length. The rotations are designed around the core areas of public health and include three electives: **WHAT ARE THEY?**

Required Rotations:

Epidemiology/Biostatistics

Clinical Preventive

Occupational & Environmental

Health Management & Policy

Social/Cultural/Behavioral Aspects of

Additional Educational Requirements:

District Health Office Rotation: A field assignment in a District Health Office designed to give the resident practical exposure to the daily activities and responsibilities of a health officer.

Major Area of Concentration: An elective designed to give the resident additional experience in their chosen track

Special Studies: A rotation designed to give the resident additional experience in their area of research

Additionally, residents participate in a weekly didactic session that covers various topics in public health and preventive medicine. This is also the time that all of the participants in the program are scheduled to be together. Residents also provide weekday medical coverage for a shelter for homeless women and children.

During the first year of the residency (PGY2) residents enroll in the MPH Program. A large portion of this year is spent in the classroom meeting the academic requirements of the MPH degree. Below is an example of a typical course of study.

Year One	Year Two
Summer - PMR Rotation 1	MPH Fall Session (9 Credit hours: 6 Track required courses credit hours plus 3 Pracicum credit hours)
Fall- MPH Core Coursework (15 credit hours)	Rotation 5, 6
Winter Break	Winter Break
Spring Semester – MPH Coursework (15 credit hours: 9 core courses credit hours plus 6 Track required courses credit hours)	Spring Semester- MPH Coursework (7 Credit hours: 4 credit hours of MPH electives plus 3 credit hours of Culminating Experience)
Summer- PMR Rotations 2, 3, 4	Rotation 7,8

The program provides all tuition and fees for the MPH degree through Title VII funding.

Table 2.4.d: Preventive Medicine Residents Completing Academic Program

2004-2005	2005-2006	2006-2007
Dr. Feremusu Kamara	Dr. Mae Morgan	Dr. Arlene Emmons
Dr. Laurence Cohen	Dr. Valerie Grant	Dr. Christina Dorrell

*Refer to Practicum Experience Table 2.4.b for rotations used to fulfill Practicum requirement. Rotations are selected based on the area of specialization.

4.e. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- All MPH students are required to complete a 480 hour Practicum regardless of prior experience or training. Site qualifications are carefully assessed and students and Preceptors are well matched.
- The Practicum is considered an essential component of our community-oriented MPH Program.
- Revised the Practicum process in 2006 to clearly identify the roles of agency, Track Coordinator, Practicum Coordinator and student.

Concerns:

- None

Recommendations:

- Promote greater utilization of Practicum projects as the basis for the Culminating Experience.

2.5 CULMINATING EXPERIENCE

All 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 degree program. If this is common across the program's professional degree programs, 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 Culminating Experience in the MPH Program 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 practice. Prerequisites for the Culminating Experience include: completion of core courses, required Track courses, Practicum Experience and approval by the Track Coordinator. There are two options through which a student can complete the Culminating Experience: a thesis or manuscript submitted to a public health journal.

The Culminating Experience is supervised by a Culminating Experience Committee of three members, comprising at least one Faculty member (who usually chairs the Committee), 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, values and skills needed for public health practice. It is the responsibility of the Culminating Experience Committee to monitor and assess that students possess the necessary public health competencies as stated in the "Culminating Experience Guidelines Book" (revised in February 2007). Track Coordinators play an integral role in advising the student during the Culminating Experience process and often serve as committee chairs.

The Research Methods course outlines the process for completing the Culminating Experience and covers topics such as IRB submission, manuscript/thesis preparation and thesis timelines. The course also requires that students complete HIPPA and CITI training.

Prior to graduation each student must orally present their Culminating Experience research project in a public forum and submit the approved written project at the conclusion of the semester for binding. Culminating Experience documents are available on site.

2.5.b. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- The Culminating Experience is an assessment of the students' ability to produce original research (Thesis or Manuscript).
- The Program offers an academic writing workshop for all students. The Consultant is also available to assist students with individual writing needs.

Concerns:

- Some students have difficulty in meeting the deadlines.

Recommendations:

- Encourage students to gain quantitative experience during the Practicum Experience.
- The Program needs to invest in software that would assist faculty/committee members in ensuring authenticity of research product.

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 educational programs.

2.6.a. Identification of the core public health competencies that all MPH or equivalent professional masters' degree students are expected to achieve through their courses of study.

The Morehouse School of Medicine MPH Program is dedicated to ensuring that all MPH students have a strong public health knowledge-base through a curriculum that includes

- Core Courses
- Track Concentrations
- Practicum Experience
- Culminating Experience
- Public Health Leadership Seminars

All MPH students must complete the following eight required Core Courses.

- Biostatistics
- Epidemiology
- Fundamentals of Public Health
- Grant and Proposal Development
- Health Administration, Management and Policy
- Introduction to Environmental Health
- Research Methods
- Social and Behavioral Aspects of Public Health

After completing all these courses students are expected to acquire a set of core competencies in the following domains.

#1 Analytic Assessment Skills

#2 Policy Development/Program Planning Skills

#3 Communication Skills

#4 Cultural Competency Skills

#5 Community Dimensions of Public Health Practice Skills

#6 Basic Public Health Sciences Skills

#7 Financial Planning and Management Skills

#8 Leadership and System Thinking Skills

2.6.b. A matrix that identifies the learning experiences by which the core public health competencies are met. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Matrix available on site.

2.6.c. Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

1. Health Administration and Policy (HAP) Track

Competencies: Upon graduation a student earning an MPH degree with a concentration in Health Administration and Policy should be able to:

1. Demonstrate an understanding of the organization of public health systems and service delivery models, and the specific challenges encountered in strategic planning, marketing of services and programs, and providing services to underserved and diverse populations.
2. Assess public health systems and conduct evidence-based research built on the concepts of economic analysis, cost benefit / cost effectiveness analysis, financial risk analysis, and financial management and budgeting to guide decision-making and management strategies.
3. Demonstrate an understanding of the principles and relationships between health system administration, health service delivery, program management and evaluation, organizational performance and quality, financial management, policy formulation, public health law interpretation and application, and community based initiatives and collaborations.
4. Utilize information technology to evaluate public health policy and management issues, and to support problem solving, data analysis, and decision making at appropriate levels of management.
5. Demonstrate an understanding of public health law, and the policymaking process as the legal and ethical basis for policy development, including policy formulation, public health law interpretation and application, and assessment of public health issues and concerns that require legislative intervention at all levels of government.
6. Demonstrate leadership skills for building partnerships with public health agencies, community programs, academic institutions, and health and human service administration practitioners.

2. Health Education and Health Promotion (HE/HP) Track

Competencies: Upon graduation a student earning an MPH degree with a concentration in Health Education and Health Promotion should be able to:

1. Describe the role of social and community factors in both the onset and solution of public health problems.
2. Recognize the causes of social and behavioral factors that affect the health of individuals and populations.
3. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
4. Apply ethical principles to public health program planning, implementation and evaluation.
5. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.

6. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.
7. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.

3. International Health (IH) Track

Competencies: Upon graduation a student earning an MPH degree with a concentration in International Health should be able to:

1. Demonstrate sensitivity to varied cultural, ethnic and socioeconomic backgrounds of individuals and groups, including: education, health literacy, race, gender, age, profession, political preferences, health conditions, religion/spirituality, place of origin, sexual orientation and lifestyle.
2. Describe the basic concepts of occurrence, interrelation between epidemics, and the prevention and control of communicable diseases.
3. Demonstrate an understanding of the historical and contemporary developments in women's health.
4. Apply methodological concepts to actual data sets to solve problems.
5. Apply strategies for assessment, surveillance and intervention for nutritional problems.
6. Build ownership, cost effectiveness and accountability into management of local health programs.
7. Develop and submit fundable grant proposals.

2.6.d. A description of the manner in which competencies are developed, used and made available to students.

Program Director, Track Coordinators, faculty, students and alumni continually monitor current trends in the field of Public Health, and where and when necessary, engage consultants to assist in curriculum revision to meet changing needs of the field. Under the direction of Track Coordinators, faculty, students, alumni and student representatives identify the specific competencies linked directly to both the Track and mission of the MPH program. All modifications are included in updated syllabi and matrices that are made available to all students. Students and faculty assess the attainment of these competencies at the end of every course.

Under the guidance of a consultant, the Program held a retreat in Spring 2006 for Track Coordinators, faculty, alumni, and students to review all syllabi and course objectives, and develop course competencies. The training session used the models of the Council on Linkages Between Academia and Public Health Practice: Core Competencies for Public Health Professionals, April 2001; the ASPH Education Committee's Masters Degree in Public Health Core Competency Project, version 2,3 October 2004- August 2006; the Core Competencies for Public Health Professionals, April 2001, and Core Competencies and Learning Objectives, CEPH, February 2006.

After the training session, Track Coordinators, Faculty, students and alumni were grouped into Committees and charged to (i) review all syllabi and (ii) develop course competencies linked directly to both Track and Program missions. The revisions and competencies were incorporated into syllabi and matrices, distributed (and also placed on Blackboard) for review by faculty and students, and used in assessing the attainment of the competencies at the end of the Spring 2007 semester. Each competency is rated based on the level of proficiency gained in the course. The scale used is described below:

1. **Aware-** Able to understand or apply the concepts presented.
2. **Knowledgeable-** Able to understand the concepts but unsure of their application in a practical setting.
3. **Proficient-** Able to understand the concepts and can appropriately apply them in a practical setting.

2.6.e. A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

The Program continuously consults with leaders and employers in the field of public health seeking their assessment of graduate performance to identify strengths and deficiencies existing in the curriculum. The Program seeks updates in the development of competencies from accrediting agencies and organizations that oversee programs in Public Health. Feedback from employers and current information on competencies are used to revise and implement necessary curriculum changes. Changes to the curriculum are reviewed and approved by the MPH Program Curriculum Committee.

2.6.f. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- The Program utilizes the competencies developed by the Council on Linkages for Public Health.
- All courses reflect the integration of core Public Health competencies.
- The Program has a mechanism for standardization of syllabi within and across tracks.

Concerns:

- None

Recommendations:

- Encourage more students to present papers and posters at professional association conferences and submit papers for publication in scholarly journals.
- Offer a training workshop for Culminating Experience Committee members to assist them in guiding students through the process.

2.7 ASSESSMENT PROCEDURES

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

PROCEDURE A: Students complete eight core courses, four required Track courses, two electives, a Practicum and Culminating Experience and five public health leadership seminars per semester.

PROCEDURE B: Student knowledge acquisition and achievement of the expected course competencies are monitored and evaluated through a combination of written class assignments, case analyses, oral presentations, examinations, and/or term papers. Students must maintain a grade of B or higher in all core and required track courses.

PROCEDURE C: At the end of every course, the students rate their attainment of the competencies using the following scale:

- (1) Aware- Basic level of mastery of the competency. Individuals may be able to identify the concept or skill but have limited ability to perform the skill.
- (2) Knowledgeable-Intermediate level of mastery of the competency. Individuals are able to apply and describe the skill.
- (3) Proficient-Advanced level of mastery of the competency. Individuals are able to synthesize, critique or teach the skill.

The competency skills for each course offered are identified in a matrix made available to all students. Each faculty reviews these competency skills with his/her students at the beginning of each class. Discrepancies between faculty expectations and student attainment of competencies are adjudicated by the Curriculum Committee.

PROCEDURE D: Students are required to integrate and apply skills obtained in their required coursework through participation in a supervised Practicum of no less than 480 hours. The Practicum is considered a course and requires a grade. Students complete a written self assessment of their performance in the Practicum and a written assessment evaluating their Practicum experience. Documentation of minimum competency levels among prospective MPH graduates consists of a written preceptor evaluation and recommendation on the completion of the Practicum Experience.

PROCEDURE E: After completion of the required core courses, required track courses and the Practicum Experience, students must also complete a Culminating Experience. The Culminating Experience consists of the preparation of a publishable manuscript for submission to an identified journal or the completion of a thesis. The student selects a committee to oversee and evaluate his/her Culminating Experience. The final product must be submitted to the Track Coordinator for approval. The student's Culminating Experience Committee assigns the final grade for the Culminating Experience. The Program Director reviews each manuscript or thesis and grants final approval if deemed acceptable. Each student presents a summary of his/her Culminating

Experience project at a symposium at the end of each academic year. This symposium is attended by MPH program faculty, staff and students, the Chairman of CHPM, members of the administrative and academic staff and invited guests.

2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each degree program, and presentation of data assessing the program’s performance against those measures for each of the last three years.

Outcomes that serve as measures by which the program evaluates student achievement in the MPH program include:

(i) Attainment of grade B or higher in the core basic public health science courses by 85% of the students as depicted in Table 2.7.b.(1)

(ii) Ability of 80% of the students to complete the degree requirements within two years of full-time matriculation as depicted in Table 2.7.b.(2).

(iii) 85% job placement of graduates within 12 months of graduation as depicted in Table 2.7.b.(3).

Table 2.7.b.(1): Distribution of grade B or higher in core courses past 3 years. Target: at least 85%

Core Course	Total Students	Grades	Percentage
Biostatistics			
• Fall 2004	8	7	88%
• Fall 2005	19	18	95%
• Fall 2006	19	18	95%
Environmental Health			
• Spring 2004	12	12	100%
• Spring 2005	14	14	100%
• Spring 2006	19	14	74%
Epidemiology			
• Spring 2004	8	7	88%
• Spring 2005	14	14	100%
• Spring 2006	19	14	74%
Health Administration & Policy			
• Fall 2004	10	10	100%
• Fall 2005	16	9	56%
• Fall 2006	18	18	100%
Social & Behavioral Aspects of Public Health			
• Fall 2004	4	4	100%
• Fall 2005	17	17	100%
• Fall 2006	19	19	100%
MEAN			91.4%

Table 2.7.b.(1) shows over 91% of students enrolled in the basic public health sciences courses earned a grade of B or higher. This data provides evidence that supports the accomplishment of the instructional goals of the Program. All degree seeking students obtaining a B- are allowed to remediate and students earning less than B- must repeat the course (guidelines established by the Student Academic Progress Committee).

Table 2.7.b.(2): Degree completion rates of students from 2004-2006 by specialization.
 Target: 80% of full-time students complete their degrees within two years of matriculation.

