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|  |  | **THE UNIVERSITY OF** |
| **SOUTHERN MISSISSIPPI.** | |
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**Master of Public Health Program**

**Final Self-Study Report**

**November 2014**

**Submitted to the**

**Council on Education for Public Health**

**Contact Person**

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**List of acronyms**

AA Affirmative Action

AAHE American Association for Health Education

AASCU American Association of State Colleges and Universities

ACHE American College of Health Executives

AHEC Area Health Education Center

APHA American Public Health Association

APTR Association for Prevention Teaching and Research

CAB Community Advisory Board

CB Community Based

CDC Centers for Disease and Control

CE Continuing Education

CEPH Council on Education for Public Health

CHES Certified Health Education Specialist

CHW Community Health Worker

CITI Collaborative Institutional Training Initiative

CPA Certified Public Accountant

CSHO Center for Sustainable Health Outreach

DHA Doctor of Health Administration; Delta Health Alliance

DNP Doctor of Nursing Practice

DPH Department of Public Health

EB Epidemiology and Biostatistics

EEO Equal Employment Officer

ELO Eagle Learning Online

EMPH Executive Master of Public Health

ESG Eta Sigma Gamma

F Fail

FACHE Fellow American College of Health Executives

FAR Faculty Activity Reports

FCOI Financial Conflicts of Interest

FNS Food and Nutrition Services

FFYE Faculty First Year Experience

FHFMA Fellow Healthcare Financial Management Association

GPA Grade Point Average

GRE Graduate Record Examination

HASA Health Administration Students Association

HE Health Education

HIVQUAL Quality of Human Immunodeficiency Virus Care

HPA Health Policy & Administration

HRSA Health Resources and Services Administration

HSD Doctor of Health Sciences

IACUC Institutional Animal Care and Use Committee

IAP Integrity Assurance Program

IHL Institute of Higher Learning

IELTS International English Language Testing System

IRB Institutional Research Board

JD Juris Doctor

MSHCA Master of Science in Health Care Administration

LEC Learning Enhancement Center

LIS Library Informatics Services

LP Low Pass

MA Master of Arts

MBA Master of Business Administration

MCHES Master Certified Health Education Specialist

MPH Master of Public Health

MS Master of Science

MSDOH Mississippi Department of Health

MSPHA Mississippi Public Health Association

NCI National Cancer Institute

NHLBI National Heart, Lung, and Blood Institute

NIDDK National Institute of Diabetes and Digestive and Kidney Diseases

NIH National Institutes of Health

NLM National Library of Medicine

NTT Non Tenure Track

ONC Office of the National Coordinator for Health Information Technology

OPEN Organization of Pakistani Entrepreneurs

ORA Office of Research Administration

ORI Office of Research Integrity

P Pass

PD Pass with Distinction

PDF Portable Document File

PHD Doctor of Philosophy

PI Principal Investigator

RCR Responsible Conduct of Research

RIO Research Integrity Officer

SACS Southern Association of Colleges and Schools

SGA Student Government Association

SOAR Southern Miss Online Accessible Records

SP Student Participation

T Tenured

TOEFL Test of English as a Foreign Language

TT Tenure Track

UAB University of Alabama at Birmingham

USDHHS United States Department of Health and Human Services

USDOT United States Department of Transportation

USM University of Southern Mississippi

WEAVE Write, Establish, Assess, View, Effect (university online assessment tool)

# Criterion 1.0 The Public Health Program

## 1.1 Mission

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

The mission of The University of Southern Mississippi’s Master of Public Health program is to advance the public's health through education, research, and service with a focus on preparing students to become competent public health practitioners and/or administrators.

The mission of the MPH program is closely aligned to that of the overall mission of our university which is to cultivate intellectual development and creativity through the generation, dissemination, application, and preservation of knowledge.

In the remainder of this document, the terms “department” and “program” may be used interchangeably. An effort has been made to specifically use “program” when the intent is clearly programmatic.