Year	Degree completion anticipation within two years of matriculation	Degree completion actual within two years of matriculation	Percentage completion in two years
Health Administration & Policy			
2004	4	4	100%
2005	3	3	100%
2006	6	5	83%
Health Education/Health Promotion			
2004	4	4	100%
2005	1	1	100%
2006	4	2	50%
International Health			
2004	4	4	100%
2005	4	4	100%
2006	5	4	80%
Total	35	31	90%

Table 2.7.b.(2) shows the actual versus anticipated rates of graduation by specialization area. Decreases in 2006 were attributed to 1 HAP student missed graduation due to delayed IRB approval. One of the HEHP students missed graduation for personal reasons and the other due to part-time status. One IHT student also missed graduation for personal reasons.

Table 2.7.b.(3): Placement Rates: Employment in public health or enrollment in doctoral degree program within 12 months of graduation. Target: 95%

Year	Number of graduates	Employment or doctoral degree program within 12 months following graduation	Percentage of Placements
Health Administration & Policy			
2004	4	4	100%
2005	3	3	100%
2006	5	5	80%
Health Education/Health Promotion			
2004	4	4	100%
2005	1	1	100%
2006	2	2	100%
International Health			
2004	4	4	100%
2005	4	4	100%
2006	4	4	100%
Total	31	31	98%

Table indicates that the Program has no unemployed graduates. The breakdown of the destination of graduates by Track for the last three years is depicted in Table 2.7.d.

2.7.c. If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

Degree completion and job placement experience are among the criteria used by the Program (see 2.7.b.) Over 90% of students complete their degrees on schedule and over 90% of graduates have employment within 4 months.

2.7.d. A table showing the destination of graduates for each of the last three years. The table must include at least the number and percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed.

Tables 2.7.d.1-3: Destination of Graduates by Department or Specialty Area for Each of the Last 3 years

Table 2.7.d.1: Destination of Graduates by Specialization: Health Education/Health Promotion																			
	Government		Nonprofit		Health Care		Private Practice		University/Research		Proprietary		Further Education		Non-Health Related		Not Employed		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
2004	4	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2005	1	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2006	0	0	0	0	0	0	1	50	0	0	0	0	0	0	1	50	0	0	0

Table 2.7.d.2: Destination of Graduates by Specialization: Health Administration & Policy																			
	Government		Nonprofit		Health Care		Private Practice		University/Research		Proprietary		Further Education		Non-Health Related		Not Employed		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
2004	1	25	0	0	1	25	0	0	2	50	0	0	0	0	0	0	0	0	0
2005	3	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2006	0	0	0	0	2	40	0	0	1	20	0	0	2	40	0	0	0	0	0

Table 2.7.d.3: Destination of Graduates by Specialization: International Health																			
	Government		Nonprofit		Health Care		Private Practice		University/Research		Proprietary		Further Education		Non-Health Related		Not Employed		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
2004	0	0	1	25	0	0	0	0	0	0	0	0	2	50	1	25	0	0	0
2005	1	25	0	0	1	25	0	0	1	25	0	0	1	25	0	0	0	0	0
2006	1	25	2	50	0	0	0	0	1	25	0	0	0	0	0	0	0	0	0

2.7.e. In public health fields where there is certification of professional competence, data on the performance of the program’s graduates on these national examinations for each of the last three years.

Not applicable.

2.7.f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the program’s graduates to effectively perform the competencies in a practice setting.

The graduate employer survey was developed in November of 2006. During the development process Alumni were asked to submit their employers/supervisors contact information. Information was received for 12 employers and 10 responses were received. There were also some technical difficulties experienced with the survey. As a result of the low response rate and the technical difficulties an online survey management tool(surveymonkey.com) was utilized to update the survey and make it more user friendly. Since the initial solicitation we have received 22 additional employer contacts. We are currently receiving responses (The survey tool and analysis will be available on site). The data below represent the responses received from the first distribution of the survey.

Employers are asked questions such as Compared to other employees, what is your overall evaluation of the educational preparation of employee(s) who graduated from MSM/MPH Program? Choices are made based on the following categories, Much better preparation, Somewhat better preparation, Equal preparation, Somewhat poorer preparation, Much poorer preparation and Not applicable. Please evaluate our graduate on the following skills which were based on our program objectives: Oral communication, written communication, Public speaking, Presentation and Professionalism.

Rating Scale					
Excellent- 5	Above Average- 4	Average- 3	Below Average- 2	Poor- 1	Not Observed N/A

Table 2.7.f Employer Survey Results

Application of PH competences	Leadership skills	Teamwork	Problem Solving
4.3	4.5	4.7	4.3

Written Communication	Oral communication	Public Speaking	Professionalism
4.2	4.3	4.0	4.6

The results in table 2.7.f. are from the first attempt to collect data for this criterion. The employers were asked to evaluate our graduate on her/his ability to achieve the above areas which were based on our program goals. The numbers represent the average responses for each category. This is only a small representative sample of the alumni body.

*Copy of survey instrument is available on site.

2.7.g. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- Program has no unemployed graduates to date.
- Graduates are performing above average.
- Majority of graduates are employed or continuing their education in public health.

Concerns:

- None

Recommendations:

- Strengthen communication between Program and alumni/employers to enhance networking and assessment of job performance.
- Ensure a wider distribution of the survey instrument and encourage its return.

2.8 ACADEMIC DEGREES

If the program also offers curricula for 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.

2.8.a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

Program offers no academic degrees.

2.8.b. Identification of the means by which the program assures that students in research curricula acquire a public health orientation. 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.

Not applicable

2.8.c. Identification of the culminating experience required for each degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not applicable

2.8.d. Assessment of the extent to which this criterion is met.

Not applicable

2.9 DOCTORAL DEGREES

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

Program does not offer Doctoral degrees

2.9.a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

Not applicable

2.9.b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

Not applicable

2.9.c. Assessment of the extent to which this criterion is met.

Not applicable

2.10 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.

2.10.a. Identification of joint degree programs offered by the program and a description of the requirements for each.

Master of Public Health Program/ Master of International Affairs and Development

Clark Atlanta University and the Morehouse School of Medicine began offering a dual masters degree program in Public Health and International Affairs and Development in 1999. This program was administered by the Department of International Affairs and Development at Clark Atlanta University (CAU) and by the International Health Track in the Master of Public Health Program at Morehouse School of Medicine. A student completing this program receives two degrees: an MIAD degree from CAU and a MPH from MSM. Admission to the dual degree program was discontinued in 2004 when CAU closed its Department of International Affairs and Development. One student is completing the MPH/MIAD degree and is expected to graduate in May 2007.

MPH-MIAD program objectives:

1. To provide a basic knowledge of international and economic affairs and core requirements in the field of Public Health
2. Ensure that students develop specific knowledge of the practice of Public Health, regional area and relevant language proficiency, basic epidemiology, and statistical methods, as well as exposure to tropical medicine

Upon graduation students with the MPH-MIAD degrees will be able to:

1. Relate the importance of preventative medicine and the role of culture and belief systems on wellness
2. Gain more humanistic perspective on such global priorities as environmental protection, improved maternal and child health and unrestrained population growth
3. Recognize the political and economic factors that influence international health policies
4. Commit to provide health care to the underserved and to the provision of adequate primary health care to people of the world as a human right.

Dual Degree requirements:

To complete the Dual Degree, students are required to satisfactorily complete 76 semester credits. This includes 24 credit hours for the MPH core curriculum and 12 credit hours for the International Track required courses plus 4 credit hours of electives.

Additionally, the student must complete 24 credit hours of MIAD core courses plus 12 credit hours for the MIAD field of concentration.

Students must also complete a Practicum (3 credit hours) and a Culminating Experience (3 credit hours in the MPH and 6 credit hours in the MIAD) to satisfy degree requirements for both the MPH and MIAD. These 9 credit hours satisfy the requirements for the thesis and internship in the MIAD program.

Students who take Research Methods in the MIAD program are also allowed to transfer the 3 credit hours to the MPH degree requirements.

The Practicum is an internship (one twelve week or two six week periods) that must be evaluated by both the agency at which the student interns and the academic institutions. It is recommended that students fulfill this requirement in the summer of the first or second year of their enrollment in the dual degree program. For the requirements of the dual degree program the Culminating Experience must consist of a major research paper or thesis. In addition, students must satisfy the MIAD requirement that they demonstrate competency in a major world language (other than English) and the MPH requirement that they attend five seminars (no credit MPH 800 course) during their period of graduate study.

Master of Public Health Program (MPH)

Total Credit Hours=46

Core Courses: MPH =24 credits

2.1.b.(1): Description of Curriculum

Core Courses	Semester Credit Hours
• Biostatistics	3.0
• Environmental Health	3.0
• Epidemiology	3.0
• Grant and Proposal Development	3.0
• Health Administration, Management & Policy	3.0
• Social & Behavioral Aspects of Public Health	3.0
• Fundamentals of Public Health	3.0
• Research Methods	3.0
Required Track Courses	
International Health	
• Inter-Cultural Communication & Health	3.0
• Chronic & Re-emerging Diseases	3.0
• Women’s Health & Development	3.0
• Managing the Health Sector in Developing Countries	3.0
Other Degree Requirements	
• Practicum Experience (480 hours)	3.0
• Culminating Experience	3.0
• Electives (2)	4.0
• Public Health Leadership Seminars	0.0
Total Number of Credit Hours	46.0

Master of International Affairs and Development (MIAD)

Total Credit Hours =36

Core Courses: MIAD =24

2.1.b.(2) Description of Curriculum

Core Courses	Semester Credit Hours
• International Politics	3.0
• Diplomatic History	3.0
• Global Social Issues	3.0
• International Law and Organizations	3.0
• Gender, Race & Class in the World System	3.0
• Research Methods	3.0

• International Economics	3.0
• International Trade and Development	3.0
Required Field Courses	
• Theories of Economic Development	3.0
• Refugees, Displaced Persons and International Migration	3.0
• Thesis Research	3.0
• Thesis Research	3.0
Other Degree Requirements	
• Foreign Language Competency	0.0
* Satisfies the requirements for the thesis and internship in the MIAD program degree requirements	
Total Number of Credit Hours	36.0

Doctor of Medicine/ Master of Public Health Program

The MD/MPH option at Morehouse School of Medicine is designed to provide an educational environment suitable for training physicians to address the health needs of communities as well individuals. This program is designed to be completed in 5 years with the integration of public health courses in each year the first clinical year (3rd year). Graduates of the dual degree program are well prepared for positions in local, state, and federal public health agencies, community health centers and the private sector.

2.10.a Curriculum for the MD/MPH Program

	Semester Credit Hours	
	MD	MPH
First Year Curriculum		
Summer Component		
• Introduction to Medical Biochemistry		
• Introduction to Human Morphology		
• Epidemiology and Biostatistics		
Fall and Spring Courses		
• Medical Biochemistry	14.0	
• Human Morphology	7.0	
• Neurobiology	7.0	
• Medical Physiology	10.0	
• Human Behavior	2.0	
• Human Values in Medicine (MPH)		2.0
• Community Health (MPH)		4.0
• Preceptorship	1.0	
*Must attend the Master of Public Health monthly leadership seminar series.		
Second Year Curriculum		
Fall and Spring Courses		
• Introduction to Primary Care	4.0	
• Pathophysiology	7.0	
• Human Values in Medicine	2.0	
• Psychopathology and Immunology	2.0	
• Microbiology and Immunology	7.0	
• Pathology	12.0	
• Pharmacology	7.0	
• Nutrition	1.0	

*Must attend the Master of Public Health monthly leadership seminar series.

Third Year Curriculum (MD Curriculum Only)

Fall and Spring Courses

- Required Clerkships
- Internal Medicine 10.0 (2 mos)
- Pediatrics 10.0 (2 mos)
- Obstetrics/Gynecology 10.0 (2 mos)
- Psychiatry 9.0 (7wks)
- Radiology 1.0 (1wk)
- Surgery 10.0 (2 mos)
- Family Medicine/Maternal & Child Health 10.0 (2 mos)

*No MPH credits will be earned this year.

Fourth Year Curriculum (MPH Year)

MPH Core Courses (8)	24.0
• Biostatistics	3.0
• Environmental Health	3.0
• Epidemiology	3.0
• Grant and Proposal Development	3.0
• Health Administration, Management & Policy	3.0
• Social & Behavioral Aspects of Public Health	3.0
• Fundamentals of Public Health	3.0
• Research Methods	3.0
• Required Track Courses (4)	12.0

*Students will have clinical responsibilities ½ day per week during the semester.

Fifth Year Curriculum

Summer, Fall and Spring Courses

- Ambulatory Medicine 5.0 (1 mos)
- Rural Primary Care 5.0 (1 mos)
- MPH Practicum (Electives #1 &2) 10.0 (2 mos) 6.0
- MPH Culminating Experience 5.0 (1 mos) 3.0
- Elective #4 5.0 (1 mos)
- Elective #5 5.0 (1 mos)

Total MPH Credits: 46

2.10.b. Assessment of the extent to which this criterion is met.

Strengths:

- Four students graduated from the MPH/MIAD joint degree program.
- A faculty liaison for the MD/MPH program was appointed to work with the Office of Admissions.
- The MD/MPH curriculum was revised to include the additional core courses.

Concern:

- Limited recruitment for the MD/MPH Program.

Recommendations:

- Develop a seamless admissions process for the MD/MPH dual degree program.

2.11 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 teaching and learning methodologies and to systematically use this information to stimulate program improvements.

2.11.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix may be referenced for this purpose.

Program does not offer such degree programs.

2.11.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

Not Applicable

2.11.c. Assessment of the extent to which this criterion is met.

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.

3.1.a. A description of the program's research activities including policies, procedures and practices, which support research and scholarly activities.

Since the last accreditation period (2004-2007), the MPH Program has strengthened its research components through the identification of research interest that support the Program's mission. A Research Coordinator was appointed as a result of recommendation from the October 2005 faculty retreat. A review of existing MSM research and scholarly policies was accomplished and the development of long and short term research plans were established. The Research Coordinator is responsible for identifying and applying for research grant opportunities and for establishing a clearing house of information on available research opportunities for faculty and students.

The MPH Program adheres to the research and scholarly policies of MSM. The Office of Sponsored Research Administration, a unit within the Office of the Dean, was created to support the scholarly activities of faculty, students and staff. The mission of the office is to facilitate the procurement of external support through research grants, contracts, and technological assistance agreements; to administer internal support for research; and to assist with documenting and publicizing the scholarly achievements of members of the research community. The support of this Office has been an added benefit for the MPH Program particularly with respect to the procurement of external funding.