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

The MPH program is an integral part of the university setting and adheres to the values that have been formed through the history and traditions of The University of Southern Mississippi. These values are widely and deeply held beliefs of our faculty, staff, students, and administrators both in the program and the University as a whole and include:

* Education provides opportunities to improve the quality of intellectual, social, economic, and personal well-being. These opportunities should be available to all who are willing and able to meet our standards of excellence.
* Our success is reflected by the degree to which our students become well-read, articulate, creative, and critical thinkers. It is measured by their display of specialized knowledge and abilities suitable to the pursuit of careers and lives in our complex, ever- changing world.
* We cherish innovation in the creation and application of basic and applied research findings, creative and artistic expression, meaningful learning experiences, the scope of services provided to our students and the broader community that we sustain, and the continuing evolution of degree programs that both respond to and anticipate the evolving demands of our society, employers, and the labor market.
* Education encourages and advances the ideals of a pluralistic democratic society: civic responsibility, integrity, diversity, and ethical behavior.
* Academic freedom and shared governance are long-established and living principles at the university. We cherish the free exchange of ideas, diversity of thought, joint decision making, and individuals’ assumption of responsibility.
* We make efficient and effective use of our resources, for we are accountable to our university communities, the Board of Trustees, and taxpayers.

Additionally, the values that guide the MPH program’s mission are as follows:

* The development and enhancement of collegiality among the faculty members
* Innovativeness in approach to teaching, practice, and research
* Open-mindedness, respect, compassion, universal fairness, and equity
* Striving to increase population health, eliminate health disparities, and improve the health and safety of the general public by teaching and following public health principles
* Collaboration and team work among the faculty and the establishment of partnerships with communities
* Collective responsibility and the wise use of resources
* Diversity and support for individual autonomy and privacy
* Student centered approach to teaching and program development
* Continuously seeking quality and excellence in scholarship
* Teaching and practicing individual and professional ethics
* Enjoyment

*1.1.c. Goal Statements for each major function through which the program intends to attain its mission, including at a minimum instruction, research and service.*

The University of Southern Mississippi MPH program currently has three overarching goals for the areas of major emphases in the program.

**Instruction:** To provide comprehensive public health education and professional development to students in the areas of biostatistics, epidemiology, health administration, health policy, social and behavioral aspects of health, and environmental health. Additionally, to provide specialized training beyond the core competency level in the emphasis areas of health education and health promotion, epidemiology and biostatistics, and health policy and administration.

**Research:** To develop an innovative, focused program of applied research that rewards scholarship and fosters collaborative research efforts with other academic programs, disciplines, and practitioners to increase the knowledge in the field of public health practice.

**Service:** To contribute to the development of public health policy and practice at the local, regional, national, and international levels through the active participation of our faculty and students with organizations that strive to improve the health of their community’s population.

*1.1.d. A set of measureable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c.*

As we redefined our program mission, many of the objectives below are new. The percentage associated with each goal is a baseline estimate of where the objective should be benchmarked. This percentage will be considered for appropriateness at the next faculty retreat in September 2015 and will be adjusted accordingly.

**Goal 1. Instruction**

1. 100% of MPH Program core competencies will be addressed by core and emphasis area courses.
2. 80% of full time MPH students will complete their degree requirements within 24 months of enrollment in the program.
3. 80% of MPH students will evaluate MPH core courses as ≥ 4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations.
4. 80% of students in the Health Education emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations.
5. 80% of students in the Health Policy and Administration emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations.
6. 80% of students in the Epidemiology/Biostatistics emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations.
7. 90% of all traditional MPH students will demonstrate professionalism in the field of public health as evidenced by an overall internship/practicum preceptor evaluation of above average or better.
8. 90% of all traditional MPH students will demonstrate specialized knowledge in their emphasis area as evidenced by a passing grade on the required portfolio associated with their internship/practicum.
9. 75% of all traditional MPH students will pass comprehensive exams on the first attempt.
10. 95% of executive MPH students will score ≥ 3 using a 4 point scale (pass with distinction, pass, low pass, or fail) on the Capstone oral presentation.
11. 90% of executive MPH students will score above average or better on the Strategic Planning written report.

**Goal 2: Research**

* 1. 70% of program faculty will pursue and initiate collaborative public health research with agencies, organizations and foundations at the local, state, national, or international levels.
  2. 60% of program faculty will pursue opportunities to conduct interdisciplinary, applied, and community-based scholarship with appropriate programs, agencies, and organizations.
  3. 70% of program faculty will enhance public health science through the dissemination of research findings in publications and presentations.