The major focus of research conducted within the MPH Program continues to be on the elimination of racial and ethnic disparities in health. Particular areas of research concentration have included HIV/AIDS, diabetes, adolescent health and colorectal cancer. The majority of the research is based on the community-based participatory research model, with a special emphasis on community empowerment and development. It includes participation in seminars, appointment to grant review committees, publications in refereed journals, participation in professional societies and presentations at national and international conferences. Research policies are contained in the following documents:

- 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.
- 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 appendices of the *Morehouse School of Medicine By-Laws of the Faculty*.

Copies of all documents are available on site.

3.1.b. A description of current community based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Much of the community based research conducted by MPH faculty is housed in the Prevention Research Center (PRC). The PRC is one of 33 such centers funded by CDC. It is one of only four at a School of Medicine (the others are at schools of public health) and the only one at a predominantly minority institution. It is assured core funding through 2009. The PRC's theme is "Risk Reduction and Early Detection in African American and Other Minority Communities: Coalition for Prevention Research." The 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. The Center's partners are academic (Georgia State and Emory Universities), agencies (Atlanta Public Schools, Atlanta Housing Authority, Southside Medical Center, Atlanta Area Health Education Center, Fulton County Department of Health and Wellness, and the Georgia Division of Public Health), and community (Neighborhood Planning Unit Y [NPU-Y] and other communities). The PRC's primary community partner, NPU-Y, is a low-income, predominantly African-American community of about 25,000 residents in southeast Atlanta.

The PRC models an appropriate research relationship with the partner communities in which it conducts research. A Community Coalition Board comprised of academic, agency, and community partners governs it; the community partners (neighborhood organizations) are always in the majority and a community representative is always the Board Chair. There are approximately 12 community-based research projects in the PRC portfolio. MPH students participate in many of the PRC projects, since many MPH faculty and Preceptors serve as Principal Investigators on PRC projects. Examples include:

- Turner School Violence Prevention Project (PI: James Griffin, PhD): This project tests a whole-school violence prevention intervention that attempts to make the Turner Middle School environment less conducive to violence.
- Bilingual/Bicultural Service Demonstration Grant (PI: Elleen Yancey, PhD): The Bilingual/Bicultural Service Demonstration Grant is a pilot project to provide access to Health Services to French speaking Sub-Saharan African patients at Oakhurst and West End Medical Centers, both of which are federally-funded community health centers. In 2005, MPH students worked with these projects as part of their Practicum Experience.

In addition to the agreements between these research centers and their partners, the MPH Program has formal agreements that foster and support community research with domestic and/or international agencies and organizations. Examples of such agreements are:

- DeKalb County Board of Health: Metro-Atlanta Immigrant & Refugee Community Health Worker Initiative. This MOA describes and supports the collaboration of the MPH Program with five other agencies in the Atlanta metropolitan area to develop research and intervention projects to train and employ community health workers to work with the immigrant and refugee populations in this area.
- Fulton County Department of Health and Wellness: A subcontract with the Fulton county health department that serves most of Atlanta establishes the MSM MPH program as part of the REACH for Wellness Project (REACH = Racial and Ethnic Approaches to Community Health). Patricia Rodney, PhD, MPH, PI, Torrance Stephens, PhD, Project Evaluator.
- Fulton DeKalb Hospital Authority: Grady Health System which describes the educational training program for students – inclusive of research. Students have opportunities to complete their Practicum and Culminating Experience requirements through this MOA. Grady is the largest municipal hospital in the state of Georgia – serving a diverse and predominantly low-income inner-city population in Atlanta.

The Program has agreements with other academic institutions in support of research, although not all of these research projects are community-based.

- A subcontract with Kennesaw State University on a research project entitled “Quality of medical care” (Imani Ma’at, EdD, and PI).
- Subcontract from the University of Georgia at Athens on a CDC-funded Health Communications Center located at UGA (Torrance Stephens, PhD, PI).

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

Table 3.1.c.(1): Research Activity of Primary and Secondary Faculty from FY2005

**Table includes only research grants; training grants are excluded. Grants are listed only if MPH faculty member is the PI.*

FY2005

<i>Project Name</i>	<i>Principal Investigator & Department</i>	<i>Funding Source</i>	<i>Funding Period Start/End</i>	<i>Amount Total Award</i>	<i>Amount Current Year</i>	<i>Community Based</i>	<i>Student Participation[^]</i>
REACH	Patricia Rodney CHPM	CDC	FY 06/07	\$50,000	\$25,000	Y	Y
Communities Access Demonstration Program (HCAP) Project	Torrance Stephens CHPM	HRSA	FY 04/07	\$24,658	\$24,658	Y	Y
The Southern Center on Communication, Health and Poverty (SCOPE)	Torrance Stephens CHPM	USDHS	FY2005	\$36,034	\$36,034	Y	N
Turner Middle School Violence Prev Project	James Griffin CHPM	US Dept of Justice	FY98/present	Determined annually	\$219,000	Y	Y
Total				\$110,692*	\$304,692		

Table 3.1.c.(2): Research Activity of Primary and Secondary Faculty from FY2006

FY2006

<i>Project Name</i>	<i>Principal Investigator & Department</i>	<i>Funding Source</i>	<i>Funding Period Start/End</i>	<i>Amount Total Award</i>	<i>Amount Current Year</i>	<i>Community Based</i>	<i>Student Participation</i>
Campaign for a Tobacco-Free AUC	Torrance Stephens <i>CHPM</i>	Congressional Black Caucus Foundation	FY06/07	\$20,000	\$20,000	Y	Y
Clinical Leadership for Patient Safety	Imani Ma'at <i>CHPM</i>	Kennesaw State University	FY06	\$9,000	\$9,000	N	N
Imani Project (Substance Abuse/HIV)	James Griffin <i>CHPM</i>	SAMHSA	FY 06/10	\$1,271,600	\$200,000	Y	Y
Turner Middle School Violence Prevention	James Griffin <i>CHPM</i>	US Dept of Justice	FY 98/present	Determined annually	\$100,000	Y	Y
Total				\$1,300,600*	\$329,000		

*Totals for entire grant period are conservative since they do not include future annual budgets if they are not known, even though it is probable that there will be an award comparable to those of previous years.

^ Students work as research assistants.

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 over 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.

Publication: The publications of MPH fulltime, part-time and adjunct faculty members are illustrated in Tables 3.1.d.(1) and 3.1.d.(2)

Table 3.1.d.(1): MPH Full-time Faculty Peer-Reviewed Publications 2004-2006

Full-time Faculty	Year			Number of Publications
	2004	2005	2006	
Kwaku Danso	N/A	1	1	2
Imani Ma’at	0	0	1	1
Patricia Rodney	1	2	1	4
Torrance Stephens	N/A	2	2	4
Total	4	5	5	11

Table 3.1.d(2): MPH Part time Faculty Peer Reviewed Publications

Part-time Faculty	Year			Number of Publications
	2004	2005	2006	
Rhonda Conerly	1	3	3	7
Brenda Hayes	0	3	1	4
Mary Langley	0	3	0	3
Ernest Alema-Mensah	0	1	2	3
Lee Caplan	6	2	1	9
Gene McGrady	1	0	0	1
Kofi Kondwani	1	2	3	6
James Griffin	2	0	2	2
Total	9	14	12	35

MPH faculty published in the following peer-reviewed journals: American Journal of Health Studies, Journal of Healthcare for the Poor and Underserved, Journal of Women and Aging, American Journal of Health Behavior, Qualitative Health Research, American Journal of Public Health, and the Journal of Public Health Policy.

Table 3.1.d.(3) MPH Full-time Faculty Presentations

Full-time Faculty	Year			Number of Presentations
	2004	2005	2006	
Kwaku Danso	N/A	1	3	4
Imani Ma'at	0	0	4	4
Tina Rasheed	0	2	2	4
Patricia Rodney	1	3	2	6
Torrance Stephens	N/A	3	2	6
Total	1	9	13	24

Table 3.1.d.(4): Part-time Faculty Presentations

Part-time Faculty	Year			Number of Presentations
	2004	2005	2006	
Rhonda Conerly	0	0	1	1
Brenda Hayes	6	5	3	14
Mary Langley	4	3	4	11
Lee Caplan	2	6	3	11
Kofi Kondwani	3	0	1	1
James Griffin	0	0	4	4
Total	15	14	16	45

The venues for presentations included but were not limited to: Morehouse School of Medicine, Clark Atlanta University, Spelman College, Kennesaw State University, and Teacher's College – Columbia University. Professional meetings at which MPH faculty made presentations included the annual meetings of the American Public Health Association, the Association of Teachers of Preventive Medicine, the International Union Against Cancer, and the Prevention Summit. International presentations included St. George's University, Grenada, Canada, Ghana, Tanzania and South Africa.

3.1.e. A description of student involvement in research.

All MPH students are required to complete a 480 hour (3month) Practicum Experience. The purpose of the practicum is to encourage, enhance, and support the effective use of the worksite experience as an integral part of the education and training of future public health practitioners. The Practicum emphasis is on community based intervention specifically targeting people of color, minorities, the underserved, and the poor.

The Culminating Experience is the final mandatory graduation requirement. This assignment is intended to encourage research and other scholarly activity of the students. The requirements for the Culminating Experience are located in the Culminating Experience Guide (available on site). The Culminating Experience may consist of a thesis or publishable journal article. Students are encouraged to consider relevant public health issues in selecting a research area or topic.

Students can combine the Practicum and Culminating Experience to develop a research topic. Two examples of this approach selected by second year International Health Track students. Ugo Edu and Esker Copeland spent the Summer (May-August 2006) working with the Ministry of Health in Ghana.

Ugo Edu's thesis topic: *Natural Contraceptives- Knowledge, Attitudes and Practices Survey*

Esker Copeland's thesis topic: *Rapid Assessment of Current Strategies to Reduce Maternal Mortality and Achieve Millennium Development Goal -Five in Ghana.*

Students are also encouraged to compete at national level competition. Three first-year students in the Health Policy and Administration Track (HAP) entered the National Association of Health Service Executives – 10th Annual Everett V. Fox Student Case Analysis and Presentation Competition. The students advanced to the semi-finals. This is the first time that MSM/MPH students participated in this competition and their achievement as semi-finalists reflected well on the Program.

3.1.f. Assessment of the extent to which this criterion is met.

The criterion is met.

Strengths:

- The MPH Program is strategically located in an ideal academic environment and is supported by various institutes at MSM, which allows the Program to have access to interdisciplinary faculty to strengthen research activities.
- The MPH Program has collaborated with researchers at other academic institutions, public agencies, and community organizations.
- Broad-based faculty research programs and the wide variety of public health agencies in the Atlanta area serve as resources for student projects.
- The MPH Program has increased student involvement in research.

Concerns:

- Grants and publications productivity vary among faculty.

Recommendations:

- Faculty should pursue funding and research endeavors through increased collaboration with MSM centers and institutes.

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. Description of program service activities, including policies, procedures, and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

From its inception the MPH Program has worked in collaboration with state and local health departments, non-governmental organizations and community-based organizations, to provide service opportunities for students and to augment public health services available to underserved communities throughout Georgia. The Program has established both formal and informal relationships with a number of these agencies. The formal relationships are established through a Memorandum of Agreement (MOA). Informal relationships are usually with new organizations that the program may in the future establish a formal relationship.

Although MSM's policy concerning faculty service does not prescribe specific service roles for individual faculty members, all faculty are expected to contribute to service activities which is a component required for annual evaluation. Faculty service on institutional committees and external organizations is one of the criteria used during assessment for promotion and or merit increases.

MSM graduates are expected to provide service to underserved communities. In addition to emphasizing this point in the curriculum, MPH students participate in community service activities in a number of courses during their matriculation. Through an MOA with practicum sites, students are involved in training related to the three areas of specialization under structured supervision in local, state, federal agencies and communities. Students in the International Health Track are assigned to Ministries of Health and other agencies in specific countries working on public health related issues.

Community service activities are integrated throughout the curricula and several courses include extensive projects working within the community. Three examples of such service include the Community Health Promotion course, part one and two (required courses for all students enrolled in the Health Education and Health Promotion Track and the Public Health/Preventive Medicine Residency Program), the Women's Health & Development course (a requirement in the International Health Track and the Fundamentals of Public Health course (a core course required for all public health students).

In the Community Health Promotion course, students are assigned a community project which involves the development of a prevention program using the Seven Steps to Building Successful Prevention Programs Model. This is a comprehensive process that engages both community and students in identifying community health needs and developing and implementing a planned intervention. In addition to the MPH students, other students from Clark Atlanta University School of Social Work and the Interdenominational Theological Center are enrolled in this course.

Table 3.2.a (1): Community Health Promotions I & II Community Activities

<i>Year</i>	<i>Community Partner</i>	<i>Community Activities</i>
2004-06	Lutheran Church of the Atonement	<ul style="list-style-type: none">• Partnered with members of the church health ministry to conduct a community needs assessment of Atlanta's NPU X neighborhood• Launched and facilitated a community/faith-based collaborative• Implemented a six-week workshop series targeting African-American families focused on improving children and parent relationships
2004-06	Victory AME Church	<ul style="list-style-type: none">• Partnered with members of the church health ministry to conduct a community needs assessment of Atlanta's Neighborhood Planning Unit (NPU)• Planned a series of health promotion seminars targeting older adults• Developed workshops designed to educate participants about the risk factors associated with chronic diseases (e.g. diabetes, hypertension, etc.)
2004-05	Ben Hill United Methodist Church	<ul style="list-style-type: none">• Partnered with members of the church's health ministry to conduct a community needs assessment of Atlanta's NPU H neighborhood• Planned and implemented 'Family Fun Walk' and health fair targeting residents living in the vicinity of the church. Both activities were designed to educate participants on health prevention strategies for chronic diseases.
2004-05	Cathedral of Faith	<ul style="list-style-type: none">• Partnered with members of the church health ministry to conduct a community needs assessment of Atlanta's NPU S neighborhood• Planned and implemented a health fair targeting residents living in the vicinity of the church, designed to educate participants on health prevention strategies for chronic diseases

Table 3.2.a. (2): Women’s Health & Development Course Community Activities

<i>Year</i>	<i>Community Partner</i>	<i>Community Activities</i>
2005	Refugee Family Services (RFS)	<ul style="list-style-type: none">• Students developed a health workshop for Refugee Family Services (RFS) in Clarkston, GA aimed towards women in the Somali community. After an initial consultation and a needs assessment with the Somali caseworker, the students developed and conducted a workshop focusing on the following topics: cancer, nutrition and healthy eating, obesity/overweight, physical activity, hypertension, diabetes, and blood pressure screening.
2004	SisterLove, Inc.	<ul style="list-style-type: none">• A local CBO which provides HIV/AIDS education and services to women in the U.S. and South Africa. In 1999, the Radio Component of the course was established with WRFG, a community radio station. The topic students selected to be broadcasted was female genital mutilation (FGM). The discussion also focused on the cross cultural complications of immigrant and refugee women wanting to continue this practice [which is illegal in the U.S]. The relevance to the wider community was extremely significant since the broadcast reached thousands of listeners discussing a topic relevant to growing numbers of immigrants and refugees from countries such as Somalia and Liberia residents and caseworkers in the Atlanta metropolitan area.

3.2.b. A list of the school’s current service activities including identification of the community groups and nature of the activity over the past three years.

Faculty assigned to the MPH Program, whose appointment are mainly in the Department of Community Health and Preventive Medicine, are expected to participate in community activities which is a part of the Faculty Activity Report (FAR). The following list includes funded service projects as well as presentations, lectures, workshops, health fairs, etc. that have been conducted by individual faculty members for community organizations, faith-based groups, and neighborhoods.

The tables are divided according to academic year beginning with Fall 2004. If an activity is completed in a subsequent academic year or is ongoing, the activity is listed in the table during the year it was initiated. For activities that began prior to Fall 2004 and are still ongoing, those are listed in the Fall 2004-Spring 2005 tables for professional service and community service, respectively.

Table 3.2.b.(1): Service Activities. Academic Years: Fall 2004-Spring 2005
Service to the Profession

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
B. Hayes	HRSA Office of Minority Health J. National Medical Association APHA	Grant proposal review	No	
		Manuscript review		
		Grant proposal review	No	
I. Ma'at	University of Hawaii	Expert Speaker January 2005	No	
T. Miller	Public Health Summer Fellows (PHSF)	Advisory Board 2005- Present	No	
	Public Health Sciences Institute- Morehouse College (PHSI)	Public Health Awareness Conference Committee member 2004- Present	Yes	MPH Program Representative
	Consortium of African American Public Health Programs (CAAPHP)	MSM/MPH Representative 2004-2007	Yes	Six students Representative
T. Rasheed	Wholistic Stress Control Institute, Atlanta, GA,	Grant consultant, instruction 2004-2006	No	
	Kaiser Permanente, Patient Education Services, Atlanta, GA	Kaiser Permanente, Patient Education Services, Atlanta, GA 2004-2006	No	
	Georgia Department of Juvenile Justice, Atlanta GA	Instruction 2004-2006	No	
	Spelman College, Wellness Initiative, Dept. of Physical Education	Consultant, instruction 2004-2006	Yes	Sixty students per year

Table 3.2.b.(1): Service Activities. Academic Years: Fall 2004-Spring 2005 continued
Service to the Profession

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
P. Rodney	American Journal of Health Studies	Reviewer	No	
	Journal of the Poor and Underserved	Member Editorial Board 2005-present		
	NIOSH/CDC	Reviewer, Protocol Design and Development 2005	No	
	NIOSH/CDC	Reviewer, Grants 2005	No	
	Spelman College, The Women's Research & Resource Center Atlanta	Advisory Committee Member 2004-present	No	
	St. George's University, Grenada, Dept. of Public Health	Training/Facilitator February 2004	Yes	MPH students involved in workshops
T. Stephens	National Institutes on Drug Abuse African American Researchers and Scholars Workgroup, NIH.	Member Scholars Workgroup, NIH. 2005- present	No	Professional
	International Journal of Prisoner Health	Reviewer Health 2005-present	No	
	American Journal of Men's Health	Reviewer 2005-present	No	
	AIDS and Behavior	Reviewer 2005-present	No	
	Addictive Behaviors	Reviewer 2004-present	No	
	Journal of General Internal Medicine	Reviewer 2002-present	No	
	Committee on Prisoners Healthcare	Member Healthcare 2001-Present	No	Professional
	Fulton County Dept. of Health and Wellness	REACH 2010 Wellness 1999-present	Yes	Students are Graduate Research Assistants and participate in community outreach and data collection

Table 3.2.b.(1): Service Activities. Academic Years: Fall 2004-Spring 2005 continued
Service to the Profession

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
R. Waldrop	National Association of Health Services Executives – National Chapter	Faculty Advisor, Student Case Competition 2005-2006	Yes	Advised/mentored MSM Student Team on case submission. Team placed in semi-finals.
	Healthy Georgia Public Health Summit	Fulton County Clinical Administrator /Participant 2005-2006	No	
	Georgia Tech Health Systems Institute Summit	Invited Participant 2005-2006	No	
	Automatic Identification and Tracking Technology Conference (AITTC)	Subject matter panelist for PH Applications Conference Planning Committee Member 2005- 2006	No	
	National Association of Health Services Executives-Atlanta Chapter	Fund Raising/Scholarship Committee Member 2005- 2006	Yes	Five students participated in annual event.
	United Way Of Metro Atlanta	Loaned Executive to 2004 Annual Campaign 2004-2005	No	

Table 3.2.b.(2): Service Activities. Academic Years: Fall 2005-Spring 2006
Service to the Profession

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
K. Danso	International Medical Society	Advisor January 2006-present	No	
	University of Ghana, School of Public Health, Legon, Ghana	Liaison January 2006-present	No	
	Ministry of Health/Ghana Health Service	Liaison January 2006-present	No	
	National Medical Fellowships	Advisory Board member January 2006-present	No	
	National Council on Diversity in Environmental Health	Resource Person March 30, 2006	No	
	Refugee Family Services	Board member October 2005-present	Yes	Five students counsel refugees on health issues
	Macon State College, Macon, GA	Guest Speaker December 7, 2005	Yes	Eighteen students were the audience.
I.Ma'at	Kennesaw State University	Trainer: Presentation on Qualitative Research Methods to faculty March 2006	No	
	Teachers College Columbia University	Speaker Disparities Conference March 2006	No	
	Minority Health Professions Foundation	Trainee: Medical University of South Africa – Medunsa Campus August 2005	No	
T.Miller	MSM Research Day Planning Committee Meeting	Committee Member 2006-present	Yes	Two students research presentations
	Public Health Awareness Conference	Poster Presentation Judge April 2006-April 2007	No	
P. Rodney	NIOSH/CDC	Reviewer, Protocol Design & Development 2006	No	
	Medical Education Cooperation with Cuba (MEDICC)	Member, Board of Directors 2006	No	
	Clark Atlanta University, School of Social Work	Panelist August 2005	Yes	Conference Organizers

Table 3.2.b.(3): Service Activities. Academic Years: Fall 2006-Spring 2007
Service to the Profession

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
K. Danso	Sixth Annual Primary Care and Prevention Conference and Eleventh Annual HeLa Women's Conference	Presenter September 11-13, 2006	No	
	Hemispheric Summit on Science, Technology and Research for Africa's Development	Guest presenter July 20-22, 2006	No	
T. Miller	Idealist.org/Agnes Scott College	Graduate Recruitment Panel September 2006	No	
P. Rodney	University of Michigan	Expert Speaker July 2006-present	Yes	Conference Participants

Table 3.2.b.(4): Service Activities. Academic Years: Fall 2004-Spring 2005
Service to the Community

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
L. Caplan Faculty	Witness Project	Advisor 2004-2005	No	
R. Conerly Faculty	Behavioral and Social Science Volunteer Program	Technical Assistance Provider April 2004-April 2005	No	
J. Griffin Faculty	Dekalb Co. Schools Community Health and Education Centers	Counselor April 2004-April 2005	No	
B. Hayes Faculty	Concerned Black Clergy	Community Service Award	No	
	EXPORT Center	Community mini-grant making program	No	
	Biomedical Symposium for High School Students	Poster judge 2004-2006	Yes	Students submit posters for competitive review 25 students, 24 students, 13 students
I. Ma'at	Youth Educational Services 4 Health (Y.E.S.) Inc.	Teen Peer Health Education Theater Group 2004-present	Yes	Student served as Young Adult Mentors and made presentations on health issues
	Metro-Atlanta Immigrant and Refugee Community Outreach Worker Initiative	Multi-Agency collaboration for research and interventions 2005	Yes	Student served as Research Assistant
T. Miller	Vivien Thomas Research Program	Parent training facilitator 2005-present	Yes	Four students served as mentors
	Youth Educational Services for Health (YES 4 Health)	Advisory Board Member/Mentor 2002-present	Yes	Two students served as mentors
	Sisterlove, Inc.	Evaluation and Training Reviewer 2005-2006	No	
P. Rodney	PROMETRA International Inc., Atlanta, GA,	Member, Advisory Committee 2003-present	No	
	African Caribbean Prevention Program (ACDPP)	Keynote Speaker 2005	No	
	Community Health Fair, West End Mall	Member, Planning Committee 2005	Yes	Fifteen worked with Alumni

Table 3.2.b.(5): Service Activities. Academic Years: Fall 2005-Spring 2006
Service to the Community

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
K. Danso	WRFG 89.3 FM	Presenter July 2005 to present	Yes	Students participate in presentations and discussions.
	Doctors Without Borders	Facilitator April 27, 2006	No	
	National Council on Diversity in Environmental Health	Resource Person March 30, 2006	No	
	MedShare International	Board member	No	
J. Griffin Faculty	Atlanta Citywide Violence Prevention Coalition	Convener October 2005-present	Yes	Student interns involved in Violence Prevention Coalition
I. Ma'at Faculty	Clarkston Community Center	Board Member Community –Based Organization 2006	No	
T. Rasheed Faculty	African American AIDS Outreach, Atlanta, GA	Lecture, instruction March 2006	No	
	Paya Bay Wellness Consortium, Atlanta GA.	Lecture, instruction	No	

Table 3.2.b.(6): Service Activities. Academic Years: Fall 2006-Spring 2007
Service to the Community

<i>Faculty/Staff</i>	<i>Service Partner</i>	<i>Type of Activity/Year</i>	<i>Student Involvement?</i>	<i>If yes, briefly describe nature of involvement</i>
T. Rasheed Faculty	Tavis Smiley Productions “The Road to Health”	Lecture, instruction September 2006	No	

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

Each faculty member is expected to devote a specified percentage of his/her time to community service activities. The expected percentage which is not more than 10% is specified each year on the Faculty Assessment Record (FAR). During the annual assessment faculty are required to report community service activities on FAR, and estimate the percentage of time that they have spent on such activities. Efforts to encourage faculty documentation of community service will continue so as to enhance the underreporting of this relevant and vital activity.

Faculty in the MPH program are required to report their community activities for their annual evaluation in the Faculty Activity Report (FAR), which is the official evaluative instrument for all faculty employed by MSM. This is one of the considerations for promotion and/or faculty merit increases.

MPH students are encouraged to seek, develop, and report service activities to MPH program administration. Students expecting to graduate in the Spring are encouraged to submit their community service activities to compete for two awards: The Bill Jenkins Award and the Dean's Community Service Award.

The Learn and Serve, a program in the Department of CH/PM in 2005-2007, awarded \$500 mini-grants to two students who successfully submitted a brief grant proposal which included an evaluation component to work on a community project. Students (individual and or teams) were required to present their projects in a special University-wide event in traditional conference and poster presentation format.

3.2d. A description of student involvement in service.

Students enrolled in the Fundamentals of Public Health Core Course (MPH 505) are required to participate in a community project. Students work in groups with an identified organization in which, they along with a supervisor and key community members, identify a relevant need for intervention.

The following description outlines activities that were completed during the 2004-2006 timeframe, with the identified community/service partners.

Table 3.2.d: Student Involvement in Service (2004-2006)

<i>Year</i>	<i>Service Partner</i>	<i>Type of Activity</i>
2006	Living Waters Center Inc.	Community Health Fair: Students worked as a team on a class project to plan and implement a community Health Fair specifically targeting persons 50 years and over. The Health Fair was held at Dodd Sterling United Methodist Church, 3272 Browns Mill Rd on October 21, 2006. Some of the services provided included: Blood Pressure Screening, Diabetes and Vision Screening and Immunization. Information was also available on: Depression, Nutrition, Breast Cancer, Osteoporosis, Medicare and Wellness.
2005-06	Center for Community Health and Service Learning: Dept. of Community Health and Preventive Medicine	Students worked under the direction of a faculty advisor to design and implement community health promotion services for underserved communities.
2005	SEVEN (organization started by 7 Atlanta University students)	Katrina Support Service: Eight MPH students, along with one MPH faculty joined SEVEN and traveled to Biloxi, Mississippi and two towns in Alabama that were significantly impacted by Hurricane Katrina. The group participated in the distribution of food, clothing and other non-perishable supplies donated by MPH and AUC staff, faculty, students and friends. The students also cleaned up and assisted the area distribution site. Students continued fundraising efforts for several months to benefit the areas visited.
2005	American Red Cross, Atlanta Chapter	Students developed an HIV/AIDS Education Training Manual Facilitators Guide for African Immigrant and Refugee Populations and a Participant Workbook. The Red Cross endorsed the workbook and it is being used on a national level.
2004	Atlanta Union Mission- "My Sister's House"	Students conducted a seminar on health information for the women staying at the facility and developed a curriculum that program staff can use in the future. Students also conducted focus groups with the residents to assess the knowledge and interest of topic areas. Twenty women participated in the activity.
2004	Safe Haven: 3:00 Project	Students conducted a "Take 10: Trainer for Teachers" on the development of a classroom based physical activity program for elementary school students across several ages and grades. This integrated school based curriculum tool links academic excellence to physical and nutritional health.
	DeKalb Refugee Health Program:	Students in this group evaluated the program, developed a brochure and provided recommendations to the Center Director.
	Sister Love Inc.	Students developed a Protocol for the Healthy Love Party which is the cornerstone of the organization's Health Education and Advocacy Program. The Protocol is to be used as a part of the HIV Prevention interventions by community-based organizations (CBO's).
	American Lung Association- "Camp Breathe Easy"	Students developed a Counselor Training Manual for the Program's Volunteers

Global Relief Efforts

In an effort to respond to the needs of victims of hurricanes in the Bahamas and Grenada, MPH students initiated an on-campus and community-wide drive for non-perishable foods and clothing. Efforts resulted in significant amounts of requested items. Boxes of medical supplies, clothing, and food were shipped to Grenada. Additionally, one student and a faculty member joined other international volunteers to travel to Freeport, Bahamas to repair and rebuild hurricane damaged homes.