**Goal 3: Service**

1. 70% of MPH program faculty members will serve as a resource for at least one public and/or private health care activity or organization at the local, state, national, or international level.
2. 70% of MPH faculty, with the assistance of MPH student organization groups, will provide community education and service projects that will have a positive public health impact at local, state, national, or international levels.

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

The mission, values, goals, and objectives were originally developed through a series of collaborative faculty and strategic planning meetings that included input from administration, faculty, and students. In preparation for the CEPH self-study, the MPH faculty and staff began meeting twice monthly in August 2013 and continued meeting weekly from June 2014 until such time the self-study was completed.

In January 2014, faculty and staff worked collectively to redefine the mission of the program and to evaluate the appropriateness of the goals and objectives relating to instruction, research, and service. In February of 2014, a new mission statement was circulated to faculty and staff for their feedback. In March of 2014, the values of the program were reaffirmed by faculty and staff and found to be appropriate as written. In April and May of 2014, after consulting with faculty from each MPH emphasis area, new goals and objectives relating to instruction, research, and service were developed which better supported the newly written mission for the program.

In June 2014, the proposed mission statement, values, goals, and objectives were circulated to key constituent and stakeholder groups for their feedback. Current students were invited to attend an open meeting with the chair, Dr. Ray Newman. Students were reminded of the importance of CEPH accreditation, and they reviewed the mission, values, goals, and objectives for the MPH program. The meeting was attended by students from all MPH program emphasis areas and provided an opportunity to open what is to be an ongoing dialogue with students, faculty, and administration.

Additionally, the program created and convened the first meeting of the Community Advisory Board (CAB) which will serve to provide feedback from stakeholders in the community, including public health professionals and administrators, many of whom serve as practicum preceptors for the MPH program, and program alumni. The DPH hosted a luncheon for the CAB in June 2014 and those in attendance were provided information about the CEPH accreditation process and were given materials that included the program’s new mission statement, reaffirmed values, and new goals and objectives for instruction, research and service. Additionally they were invited to comment on these items either in person, via comment card, or through email or phone contact information provided.

At the departmental faculty meeting August 27, 2014, the feedback was presented to the faculty and CEPH working group, and after final revisions were made, the program’s current mission, values, goals, objectives, and competencies were formally adopted. These can be found on the program website. The mission, values, and goals can be found at: <http://www.usm.edu/community-public-health-sciences/master-public-health-accreditation>. The core and emphasis area competencies can be found at the program websites below.

Epidemiology and Biostatistics Emphasis:

<http://www.usm.edu/community-public-health-sciences/mph-epidemiology-and-biostatistics>

Health Education Emphasis:

<http://www.usm.edu/community-public-health-sciences/mph-health-education>

Health Policy and Administration Emphasis:

<http://www.usm.edu/community-public-health-sciences/health-policy-and-administration>

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

Although the development of the mission, values, goals, and objectives was addressed in 1.1.e above, it is important to describe the program’s plan to routinely review and revise those items and to make them available to constituent groups such as current students, alumni, faculty, practicum preceptors and public health professionals and administrators in the community, the Community Advisory Board, and the general public.

The MPH program mission, values, goals, and objectives, are made available to students via the MPH student handbook. This is given to all new students at the mandatory program orientation. This handbook is available in print as well as in electronic format at this website:

<http://www.usm.edu/community-public-health-sciences/mph-graduate-student-handbook>

The general public and key constituent groups are able to access this information on the departmental website at the following link:

<http://www.usm.edu/community-public-health-sciences/master-public-health-accreditation>

Program faculty review the mission, values, goals, and objectives during strategic planning retreats that take place every three years. When changes are proposed, feedback is sought from students, alumni, faculty, staff, members of the Community Advisory Board, and the general public. The mission, values, goals, and objectives are reviewed and reaffirmed during the first faculty meeting of the academic year.

*1.1.g. Assessment of the extent to which this criterion is met and an analysis of the schools strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* The MPH program operates as an integral part of the university as a whole. The program’s mission is clear and has been recently rewritten to accurately reflect the purpose of the MPH program.
* The mission is shared publicly on the Department of Public Health website. Through the recent process of revising the mission, new goals and several additional measureable objectives in the areas of instruction, research, and service were developed which better reflect the mission of the MPH program and allow for the measurement of relevant goals and milestones that are in keeping with the mission.