Mr. Esker Copeland, a second year student provides an excellent example of participating in community activities during his matriculation. They include the following:

Refugee Women’s Network (RWN) – Course Project, Clarkston, GA

Assisted with the design, testing and administration of research instruments to refugee women who were former program participants in efforts to ascertain the effectiveness of training programs offered by the organization; Fall Semester 2004

American Lung Association (Camp Breath Easy) – Course Project, Marietta, GA

Group project to design new training manual for staff and volunteers of a summer camp for asthmatic youth in Georgia; Fall Semester 2005

Tapestri, Inc. – Course Project, Atlanta, GA

Assisted a local organization (that is dedicated to ending violence and oppression in immigrant and refugee communities, using culturally competent and appropriate methods) by developing a resource guide for area health services to be used by program participants; Fall Semester 2005

West End Medical Centers (WEMC) – Course Project, Atlanta, GA

Developed culturally appropriate intercultural health communication strategy, which included the development of an information/service guide for immigrant and refugee populations served by the center; Spring Semester 2007

In addition to the above listed community service, involvement and leadership activities at MSM, Mr. Copeland has also made a point of volunteering at conferences and events held on the campus, including the Annual Men’s Health Conference, and other health seminars. He also had the privilege of representing the MPH Program at the American Public Health Association Conference in 2005.

3.2.e. Assessment of the extent to which this criterion is met.

This criterion is met

Strengths:

- Faculty generally see community service as part of the mission of the School and the MPH Program as evidenced by their motivation to actively engage in community service.
- Community service is an explicit expectation of all CHPM faculty.
- Students are highly motivated to organize community service activities and routinely draft faculty to supervise and assist them.
- Community service is recognized by the School, the Department, and the MPH program as part of each faculty member’s annual evaluation.

Concerns:

- Community service is often underreported in completing the FAR.
- Community service is not given equal consideration in promotion.

Recommendations:

- Add service component to the MPH faculty/adjunct faculty evaluation form.
- CHPM should replace clinical service section with community service on the FAR.
- Equate community service with clinical services for promotion.
- Recognize community service as a significant component of faculty annual evaluation.

3.3 WORKFORCE DEVELOPMENT

The program shall engage in activities that support the professional development of the public health workforce

3.3.a. Description of the program's continuing education activities, including policies, needs assessment, procedures, practices, and evaluation that support continuing education and workforce development strategies

The MPH program does not have a formal structured workforce development program. However, the program provides financial support for each faculty and staff member to attend one conference a year. Faculty members attend the American Public Health Association and the Georgia Public Health Association annual meetings and are encouraged to participate as presenters. In addition, faculty members attend various conferences in their areas of expertise and/or interest.

Although there is no formal workforce development program within the MPH program, there are many professional, developmental opportunities for faculty, staff, students and other public health professionals. Continuing education opportunities are sponsored by MSM as well as other affiliated organizations such as Area Health Education Centers (AHEC). AHEC is a state-wide organization that provides training to health professionals. From 2004 to 2006 AHEC trained 9,960 health professionals with thirty percent of them having non-clinical backgrounds.

At MSM there are no less than three continuing education opportunities per month. Faculty, staff and students are encouraged to attend the monthly Public Health Noon Seminar Series sponsored by the Department of Community Health and Preventive Medicine. The seminar addresses various public health issues with a major focus on the elimination of health disparities in communities of color. The MPH program offers a monthly Public Health Leadership Seminar series that seeks to expose all public health professionals to various aspects of current trends in public health and keep them abreast of new emerging issues in the field. In addition to the two aforementioned continuing education opportunities, there are many additional workshops and seminars offered by various departments at MSM. Many training workshops are presented on-line utilizing the Blackboard software.

In addition, the MPH program in conjunction with the Public Health Sciences Institute at Morehouse College organizes an annual Public Health Week. During the week, various seminars and workshops are provided by faculty and guest speakers on the week's public health theme.

Morehouse School of Medicine has provided an organized faculty development program since 1993. The program is designed for primary care faculty, health care professionals and community based preceptors whose interests are in the following areas: improvement of the health of Americans; academic medicine and faculty career options; teaching medical students and residents; medical writing; and health issues unique to minority populations. Topics covered include, but are not limited to, teaching methods, educational theory, grant writing, primary care research, audio visual media and writing for medical literature. The above mentioned continuing education activities were developed and are managed and evaluated by the Department of Family Medicine at Morehouse School of Medicine. The Department of Family Medicine also sponsors an annual conference which MPH faculty has participated in, both as presenters and attendees. The MPH Program is working with the Continuing Medical Education Faculty (Department of Family Medicine) to integrate a public health focus to some aspects of the present faculty development program.

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

A Public Health Certificate program for public health professionals, non-medical and medical, students is being developed. The certificate program is scheduled to be available no later than the 2008/2009 academic year.

3.3 c. Listing of the continuing education programs offered by the program, including the number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.

MPH faculty members have decided to attend select modules within the Morehouse School of Medicine's faculty development program, and three MPH faculty have graduated from the program.

3.3 d. Listing of other, educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

This information is available onsite.

3.3 e. Assessment of the extent to which this criterion is met.

Currently the only formal workforce development program is offered by MSM and is not managed by the MPH program; however, the MPH program will continue to develop the Public Health Certificate Program expected to be available in 2008/2009.

Strengths:

- MSM has a formal faculty continuing education program and several conferences are offered throughout the year.
- MSM leadership is committed to training and continuing education of staff and faculty.

Concerns:

- No mechanism exists to track adjunct faculty participation in continuing education activities.

Recommendations:

- To include continuing education component on Evaluation Assessment Form

4.0 Faculty, Staff and Students

4.1 FACULTY QUALIFICATIONS

The program shall have a clearly defined faculty which, by virtue of its size, interdisciplinary nature, educational preparation, research and teaching competence, and practice experience, is able to fully support the program's mission, goals and objectives.

The Morehouse School of Medicine MPH Program has identified competent and qualified faculty committed to research, teaching and service in the field of public health. The program has the advantage of drawing other faculty from within the Department of Community Health and Preventive Medicine and the School of Medicine.

Core teaching faculty include those with either full-time appointment in the Master of Public Health Program or who teach one of the required core or track courses. The majority of the faculty is African American, which supports the mission, goals and objectives of the Program; however, core faculty also include persons of African, Caucasian and Middle Eastern descent. Other faculty who support the program include those who teach MPH elective courses or directed studies, those who sit on thesis committees, or supervise or mentor students who are conducting research.

Most adjunct faculty are full-time employees of another organization, such as the county or state health department, CDC, or another academic institution. They serve as volunteers at MSM and may give an occasional lecture or seminar or supervise student's doing a practicum at their agency. Adjuncts providing a substantial amount of teaching or other service to the School may be paid as consultants. Adjunct faculty may be salaried part-time (less than 50%) employees of MSM, however none of our current adjuncts are salaried. Adjuncts and consultants represent a broad range of disciplines and research interests, including economics, bioethics, legislation and policy, human rights, reproductive health, epidemiology and nutrition.

MSM employs a categorical system for faculty appointments that is based on three levels: Series I, II, and III. Faculty Series I is the equivalent of tenure track and senior Series I faculty are offered multi-year appointments: two to three years for Associate Professors, and four to five years for Professors (Highest academic ranking for faculty). Junior (Instructor and Assistant Professor) Series I faculty and all Series II (clinical or research track) faculty are offered one year appointments. The appointments of Series III (adjunct) faculty are reviewed every two years. These categories are described and defined in the Morehouse School of Medicine Academic Appointment and Promotion Process and Policies manual which is available on site.

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 manual and is available on site.

Series I Faculty (full time) can hold the rank of Professor, Associate Professor, Assistant Professor or Instructor. Series I faculty members are expected to contribute significantly in all three areas of academic endeavor: teaching, scholarly activity and service. The criteria for evaluating competence for Series I faculty include distinction and outstanding performance in one area plus

competence in the other two areas.

Series II Faculty participate primarily in clinical practice or research representing the equivalent of a clinical track and a research track. Series II faculty members can be full time or part time, but at least 50% time. Faculty appointed in Series II do not necessarily participate in all three areas of academic endeavors, but meet the academic requirements and make contributions in at least two areas. The academic titles of Series II faculty members are Professor of Clinical (Specialty), Associate Professor of Clinical (Specialty), Assistant Professor of Clinical (Specialty), Instructor of Clinical (Specialty); or Research Professor, Research Associate Professor, Research Assistant Professor or Research Instructor.

Series III Faculty are voluntary or salaried for less than 50% time. Series III is generally reserved for adjunct or voluntary faculty members. The faculty members' academic title is preceded by the modifier "Adjunct". These appointments are for individuals who contribute in one or more areas of academic endeavor. Qualifications are generally the same as those for individuals appointed to Series I and II, however Series III appointments are reviewed less rigorously than those in Series I and II.

The following tables (4.1.a. and 4.1.b.) list current faculty in those categories (*2006-2007* Academic year).

Table 4.1.a. Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

Name Title/Academic Rank	Classification	% Time	Gender	Race	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
<i>Core</i>										
Rodney, Patricia <i>Director, Professor</i>	Series I	100	Female	African American	PhD MPH	University of Toronto Emory	Sociology and Adult Education International Health	Fundamentals of Public Health	Women's Health Reproductive Health	Yes, Canadian Health System Univ. of West Indies
<i>Health Administration and Policy Track</i>										
Davis, Sharon <i>HAP Track Coordinator</i>	Series I	100	Female	African American	PhD MA Med	Brandeis Harvard North- eastern Univ.	Health Policy	Health Policy and the Legislative Process	Social Policy	Yes, MSM Dept of Social Epidemiology
Waldrop, Reinetta* <i>Interim HAP Track Coordinator (Aug/Dec '06)</i>	Series II	100	Female	African American	MSSH	Georgia Institute of Tech.	Health Systems Management Engineering	Health Administration Management & Policy	Health Systems Management	Yes, Fulton County Dept. of Health and Wellness
<i>Health Education/Health Promotion Track</i>										
Griffin, James <i>Assistant Professor</i>	Series II	50	Male	African American	PhD MA	Georgia St. Univ. Virginia Univ.	Community organization Psychology Applied Behavioral analysis	Methods of Program Evaluation	Violence Prevention and Mental health	Yes, Division of Human Resources- Health Assessment services
Rasheed, Tina <i>Instructor</i>	Series II	100	Female	African American	Med	Georgia St. Univ.	Counseling and Psychology Services	Ethnicity, Class Politics and Disease	Complimentary and Alternative practices	Yes, Adolescent Peer trainer

Table 4.1.a. Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

Name Title/Academic Rank	Classification	% Time	Gender	Race	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
Stephens, Torrance* <i>HEHP Track Coordinator/Associate Professor</i>	Series I	100	Male	African American	PhD MA	Clark Atlanta Univ.	Educational Psychology	Social & Behavioral Aspects of Public Health/ Research Methods	Prison Health and Inmate populations	Yes, Emory University
<i>International Health Track</i>										
Danso, Kwaku* <i>IH Track Coordinator, Associate Professor</i>	Series I	100	Male	African	PhD MPA	Howard Univ. North Carolina	Public administration and organization management	Managing the Health Sector in Developing Countries	International Health Policy Tropical Diseases	Yes, Minister of Health, Ghana
Jones, C. Abeo <i>Instructor</i>	Series I	50	Female	African American	MPH MBA	MSM Clark AU	International Health Business	Women's Health & Development	Reproductive Health Midwifery	Yes, Public Health Sciences Institute
Ma'at, Imani <i>Assistant Professor</i>	Series II	100	Female	African American	EdD Med MCP	Columbia Harvard MIT	Education Education Urban Planning	Intercultural Communicatio ns and Health	HIV/AIDS Adolescent Health	Yes, REACH Director, CDC

Table 4.1.b. Current Other Faculty Used to Support Teaching Program (Adjunct, Part-Time, Secondary, etc.)

Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
<i>Core Courses</i>								
Al-Mahmoud, Ahmad	Research Assistant Professor	MSM, Clinical Research Center	10	Male	Arab	PhD	Biostatistics	Biostatistics
Caplan, Lee	Professor	MSM, Department of Community Health and Preventive Medicine	10	Male	Caucasian	MD PhD	Epidemiology	Introduction to Epidemiology Intermediate Epidemiology Epidemiology
Elam-Evans, Laurie	Adjunct Assistant Professor	CDC, National Center for Chronic Disease Prevention and Health Promotion, Deputy	10	Female	African American	PhD	Epidemiology	Epidemiology
Hayes, Brenda	Research Assistant Professor	Sponsored Research Administration	10	Female	African American	DSW MPH MSW	Social Policy Health Care Community Health	Grant and Proposal Development
Miles-Richards, Stephanie	Faculty Appointment In Progress	CDC	10	Female	African American	PhD		Environmental
Rosheim, Chris	Adjunct Assistant Professor	CDC, Office of Workforce Development Health Education Specialist	10	Female	Caucasian	DDS MPH	Environmental Health	Environmental Health

Table 4.1.b. Current Other Faculty Used to Support Teaching Program (Adjunct, Part-Time, Secondary, etc.)

Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
<i>Health Administration & Policy Track</i>								
Ekwueme, Donatus	Adjunct Assistant Professor	CDC, National Center for Chronic Disease Prevention and Health Promotion, Health Economist	10	Male	African	PhD	Health Economics	Financial Management for Health Administration
Murrain, William	Adjunct Assistant Professor	Murrain's Associates	15	Male	African American	JD	Law Biology & Education	PH Law
<i>Health Education/Health Promotion Track</i>								
Conerly, Rhonda	Assistant Professor	Department of Community Health & Preventive Medicine	10	Female	African American	PhD	Health Communications	Health Communications
Jenkins, Bill	Adjunct Assistant Professor	Morehouse College	10	Male	African American	PhD MPH	Epidemiology	Bio-ethics
Smith, Selina	Assistant Professor	MSM, Community Health and Preventive Medicine	10	Female	African American	PhD	Theology Divinity	Introduction to Spirituality & Health

Table 4.1.b. Current Other Faculty Used to Support Teaching Program (Adjunct, Part-Time, Secondary, etc.)								
Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
<i>International Health Track</i>								
Diallo, Dazon	Adjunct Instructor	SisterLove, Inc.	10	Female	African American	MPH	Community Health	Women's Health & Development
Davis, Rulester	Adjunct Instructor	DeKalb Board of Health	10	Female	African-American	MA LD	Nutrition Refugee Women	Food and Nutrition
Kondwani, Kofi	Research Assistant Professor	National Center for Primary Care	10	Male	African American	PhD	Complimentary/ Alternative Medicine, Cultural Competency	Complimentary & Alternative Medicine
<i>Consultants</i>								
Archie-Booker, Elaine	Faculty Appointment In Progress	Consultant	10	Female	African American	EdD	Adult Education Health Policy & Planning	Community Health Promotion I & II
Clay, Candace	Faculty Appointment In Progress	MPH Program	10	Female	African American	MPH	Health Policy	Health Policy Administration and Management
Clay, Kimberly	Faculty Appointment In Progress	Consultant	10	Female	African American	PhD	Psychology	Health Communications/ Academic Writing workshops
Ndjakani, Yassa	Instructor	MSM	10	Male	African	MD MPH	International Health	Chronic & Re-emerging Diseases
Stockett, Romeo	Faculty Appointment In Progress	GA Dept. of Human Resources	10	Male	African American	PhD	Informatics	Health Information Systems and Professional Development Workshops

Faculty Activity Reports (FAR) define competence in the following areas:

Teaching: The percentage of time each faculty member devotes to teaching MPH students, including class preparation, grading and exams, etc.

Administration: The percentage of time each faculty member devotes to the administrative function for the MPH program. This primarily includes a portion of the time of Department Chair and Vice Chair, the MPH Director and the three MPH Track Coordinators.

Service: The percentage of time each faculty member devotes to service projects in which MPH students participate. It represents the time faculty members conduct community health promotion projects within the context of their role as a member of the MPH faculty. It also reflects the time each faculty member devotes service to the profession (for instance, by participation on a national committee), the School or the MPH program (e.g. participation on a committee).

Research: The percentage of time each MPH faculty member devotes to research projects in which MPH students participate. There is no requirement that MPH faculty be appointed in CHPM. However, during the time frame of this self-study, all individuals identified as MPH faculty have appointments in this department.

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.

The MPH program currently 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. Many of these professionals also serve students as preceptors in Practicum placements, Culminating Experience 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, Public Health Leadership Seminar speakers, Practicum preceptors and Culminating Experience 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 reflect the breadth of disciplines and areas of teaching responsibilities. The MPH faculty members include those from disciplines in public health, psychology, medicine, adult education, dentistry, nursing, social work, sociology, economics and nutrition among others. These disciplines and fields of practice are integrated into the three tracks, which result 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.

Table 4.1.c.(1) Adjunct Faculty Currently Involved in Public Health Practice

Name	Practice Role	MPH Program Role
Eric Benning, MD, MPH	Medical Director, FCDHW	Served as HAP Track Coordinator in 2004
Dazon Diallo, MPH	CEO, SisterLove Inc. CBO, HIV/AIDS organization for women of color	Co-teaches Women's Health and Development course and hosts a Community Radio program, "Sisters Time"
Laurie Elam-Evans, PhD, MPH	Position at CDC	Co-teaches Epidemiology core course
Bill Jenkins, PhD, MPH	Assistant Director Public Health Science Program, Morehouse College	Teaches the Bio-Ethics Course
Rulester Davis, MA. LD	Clinical Dietitian Infectious Disease Program, Grady Health System	Teaches the Food and Nutrition elective course

4.1.c.(2) Public Health Leadership Seminar Presenters and Topics for 2004-2006

SPEAKER	TOPIC
2004	
MPH Alumni Panel	How has the MPH Program prepared me as a Public Health Professional?
Erick Gbodossou, MD	African Traditional Medicine: A Science out of the Shadows
Danielle Fogle, PhD, Woodrow Miller, PhD and Anne Carr, MS	Spirituality and Health Panel
David Satcher, MD, PhD	The National Center for Primary Care: Strategies for Reducing Health Disparities
Carl Hill, MPH, Alumnus and Doctoral Candidate	The Effects of Stress on Coping Behavior and Health of African Americans
Charles Finch, MD 2 nd Year MPH Students	International Issues in Public Health Practicum Experience Presentations
2005	
Henri Treadwell, PhD	Listening and Responding to "Community Voices"
Steve Owens, MD, MPH	Effective Grant Writing
Tanya Dawkins, MBA	Globalization and Social Justice: What Has Health Got To Do With It?
Alumni Panel	Evaluating the MPH Program: An Assessment of Public Health Graduate Education at MSM
2 nd Year MPH Students	Practicum Experience Presentations
2006	
2 nd Year MPH Students	Practicum Experience Presentations
Pannenberg C.O. PhD	International Health in Transition and the World Bank
Larry Johnson, MPH	The Impact of REACH for Wellness in Eliminating Health Disparities at the Community Level
Gerardo Priotto, MD, MPH	Doctors Without Borders and the Struggle to Treat Sleeping Sickness
Film Screening "Yesterday"	World AIDS DAY 2006

4.1.d. Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

MSM's Academic Appointment and Promotion Process and Policies (Updated October 1999) outlines general guidelines for outcome measures for faculty members engaged in the three major areas of academic endeavor: 1) teaching; 2) scholarly activity; and 3) service to the institution, community and the individual's profession. These measures are enumerated in the Faculty Appointment and Promotions Handbook and is available on site.

Teaching

MSM explicitly recognizes the importance of quality instruction and student development as fundamental to professional developments. All faculty members 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.

All MPH faculty are now evaluated by the MPH Director. These evaluations follow a format developed and/or approved by the APC. The Faculty Annual Evaluations (FAR) allows the MPH Director to make recommendations for promotions and continued appointments to the chairperson. The FAR also allows the chairperson an opportunity to make recommendations for promotion and for continued appointment. In addition to sharing the evaluation report with the faculty member, the departmental chairperson provides guidance to members of his/her department at such times and under such circumstances that is beneficial for academic development. The chairperson annually prepares a written evaluation of each salaried member of the department and shares such evaluation with the faculty member.

During the period 2004-2007, faculty members presented on a variety of topics including cancer, women's health, hypertension, violence prevention, HIV/AIDS, and health disparities.

The overall average rating of core faculty performance for 2005-2006 was 4.2. The maximum score is 5.0 (Excellent-Strongly Agree), next highest category is 4.0 (Good-Agree). Students evaluate courses based on three content areas: course organization and presentation, didactics and learning experience and quality of instruction. Faculty & Adjunct Faculty Evaluations are available on site.

Faculty Awards

In 2004, one faculty award was given. As of 2005 students elected to award outstanding faculty from each of the three specialization. The following MPH faculty members were selected by students for the outstanding faculty awards in the three areas of Specialization for 2004-2006:

2004: Ms. Cynthia Tucker

2005: Dr. Imani Ma'at- IH
Dr. James Griffin- HE/HP
Ms. Reinetta Waldrop- HAP

2006: Dr. Kwaku Danso- IH
Dr. Wadia Hanna- HAP
Dr. Torrance Stephens- HE/HP

MPH Program staff also received Honorary Class Member Awards by the Graduating Class:

Staff Awards

2004: Lori Mosley

2005: Nicole George

2006: Lori Mosley

Scholarly Activity

Scholarship may involve describing new developments in patient care or education, conducting creative pursuits, etc. Scholarly activity also may involve state of the art approaches or solutions to health problems which are recognized nationally and/or internationally. Scholarship is defined as the development and dissemination of knowledge, or changes in pre-existing information, or mastery of one or more of several academic components. This activity may involve research capabilities, participation in seminars, grant reviews, participation in professional societies, etc.

Indicators of Quality in Research and Publication:

- a) Quality and number of publications and papers in quality referred journals are given the greatest weight. This includes publications of clinical activities, collaborative efforts with other individuals in the laboratory (or community), publication of case reports, and publication of new developments in clinical medicine. Publications must show evidence of independent research.
- b) Peer-reviewed extramural funding for research including federal, industrial and other sources.
- c) Grant reviewer for state, national and international research organizations.
- d) Invitation to present papers at major symposia and meetings, and active participation in workshops and research seminars.
- e) Exceptional contribution to the research of others.
- f) Election to the prestigious, limited-membership research societies in the discipline.
- g) Innovation in modes of health care delivery.

Other Scholarly Contributions

A significant discovery in the applied sciences that alters public health practice can be considered significant scholarly activity. Likewise, recognition as a national or international authority on some significant public health issue is also considered scholarly activity.

Indicators of quality in Other Scholarly Contributions

- a) Publication of monographs.
- b) Publication of invited review articles or book chapters.
- c) Editorship and/or service on the editorial board of major journals.
- d) Reviewer of scientific publications.
- e) Authorship of books.
- f) Development of new programs in patient care or patient education.

4.1.d.(1): Faculty Training Grants from 2004. During 2004-2006, faculty members directed six training grants totaling \$656,070.00.

Project Name	Principal Investigator & Department	Funding Source	Funding Period Start/End	Amount Total Award	Amount Current Year	Community Based	Student Participation
FY2004							
Increasing Minorities in the Public Health Professions	Patricia Rodney	MHPF/CDC	FY04/06	\$392,850	\$193,250	Y	Y
“Giving Voice” International travel for two MPH students in partnership with Spelman College	Patricia Rodney	Ford Foundation	FY04/05	\$7,250.00	\$0	Y	Y
“Remembering Our Ancestors” Grant for PI and two students to travel to Benin and Togo, West Africa	Patricia Rodney	Ford Foundation	FY04	\$10,000	\$0	Y	Y

4.1.d.(2): Faculty Training Grants from 2005-2006. During 2004-2006, faculty members directed six training grants totaling \$656,070.00.

FY2005

International Reproductive Health Training Workshop, Accra, Ghana	Patricia Rodney	USAID/MPHF	FY05	\$57,720	\$0	Y	Y
Reproductive Epidemiology Course which included resources for two students to conduct Practicum Experience in Ghana, West Africa	Patricia Rodney	CDC	FY05	\$75,000	\$0	Y	Y
FY2006							
Consortium for African American Public Health Programs	Patricia Rodney	MHPF/CDC	FY06	\$113,250	\$113,250	N	Y

Throughout the same period (2004-2006), faculty members produced approximately 40 publications, including journal articles, monographs, books and book chapters. In addition, faculty members reported approximately 50 presentations at scientific conferences, as well as national, regional, state and local meetings. See Table 3.1.d for number of faculty publications.

Service

MSM does not attempt to prescribe specific service obligations that individual faculty members should participate in, however, all faculty members are expected to contribute in the area of service. The amount and nature of the service contribution is likely to differ as a function of individual skills and stage of career development. Excellence in service alone is not a sufficient indicator attainment of promotion.

Indicators of Quality in Professional and Community Service:

- Leadership roles in national, regional or state professional organizations.
- Service on major government commissions, task forces or boards.
- Leadership roles in national and/or international scientific societies or committees of foundations.
- Service on medical school or department task forces and committees as chairperson.
- Attraction of significant external development support and contributions to external development efforts.
- Evidence of peer group recognition for exceptional service-related accomplishments.
- Advisor to students or community organizations.
- Effective leadership in administrative roles within the Department, such as chairperson, division head, or director.
- Significant contributions toward the development, operation, and improvement of the affiliated department in particular and the medical school in general.
- Consultant with commercial firms, subject to established consulting guidelines.

Performance in Service

During the period of 2004-2006,

- MPH faculty members served on approximately 30 committees for MSM and CHPM.
- Faculty members served as officers or committee members for over 20 national, state, and local professional and health-related organizations.
- Faculty delivered approximately 50 presentations to major community meetings.
- Faculty members obtained six service grants.
- Faculty provided community service in conjunction with over 20 community organizations through volunteering and organizing community health activities.

4.1.e. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- The MPH program faculty represent a diverse range of disciplines, research interests and service activities.
- Faculty members provide a significant amount of community service, both voluntary and grant funded.
- Student evaluations of academic instruction are satisfactory.
- Several faculty members remain actively engaged in writing and publishing.

- The MPH program has a combination of senior and junior faculty members to support the mission, goals and objectives.
- A number of qualified consultants are in the process of applying for adjunct faculty appointments.

Concerns:

- Research funding and publishing are not evenly distributed among the faculty.

Recommendations:

- Continue ongoing efforts to identify resources that can assist faculty members in becoming more successful in obtaining grant funding and in publishing.

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.

MSM has established policies and procedures contained in the MSM Academic Appointment and Promotion Process and Policies handbook for faculty appointments. It is expected that all individuals who provide regular instructional services in the MPH program, beyond an occasional lecture, will become a member of the MSM faculty by following the MSM policies and procedures for faculty appointment. Consequently, the majority of the faculty who provide academic instruction in the MPH Program have appointments in the Department of CHPM. The MPH Program is housed in CHPM but is academically a program in the Office of the Dean for Academic Affairs. MSM utilizes several documents including the MSM Faculty Handbook to inform faculty members of the appointment and promotion process. MSM By-Laws of the Faculty provide institutional guidance and clearly outline faculty rules and regulations. These documents are available online or through the Office of the Dean to both full and part-time faculty. There is no separate document that addresses policies, procedures and practices specific to the MPH program.

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

All MSM faculty members are invited to participate fully in the institutional Faculty Development Programs which offer workshops throughout the year focused on instructional techniques, scientific writing, speaking, grant writing, and media presentations. CHPM also offers a monthly Public Health Seminar Lunch series. MPH faculty attend the monthly Public Health Leadership seminars and are encouraged to attend training workshops in their area(s) of specialization. MPH faculty receives financial support to attend the annual APHA Conference.

Adjunct faculty receive communications announcing seminars conducted on the MSM campus via email. Other persons participating in the MPH teaching program, by virtue of their primary professional associations and affiliations, are presumed to actively pursue professional development opportunities through those organizations.

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

The Director of the MPH Program evaluates full-time MPH faculty. MPH faculty who are assigned to other units (such as the PRC) are evaluated by the Director of those units. The Chair evaluates the Director of the MPH Program, the Directors of other units, and faculty not assigned to a particular unit. The Chair also reviews the written evaluations of all faculty. The Dean evaluates the Chair.