*Weaknesses*

* Prior to the self- study, the mission did not reflect the current purpose of the MPH program.
* Through the self-study process, the mission was rewritten, values were reaffirmed, and goals and objectives for instruction, research, and service were rewritten.

*Future plans*

* The mission, values, goals, and objectives will be reaffirmed and evaluated for ongoing relevancy at the first faculty meeting of each academic year.
* Proposed changes will be addressed during faculty meetings and circulated to the students, alumni, and key constituents that make up the newly formed Community Advisory Board as well as the general public for feedback prior to adoption.
* The mission, values, goals, and objectives will be formally reviewed at each departmental strategic planning retreat to be held every three years.

## 1.2 Evaluation

*1.2.a. Description of the evaluation process used to monitor progress against objectives defined in 1.1.d., including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole.*

There are several processes used by the program to collect data in order to evaluate progress toward instruction, research, and service related goals (1.1.c) and objectives (1.1.d). In preparing the self-study document, it was determined that the DPH lacked a committee that was responsible for compiling and monitoring data related to outcome measures. Although this duty had formerly been undertaken by the chair and the MPH graduate coordinator, we recognized that both of these positions had experienced turnover during the reporting period. This, coupled with the retirement of several senior level faculty members, lead to inconsistency in data collection and objective monitoring. As such, the Accreditation and Evaluation committee was created so that continuity of data collection, and evaluation and monitoring of objectives could be preserved even in the event of faculty/administrative transition. The following table (1.2.a) describes the data source that is linked to each objective, the entity responsible for collecting or compiling that data, and the timeframe in which data for each objective is to be collected.

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| 1. Table 1.2.a Data Source Used in Evaluation Process to Monitor Progress Against Objectives | | | |
| **Goal 1. Instruction** | | | |
| **Outcome Measure** | **Data Source** | **Entity Responsible for Collecting/Compiling** | **When Collected/Compiled** |
| 100% of MPH Program core competencies will be addressed by core and emphasis area courses. | Course Syllabi | Graduate Coordinator/Program Manager | At the end of every semester |
| 80% of full time MPH students will complete their degree requirements within 24 months  of enrollment in the program | Accepted Applicant Data | USM Graduate School | At the end of every semester |
| 80% of MPH students will evaluate MPH core courses as ≥ 4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | Course Evaluations (611, 622, 623, 625, 655, 656) | USM Office of Institutional Research | Annually in August for the previous academic year (Fall, Spring, Summer) |
| 80% of students in the Health Education emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | Course Evaluations (602, 606, 609, 647, 720, 784) | USM Office of Institutional Research | Annually in August for the previous academic year (Fall, Spring, Summer) |