The evaluation process begins with the preparation of the annual Faculty Activity Report (FAR) by faculty members. Faculty are required to summarize all their activities for the year, categorized by teaching, administrative service, research, and clinical/community service. The evaluator uses the completed form 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 meets with the faculty member to review and discuss the evaluation.

Since 2005, Track Coordinators are responsible for providing an assessment of each faculty member and adjunct faculty member that teaches within their track. This additional input enhances the established evaluation process, which is based on student evaluation of teaching, and provides feedback to the Program Director. The FAR and the Adjunct Faculty evaluation form are available on site.

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

Students are required to complete a course evaluation form at the conclusion of each course in the MPH program. This evaluation process is used as both a course evaluation and a performance assessment for regular and adjunct faculty. A student is identified in each course to distribute evaluation documents, collect responses and submit them in a sealed envelope to the Office of Medical Education (OME). Evaluation responses are assessed by OME and the results forwarded to the MPH Director. Beginning December 4, 2006, course evaluations are available on-line to students through Blackboard. The online process eliminates error and provides immediate feedback to faculty. It also provides the students with a greater sense of anonymity and confidentiality.

4.2.e. Description of the emphasis given to community service activities in the promotion and tenure process.

As previously reported, MSM does not have a tenure process. However, in the annual evaluation of faculty, community service activities are given the same weight as “clinical service” which is used for clinicians. In other words, MSM regards the community as the “patient” for non-clinicians. All faculty are expected to engage in community service. This is in addition to service to the School (such as serving on committees) and service to the profession (such as completing grant reviews or serving as an officer in a professional organization). Community service may take the form of organizing or participating in community activities. Faculty who devote more than 10% of time to community service are expected to seek extramural funding to support these activities.

4.2.f. Assessment of the extent to which this criterion is met.

Strengths:

- The institution has in place policies and procedures that describe faculty rules, regulations and expectations for outcome measures.
- There is a formal system in place for the annual evaluation of faculty and it is used on a consistent basis every year.
- Full-time and adjunct faculty teaching a course in the MPH Program are evaluated for teaching performance.

- The MPH program has developed an operational document for adjunct faculty and consultants (available on site).
- The MPH program currently has a nucleus of six full-time faculty.

Concerns:

- Inadequate attendance by MPH Faculty at Department and Faculty Assembly meetings.

Recommendations

- Make attendance at faculty meetings and faculty assembly a factor on the annual evaluation.

4.3 FACULTY AND STAFF DIVERSITY

The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.3.a. Summary demographic data on the program’s faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a.

Table 4.3.a. Summary Demographic Data for Current Core and Other Faculty

	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
Male						
# % African American Male	2	67%	4	50%	6	55%
# % Caucasian Male	0		2	25%	2	18%
# % Hispanic/Latino Male	0	0	0	0	0	0
# % Asian/Pacific Islander Male	0	0	0	0	0	0
# % Native American/Alaska Native Male	0	0	0	0	0	0
# % Unknown/Other Male	0	0	0	0	0	0
# % International Male	1	33%	2	25%	3	27%
Total # % Male	3	43%	8	36%	11	38%
Female						
# % African American Female	3	75%	12	86%	15	83%
# % Caucasian Female	0	0	1	7%	1	6%
# % Hispanic/Latino Female	0	0	1	7%	1	6%
# % Asian/Pacific Islander Female	0	0	0	0	0	0
# % Native American/Alaska Native Female	0	0	0	0	0	0
# % Unknown/Other Female	0	0	0	0	0	0
# % International Female	1	25%	0	0	1	6%
Total # % Female	4	57%	14	64%	18	62%
TOTAL # % Female & Male	7	34%	22	76%	29	100%

*Core faculty represent 34% of total identified in tables 4.1.a & 4.1.b.

4.3.b. Summary demographic data on the program’s staff, showing at least gender and ethnicity. Data must be presented in table format.

Table 4.3.b. Summary Demographic Data for Full-Time Staff*

	Full-Time Staff		TOTAL	
	#	%	#	%
# % Male	0		0	
# % African American Male	0		0	
# % Caucasian Male	0		0	
# % Hispanic/Latino Male	0		0	
# % Asian/Pacific Islander Male	0		0	
# % Native American/Alaska Native Male	0		0	
# % Unknown/Other Male	0		0	
# % International Male	0		0	
# % Female	4	100	4	100
# % African American Female	4	100	4	100
# % Caucasian Female	0		0	
# % Hispanic/Latino Female	0		0	
# % Asian/Pacific Islander Female	0		0	
# % Native American/Alaska Native Female	0		0	
# % Unknown/Other Female	0		0	
# % International Female	0		0	
TOTAL	4	100	4	100

4.3.c. Description of policies and procedures regarding the program’s commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

The majority of MPH faculty is African American with 71% of the faculty members in this category. MSM is predominantly an African American institution and is committed to recruiting qualified African American and other underrepresented minority faculty throughout the institution. However, in line with institutional policies, MSM is an equal opportunity employer and does not discriminate against any applicant due to age, sex, race, ethnicity, disability, religion, or national origin.

Compliance Assurances

The School is in compliance with all federal guidelines regarding the provision of equitable opportunities and complies with the provision of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act. It is the policy of MSM that discrimination against any person or group of persons on the basis of race, color, national origin, religion, gender, age, disability or veteran status is specifically prohibited. The MSM Human Resources Department coordinates compliance training relative to Title VII of the Civil Rights Act of 1964, Section 504 and Title IX. The institution’s grievance office and officer are part of the President’s senior management staff and are housed in the NCPC building.

4.3.d. Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

The process of recruiting new faculty is usually done at the Department level. However, as of 2004 the MPH program has recruited its own faculty through a number of marketing sources: online and printed advertisements in a number of public health related journals. Faculty are also recruited from CDC and other public health schools in the Atlanta area. Candidates who apply for faculty positions express a commitment to the missions of MSM and the MPH Program. These efforts are evaluated based on the percent of faculty retained and the percent of new faculty above baseline.

4.3.e. Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.

Morehouse School of Medicine is a historically black institution, and the organization's top leadership and the majority of its faculty and students are African American which supports the overall mission of the institution. We have enhanced our recruitment strategies to include outreach to colleges serving Hispanics and other minorities. The International Health track has allowed us to attract international faculty and students.

4.3.f. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.

MSM does not establish or maintain specific numerical outcome measures or quotas by which to achieve a demographically diverse faculty complement. The MPH program faculty is significantly represented by women of color. Even though, the faculty is primarily African American, but is nonetheless a heterogeneous group, with diverse cultural backgrounds and several countries of origin.

4.3.g. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- This majority minority faculty reflects diversity among its membership in the areas of training, interests, expertise and experience.
- The faculty is almost evenly divided between genders.

Concerns:

- The faculty is over represented by those at the assistant professor level and only four (25%) of the full or part-time faculty members hold a rank of associate professor.

Recommendations:

- Increase faculty development opportunities to enhance junior faculty eligibility for promotion.

4.4 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.

4.4.a. Description of the program's recruitment policies and procedures, with examples of recruitment materials.

As of 2004, the MPH Program has worked closely with the Office of Admissions to recruit students for the MPH Program. During recruitment activities, (e.g. graduate fairs at undergraduate institutions,) the Director of Admissions continues to represent all programs. The MPH Practicum Coordinator, who is also responsible for recruitment, supplements the Admissions efforts by targeting specific fairs. Recruitment activities take place at HBCUs, private and public undergraduate institutions, as well as majority schools mainly in the southeastern United States. Recruitment strategies include posters advertising the MPH Program, MPH brochures, open houses and a collection of prospective student e-mails and correspondence via a database. Additionally, Program applications can now be accessed on-line. The School catalog and view book, both of which include information on the MPH program, are the main recruitment materials utilized. View books are distributed at recruitment fairs and to undergraduate institutions and are mailed upon request to interested individuals. The recruitment publications also include the new program brochure, and MSM brochures, which include information on the MPH program. The MPH Program continues to display these recruitment materials at national, state, and local meetings and conferences. The Morehouse School of Medicine website also includes information on the MPH Program and serves as an important recruiting tool. (www.msm.edu/mph/index.htm). Expanded website functions will allow for downloading of the School catalog, as well as, completion of admission applications to all programs.

Summer fellowships and internships targeting undergraduate minority students serve as potential feeder programs for the MPH program. These include the MSM/Emory/CDC Minority Public Health Summer Fellows Program, which is administered by MSM, and the Imhotep Summer Epidemiology Program, administered by Morehouse College Public Health Sciences Institute. MPH students have been recruited through both of these programs.

One additional feature of the MSM MPH program is the desire to attract applicants with previous public health experience, who lack a public health degree. The Program is promoted at local health departments, including the DeKalb County Health Department and the Fulton County Department of Health and Wellness, the two health departments that serve Atlanta. To recruit individuals with varied professional backgrounds, the MPH program has advertised in the following publications: 1) *Black Issues and Higher Education*; 2) *The Journal for Minority Medical Students*; 3) *The Harvard Journal of Minority Public Health*; 4) *The Atlanta University Center Newsletter*; 5) *Health Quest*; 6) *American Journal of Health Studies*; 7) *Keepsake: A Guide for Minority Science Students*; and 8) *Proceedings: Improving the Health of Underserved Populations through Public Health Collaborations amongst HBCU's*. The MPH Program annually co-sponsors Public Health Week with Morehouse College during the first week of April.

Future recruitment plans are to meet with Ministers of Health from African and Caribbean countries when at the annual Health Summit at PAHO and to provide the Consulates with program information.

4.4.b. Statement of admission policies and procedures.

Admissions Cycle Calendars & Deadlines

There is one admissions cycle per academic year. The application deadline is March 1st. Only those 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

1. Baccalaureate Degree - official transcripts from all undergraduate and graduate institutions attended is required.
2. Applicants with a doctoral degree need not submit undergraduate transcripts.
3. 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.
4. Typewritten Personal Narrative Statement (2-3 pages) answering specific questions.
5. Three letters of reference.
6. 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.
7. A personal interview is required of qualified, selected candidates who pass the first level of screening.
8. 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.

Screening Criteria and Processes

First Level of Screening - Office of Admissions

Beginning in 2004, the first level of screening involves the Director of Admission, 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; and
- 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. The Committee is also interested in the activities of the applicant outside the classroom including the nature of extracurricular activities, hobbies, employment, research projects and evidence of activities, which indicate concurrence with the MSM and MPH Program missions.

Finally, the demonstration of personal character and responsibility, compassion, honesty, motivation and perseverance, which will indicate the applicant's commitment and potential for success in the advancement of the art, science, and practice of Public Health after obtaining the MPH degree is considered. All components of the completed application contribute to the assessment of these factors. At the first level of screening, an applicant is either rejected, or invited to interview. After 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 – MPH Admissions Committee

Admissions Committee Structure

The MPH Admissions Committee is comprised of MPH Faculty, community representatives, selected MSM faculty, student representatives (1 vote), 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 to remind members of their duties and responsibilities as committee members.

Duties and responsibilities:

- **MPH Admissions Committee Chair - voting member**
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) - voting members**
Responsible for interviewing candidates within the legal and institutional guidelines. Attendance at Admissions Committee meetings and orientation. Presentation of interviewed candidates, and voting on all presented candidates.

- **Admissions Committee Member (Student Representative) - voting member**
Responsible for interacting with applicants over lunch on interview day, answering any questions from the applicants relative to student perspective, assessing non-cognitive factors during this interaction, conducting a tour of campus, providing student input at the Admissions Committee meeting, and voting on all presented candidates. Student representatives do not interview candidates.
- **Ex-Officio Members - non-voting members**
Responsible for providing guidance to the committee during committee meetings within the already established and approved policies and procedures governing admissions. These members basically serve as observers and provide assistance if issues arise.
- **Director of Admissions - non-voting member**
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 Admissions Committee level. They are established by the Program Director and Associate Dean for Student Affairs with input from the Committee Chair and Admissions Director. The Admissions Committee and Admissions Director is charged with effectively and equitably carrying out the established policies and procedures.

Interview Process

Applicants selected for 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, interviewers receive a "blind" packet on the applicant. This packet includes a copy of the applicant's application form and personal narrative statement, void of any test scores, GPA information, or letters of recommendation. This is done in an effort to not prejudice an interviewer with academic information prior to the interview. At the point of interview, when greeted by the Admissions Director, the interviewer receives the entire applicant's file.

The first part 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 skill, problem solving ability, maturity, etc. and oral communication skills. The second part 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.). Since 2002, candidates are also required to take a writing assessment which is either an analysis of a public health case study or current public health issue

The interviewer reviews the recommendation letters after the interview. Letters of reference information are never shared with the applicant.

Applicants are advised on interview day that further contact with their interviewer, the student representative, or other members of the Committee is considered inappropriate behavior, and when reported, will be documented to 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 Committee member needs to report the incident to the Director of Admissions

Admissions Committee Meetings - Presentation of Candidates and Voting Procedures

During the Admissions Committee meeting, a quorum of seven members is established, a requirement for voting on any decisions.

At each Committee meeting, a summary packet on each candidate is provided to each member including demographic information, institutions attended, and academic profile including GPA and test score information.

Each candidate is presented to the Committee by the interviewer and assigned a score. After the interviewer/s presentation, input is requested from the Student Representative, and any questions are entertained from Committee Members. After all discussion is completed, each voting Committee member then scores/rates the applicant on a scale of 1-5, with 5 being most desirable. Scores in increments of .5 are acceptable. At the end of the meeting, all scoring sheets and summary reports are turned in to the Admissions Director for tallying. The average of each applicant's ratings is then ranked in order from highest to lowest.

Confidentiality of Deliberations, Committee Proceedings & Applicant Files

All scoring sheets and summary reports are turned in 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 in April, after all candidate deliberations have been completed by the Committee. The top ranking candidates are issued letters of acceptance and all remaining rankings 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 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 can be used from one year to another. Space is provided on the application for applicants reapplying to indicate whether they wish to have any of these application components pulled forward to the current application. However, after one year with no active application on file, files are destroyed.

4.4.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. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

Available on Site.

4.4.d. Quantitative information on the number of applicants, acceptances and admissions, over the last three years.

Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area*, 2003 to 2007					
		Academic Year 2003 to 2004	Academic Year 2004 to 2005	Academic Year 2005 to 2006	Academic Year 2006 to 2007
Health Administration & Policy	Applied	9	12	7	14
	Accepted	^	^	7	8
	Enrolled	6	9	9	8
Health Education/ Health Promotion	Applied	18	22	11	10
	Accepted	^	^	6	4
	Enrolled	2	3	4	3
International Health	Applied	15	19	14	11
	Accepted	^	^	7	4
	Enrolled	4	6	8	2

* Students are allowed to change tracks within their first semester. This table reflects the track of the students at the beginning of the fall semester.

^Fall 2003: 16 Students were accepted. Fall 2004 26 Students accepted. Track specific data not available from Office of Admissions for Fall 2003 and 2004.

4.4.e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time equivalent conversion for each of the last three years. Non-degree students such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format.

Graduate students who register for 12 or more credit hours in the Fall or Spring Terms are full-time students (this represents the minimum hours for full-time students to complete the degree requirements in a two year period). All students are billed on a per credit hour basis. Students who register for fewer than nine credits are part-time students (this is defined by the students' financial aid award letter). Admission procedures for part-time students are the same as those for full-time students. Students who wish to register for more than 15 credits per term must obtain permission from their Track Coordinator.

Table 4.4.e. Students Enrolled in Each Degree Program by Area of Specialization, 2003-2007

	Academic Year 2003 to 2004	Academic Year 2004 to 2005	Academic Year 2005 to 2006	Academic Year 2006 to 2007
Health Administration & Policy	9	13	20	20
Health Education/Health Promotion	7	6	8	11
International Health	10	11	10	9
Total	26	30	38	40

4.4.f. Identification of outcome measures 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 over the last three years.

Outcome measures by which the program may evaluate its success in enrolling a qualified student body include: 1) the average GPA, GRE, and MCAT scores of students who apply, are accepted, and who are enrolled into the program, benchmarked against national averages and averages of previous MSM MPH classes; 2) the academic progress of enrolled students; 3) the job placement of students who graduate from the program; and 4) the size and quality of the applicant pool. A database was created to track the number of applicants, acceptances and enrollees for the MPH program as well as to track the academic profiles of these applicants/students. The Student Academic Progress Committee tracks student progress in the program.

4.4.g. Assessment of the extent to which this criterion is met.

The criterion is met.

Strengths:

- The Program has been successful in recruiting, retaining, educating, and graduating a very 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. Seven graduates have completed PhD and MD degrees.
- Until 2004 the Admissions Office exclusively carried out the recruitment for all MSM programs. Currently, the MPH Program complements this process through a planned and

targeted recruitment program. It includes recruitment at professional meetings and graduate fairs, undergraduate institutions, (especially HBCUs), an Open House once a semester, promotion in local health departments; the MSM website; printed materials including the Morehouse School of Medicine catalog, view book and MPH brochure.

- An online database was developed to update information on graduates.
- Admissions policies and procedures are rigorous and carefully implemented.
- Four scholarships were awarded prior to the admission of candidates in 2006.

Concerns:

- Inadequate scholarship funds has made recruiting more difficult.

Recommendations:

- Identify additional scholarship donors, including MPH alumni.
- Expand the scope of the pipeline programs within the Atlanta University Center.
- Establish transfer programs with other institutions.

4.5 STUDENT DIVERSITY

Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, sex, race, disability, religion or national origin.

4.5.a. Description of policies, procedures and plans to achieve a diverse student population.

As stated in the MSM Student Handbook, “the primary objective of the School is to recruit, select, enroll and educate able students from racial minority and educationally disadvantaged groups...” At the same time, the School does not discriminate against any applicant. Again, as stated in the student handbook, “the Morehouse School of Medicine encourages applications from, and gives full consideration to, all applicants for admission and financial aid without regard to sex, race, handicap, color, creed, or national or ethnic origin.” In order to ensure the recruitment of students from groups that are disadvantaged or under represented in the public health professions, many of the recruitment activities have focused on students at HBCUs.

The Program recognizes that the shortage of minorities in leadership positions in public health (and the other health professions) cannot be addressed simply by recruiting at the college level. A goal of more fundamental importance is to enlarge the pool of qualified minority applicants. If the applicant pool does not grow, then success in recruiting minority students for public health and medicine will necessarily mean failure for those attempting to recruit minority students for the other health professions and for non-health professions such as engineering and business. MSM sponsors a number of programs from kindergarten through college in an effort to enlarge the minority health professions applicant pool. These include:

- Ben Carson Science Academy: Weekend and summer hands-on science program for middle school age students.
- Vivian Thomas Summer Science Program: summer hands-on science program for high school students and their parents.
- Minority Public Health Summer Fellows Program: Summer public health program for underclass college students and recent graduates. Conducted in partnership with Emory and CDC.
- AHEC (Area Health Education Centers) Program: Includes presentations for K-12 students on health professions as well as summer health professions day camps.

4.5.b. Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.

The MPH Program invests eight days a month in recruitment and utilizes a number of opportunities for recruitment activities. These include professional meetings, graduate fairs, HBCU undergraduate institutions, an Open House, local health departments, the MSM website, and printed materials. Our inability to attract other minorities (e.g. Latinos) has forced us to re-evaluate our method for recruiting this population. In an effort to do more aggressive recruitment of potential students, in particular Native American and Latino student populations, additional venues were explored. Through collaborative efforts with program faculty and supporters, program information was shared with students and administrators at the following conferences:

- Annual Biomedical Research Conference for Minority Students
- Society for American Chicanos (SACNAS)
- Hispanic Association of Colleges and Universities (HACU)
- League of United Latin American Citizens (LULAC)
- National Council of La Raza

Additional conversation with AIHEC Student Coordinators to assess possible collaboration and support is forthcoming. In addition, mailing list including member institutions belonging to HACU (Hispanic Association of Colleges and Universities) and AIHEC (American Indian Higher Education Consortium) were obtained, and printed information/applications were mailed following the conference. Both traditional (U.S. mail and electronic (e-mail, web pages) were used for this purpose.

4.5.c. Quantitative information on the demographic characteristics of the student body including data on applicants and admissions, for each of the last three years. Data must be presented in table format.

Table 4.5.c.: Demographic Characteristics of Student Body from Fall 2003 to Fall 2006

		Fall 2003		Fall 2004		Fall 2005		Fall 2006	
		M	F	M	F	M	F	M	F
African American	Applied	11	31	10	35	7	17	14	20
	Accepted	^	^	^	^	5	14	5	10
	Enrolled	3	19	4	24	7	29	9	28
Caucasian	Applied	0	0	0	0	0	0	1	0
	Accepted	0	0	0	0	0	0	1	0
	Enrolled	1	1	1	1	0	1	1	1
Hispanic/Latino	Applied	0	1	1	1	0	0	0	0
	Accepted	^	^	^	^	0	0	0	0
	Enrolled	0	0	0	0	0	0	0	0
Asian Pacific Islander	Applied	1	1	3	2	1	0	0	0
	Accepted	^	^	^	^	0	0	0	0
	Enrolled	0	1	0	0	1	0	1	0
Native American/Alaska Native	Applied	0	0	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0	0	0
Unknown/Other	Applied	0	0	0	0	1	7	0	0
	Accepted	^	^	^	^	1	0	0	0
	Enrolled	0	0	0	0	0	0	0	0
International	Applied	0	0	1	0	0	0	0	0
	Accepted	^	^	^	^	0	0	0	0
	Enrolled	0	1	0	0	0	0	0	0
TOTAL	Applied	10	32	15	38	9	24	15	20
	Accepted	^	^	^	^	6	14	6	10
	Enrolled	4	22	5	25	8	30	11	29

^Fall 2003, 16 Students were accepted. Fall 2004, 26 Students accepted. Gender and Race specific data not available from Office of Admissions for Fall 2003 and 2004.

4.5.d. Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program’s performance against these measures for each of the last three years.

Most students should be African American, with a good representation of other minorities. Success in recruiting African-Americans is evident from the table above. Efforts will continue in this area.

No quotas are established by ethnicity or gender for students. Given the mission of the School and the Program, the intent is to have a student body that consists primarily of African-Americans and other minorities. Originally, the Program’s stated intent was to recruit a student body that included a high percentage of females. However, in recent years it has become apparent that the number of African-American males entering public health, as well as the other health professions, is in serious decline. Hence, our challenge now becomes one of recruiting more males to the MPH Program.

Diversity efforts are evaluated according to the following measures:

- A student body that is predominantly, but not exclusively, African-American. It should be a more diverse student population.

- A student body with an increasing percentage of African-American males.
- 4.5.e. Assessment of the extent to which this criterion is met.**

This criterion is met

Strengths:

- The Program has been successful in recruiting, enrolling, and graduating a qualified student body that is predominantly African-American (which is consistent with the mission of the MSM MPH Program).
- The School has recognized the importance of making a long-term investment in enlarging the minority applicant pool by sponsoring a number of “pipeline” programs.

Concerns:

- The program has been unsuccessful in attracting minorities other than African-Americans, despite the growing Latino population in the US and in Georgia.
- The student body has become overwhelmingly female.
- Data inconsistencies received from the Office of Admissions and Student Affairs inhibit the Program from providing CEPH with requested data.

Recommendations:

- Continue recruitment efforts to attract more males and more diverse underserved minorities.
- Focus recruitment efforts on Latino students.
- Improve MSM student data collection mechanisms and information dissemination.

4.6 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.

4.6.a. Description of the advising and counseling services, including sample orientation materials such as student handbooks.

Students can receive personal counseling services through the Counseling Center in the Office of Admissions and Students Affairs. The Center offers a variety of services designed to help students maximize their potential while at MSM. All students are encouraged to talk over any issue of concern with a counseling center staff member. Counseling sessions are confidential. Services are available free of charge to all matriculating students, their families and significant others.

The MPH Program Director assists in the advising process on an as-needed basis. In addition to the academic advising received from the Track Coordinators and the MPH Program Director, students receive assistance from their Preceptors during the Practicum Experience and from the faculty serving on their Culminating Experience Committee.

The Career Development Office provides career enhancing services and resources that aid students in the successful completion of their educational experience. The goal of the Career Development Office is to integrate resources within the program, institution and the community for the advancement of student learning and career success. The Career Development Office offers workshops and seminars that address the career/life challenges of the students in the MPH Program.

Every first-year student is encouraged to set up an appointment with the Practicum coordinator and/ or Track Coordinator who is available to discuss transitions to campus, curriculum issues, and career options. Second year students focus on professional development (i.e. Academic writing, Portfolio and CV Preparation). Students learn to assess, reflect, and plan for skill development both inside and outside the classroom. Students receive individual and group advisement in the following areas:

- Resume and Personal Statement development
- Identify and explore Practicum/Intern sites
- Identify Learning goals and objectives related to interest in public health
- Workshops (resume, interviewing, grant writing, professional development, and practicum).

Since 2004 the MSM and the MPH Program offers two days of orientation activities to all incoming students. The first day is the official orientation organized by the Office of Admissions and Student Affairs and includes 1) welcome and institutional overview; 2) a luncheon with the MPH alumni, community partners, faculty, staff and current students; 3) computer lab and library overview; 4) registration; and 5) financial aid interview.

On day two the Program Director also advises students on the policies and procedures regarding academic progress and promotion, information on research and internship opportunities and a tour of student facilities. Students receive academic advising and assistance in educational

planning from their Track Coordinators and from the MPH Program Director. The role of the Track Coordinators is to: 1) provide guidance and assistance to the students with respect to course selection, the culminating experience, the practicum, and special projects, 2) assist students in dealing with academic deficiencies, and 3) advise students expecting to graduate on job-seeking and career planning.

4.6.b. 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 submitted for each of the last three years.

The MPH Program functions within the School's administration academic framework. All activities related to student affairs are handled by the Student Affairs Department. Student complaints concerning academic issues are handled by the Student Academic and Progress Committee (SAPC). Programmatic matters are handled by the Program Director. The Director meets with the student and recommends that an official complaint is submitted in writing. The matter is then investigated by the Director who meets with the student and the faculty or staff person to resolve the complaint.

One written complaint was filed in 2005 by a student who protested a grade received for one of the Core courses. This complaint was satisfactorily addressed by SAPC. Verbal complaints were made by students for another Track required course. The resolution of this matter was referred back to the Course instructors. The MPH Director meets with all students twice a semester at an open forum organized by the MPH Student Association to address and resolve student grievances/issues. Electronic communication about meetings are sent to each student and copied to the MPH Student Association President.

4.6.c. Information about students' satisfaction with advising and counseling services.

The major counseling and advising is done by Track coordinators, and supplemented by the Career Office managed by the Practicum Coordinator. The table below represents students' evaluation of Track Coordination/Advisement during 2006 and is a section of the Exit Interview survey.

Table 4.6.c. Advising & Counseling by Track Coordinators

2006 - Track Coordinator*	HAP	IH	HE/HP
Accessibility and Helpfulness	Good	Good	Fair
Academic Advising	Good	Good	Very Good
Mentoring/Counseling	Good	Very Good	Excellent
Career Advising	Poor	Good	Very Good
Assist w/ Practicum	Poor	Good	Fair
Assist w/ Culminating	Good	Poor	Fair
Overall Rating	Good	Very Good	Very Good

*Data collected from section B4 of Exit interview forms.

Additional Student Survey Forms

Practicum Experience/Practicum Coordinator Evaluation forms are used to obtain student's assessment of their Practicum Experience. This includes information on whether the Practicum Advisor provided useful academic guidance.

The **Alumni Survey** form was developed in November 2002 and revised in 2004. The survey contains questions used to obtain alumni views on strengths and weaknesses of the Program and provide recommendations for improvement of the Program.

End of First Year Assessment: Program Director conducts individual interviews with all students at the end of their first year.

Exit Interviews: The Program Director conducts individual interviews in addition to an evaluation which is completed prior to the interview with all graduating students.

Advisement by Program Director: In 2006 during midterm evaluation with the Program Director, students requested for Advisor who does not also grade them; the Program Director has taken on this role. The Director also advises Special Status students and the social work students completing the doctorate degree.

4.6.d. Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths:

- The MPH Program has an accessible advising system for students.
- The MPH Program organizes through its Career Office a number of workshops and seminars which are conducted by Human Resources Department and consultants.
- The Career Office also provides regular announcements on internships, fellowships and job opportunities.
- The Practicum provides good networking opportunities for students to meet public health professionals in leadership and managerial positions.

Concerns:

- Lack of appropriate referral system for mental health counseling for students.

Recommendations:

- Faculty development activities as needed to upgrade counseling skills. This could be in the form of attending a course or seeking mentoring.
- All faculty, including adjunct, should be encouraged to attend the Student Orientation.