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| **Outcome Measure** | **Data Source** | **Entity Responsible for Collecting/Compiling** | **When Collected/Compiled** |
| 80% of students in the Health Policy and Administration emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | Course Evaluations (626, 627, 657, 670, 716. 727, 737. 747, 757) | USM Office of Institutional Research | Annually in August for the previous academic year (Fall, Spring, Summer) |
| 80% of students in the Epidemiology/Biostatistics emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | Course Evaluations (620, 680, 685, 722, 723, 785, 786) | USM Office of Institutional Research | Annually in August for the previous academic year (Fall, Spring, Summer) |
| 90% of all traditional MPH students will demonstrate professionalism in the field of public health as evidenced by an overall fieldwork preceptor evaluation of above average or better. | Fieldwork Preceptor Evaluations | MPH Fieldwork Coordinator | At the end of every semester after official grades are posted. |
| 90% of all traditional MPH students will demonstrate specialized knowledge in their emphasis area as evidenced by a passing grade on the required portfolio associated with their fieldwork placement. | Grade (Pass/Fail) on Fieldwork Portfolio | MPH Fieldwork Coordinator | At the end of every semester after official grades are posted. |
| 75% of all traditional MPH students will pass comprehensive exams on the first attempt. | Comprehensive Exam First Attempt Score (must pass all core and emphasis exams) | MPH Graduate Coordinator | Each Fall and Spring semester after comprehensive exams have concluded. |
| 95% of executive MPH students will score ≥ 3 using a 4 point scale (pass with distinction, pass, low pass, or fail) on the Defense oral presentation. | Defense Oral Presentation Grade | Weave Assessment via EMPH Program Manager | Annually per WEAVE deadline |
| 90% of executive MPH students will score above average or better on the Strategic Planning written report. | Strategic Planning Written Report Grade | Weave Assessment via EMPH Program Manager | Annually per WEAVE deadline |
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| **Goal 2: Research** |  |  |  |
| Outcome Measure | **Data Source** | **Entity Responsible for Collecting/Compiling** | **When Collected/Compiled** |
| 70% of faculty will pursue and initiate collaborative public health research with agencies, organizations and foundations at the local, state, national, or international levels. | MPH Faculty Curriculum Vitae / Annual Review | Accreditation and Evaluation Committee | Annually after faculty Tenure and Promotion binders are submitted |
| 60% of program faculty will pursue opportunities to conduct interdisciplinary, applied, and community-based scholarship, with appropriate programs, agencies, and organizations. | MPH Faculty Curriculum Vitae / Annual Review | Accreditation and Evaluation Committee | Annually after faculty Tenure and Promotion binders are submitted |
| 70% of faculty will enhance public health science through the dissemination of research findings in publications and presentations. | MPH Faculty Curriculum Vitae / Annual Review | Accreditation and Evaluation Committee | Annually after faculty Tenure and Promotion binders are submitted |
|  |  |  |  |
| **Goal 3: Service** |  |  |  |
| Outcome Measure | **Data Source** | **Entity Responsible for Collecting/Compiling** | **When Collected/Compiled** |
| 70% of MPH program faculty members will serve as a resource for at least one public and/or private health care activity or organization at the local, state, national, or international level. | MPH Faculty Curriculum Vitae / Annual Review | Accreditation and Evaluation Committee | Annually after faculty Tenure and Promotion binders are submitted |
| 70% of MPH program faculty, with the assistance of MPH student organization groups, will provide community education and service projects that will have a positive public health impact at local, state, national, or international levels. | MPH Faculty Curriculum Vitae / Annual Review | Accreditation and Evaluation Committee | Annually after faculty Tenure and Promotion binders are submitted |

*1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a. are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.*

Findings are reviewed by members of the Accreditation and Evaluation committee and compared to defined targets. Results are passed on to the chair of the department/program Director so that they may be discussed with the MPH graduate coordinator, and the EMPH Program Manager. Results are also shared in the monthly faculty meeting as is warranted. The Accreditation and Evaluation committee meets at least once per semester, and more frequently as needed so that the data collection procedures above occur as described within the MPH program and the department as a whole. When results indicate that targets are not met, corrective action can be taken early in the feedback process. The primary goal of establishing the committee was to create a continuous feedback loop from data collection, presentation of results, and active decision making that allows for the continuation of policies and procedures that help ensure that current objectives are met, and allows for corrective action to be taken in the event that there are policies, procedures, or activities that are impacting the program in a negative way.

This committee, together with the Chair, is also responsible for reviewing proposed changes in the mission, values, goals, objectives, and competencies. This information is circulated to key constituent groups (faculty, staff, students, alumni, program stakeholders, public health professionals, administrators, the Community Advisory Board, and the general public) so that their feedback can be obtained prior to implementation or adoption.

*1.2.c. Data regarding the program’s performance on each measurable objective described in Criterion 1.1.d. must be provided for each of the last three years.*

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| 2. Table 1.2.c. Outcome Measures for Measurable Objectives | | | | |
| **Goal 1. Instruction** | | | | |
| Outcome Measure | Target | 2011 - 2012 | 2012 - 2013 | 2013-2014 |
| 100% of MPH Program core competencies will be addressed by core and emphasis area courses. | 100% | 100% | 100% | 100% |
| 80% of full time MPH students will complete their degree requirements within 24 months  of enrollment in the program | 80% | 91%  reflects graduation rates in 24 months from Fall 2009-Spring 2010 admits | 80%  reflects graduation rates in 24 months from Fall 2010-Spring 2011 admits | 100%  reflects graduation rates in 24 months from Fall 2011-Spring 2012 admits |
| 80% of MPH students will evaluate MPH core courses as ≥ 4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | 80% | 78% | 78% | 81% |
| 80% of students in the Health Education emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | 80% | 80% | 86% | 80% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome Measure | Target | 2011 - 2012 | 2012 - 2013 | 2013-2014 |
|  |  |  |  |  |
| 80% of students in the Health Policy and Administration emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | 80% | 93% | 93% | 93% |
| 80% of students in the Epidemiology/Biostatistics emphasis will evaluate their emphasis area courses as ≥4 (high or highest) on a 5 point Likert scale as measured on end of semester course evaluations. | 80% | 81% | 66% | 81% |
| 90% of all traditional MPH students will demonstrate professionalism in the field of public health as evidenced by an overall fieldwork preceptor evaluation of above average or better. | 90% | 100% | 100% | 100% |
| 90% of all traditional MPH students will demonstrate specialized knowledge in their emphasis area as evidenced by a passing grade on the required portfolio associated with their fieldwork placement. | 90% | 100% | 100% | 100% |
| 75% of all traditional MPH students will pass comprehensive exams on the first attempt. | 75% | 93% | 89% | 100% |
| 95% of executive MPH students will score ≥ 3 using a 4 point scale (pass with distinction, pass, low pass, or fail) on the Defense oral presentation. | 95% | 100% | 100% | 100% |
| 90% of executive MPH students will score above average or better on the Strategic Planning written report. | 90% | 100% | 100% | 100% |
|  |  |  |  |  |
| **Goal 2: Research** |  |  |  |  |
| Outcome Measure | Target | 2011-2012 | 2012-2013 | 2013-2014 |
| 70% of program faculty will pursue and initiate collaborative public health research with agencies, organizations and foundations at the local, state, national, or international levels. | 70% | 73% | 80% | 70% |
| 60% of program faculty will pursue opportunities to conduct interdisciplinary, applied, and community-based scholarship, with appropriate programs, agencies, and organizations. | 60% | 64% | 60% | 70% |
| 70% of faculty will enhance public health science through the dissemination of research findings in publications and presentations. | 70% | 80% | 70% | 70% |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal 3: Service** |  |  |  |  |
| Outcome Measure | Target | 2012 | 2013 | 2014 |
| 70% of MPH program faculty members will serve as a resource for at least one public and/or private health care activity or organization at the local, state, national, or international level. | 70% | 81% | 70% | 70% |
| 70% of MPH program faculty, with the assistance of MPH student organization groups, will provide community education and service projects that will have a positive public health impact at local, state, national, or international levels. | 70 | 73% | 70% | 80% |
|  |  |  |  |  |

*1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important school constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community*

The DPH began planning for the self-study in September of 2012 for the CEPH site visit scheduled for December 2014. A special faculty meeting was held on September 9, 2012 to discuss items that would be addressed during the strategic planning process for that academic year (2012-2013). One of the most important changes that occurred during this time was the departmental name change from the Department of Community Health Sciences to the Department of Public Health. In August of 2013, Dr. Ray Newman attended the CEPH Accreditation Orientation Workshop and provided the faculty with instructional materials regarding the preparation of the self-study. Beginning in August 2013, faculty and staff began meeting twice monthly to prepare the self-study. Four workgroups were established and the self-study criteria were divided accordingly. Each workgroup was assigned a graduate student assistant to help with, and be a part of, the preparation of the self-study. The chair, the MPH graduate coordinator, the EMPH program manager with assistance from faculty, the USM Graduate School, and Institutional Research collected and compiled data that were included in the self-study. A rough draft of the self-study was reviewed by CEPH consultant, Kristen Force, in April 2014. After integrating the feedback received into the self-study document, the workgroups nominated one person from each workgroup to finalize the document. The members of this reduced workgroup became the formalized Accreditation and Evaluation Committee.

In early meetings, it was determined that the program mission was in need of updating, and as such, the instructional, research, and service goals were evaluated for relevancy. Additionally, objectives for each over-reaching goal were reviewed and rewritten so that they better reflected the goals and better supported the new mission of the program. Furthermore, program values were reaffirmed, and competencies for core MPH coursework and emphasis area coursework were evaluated for relevancy and updated accordingly. Drafts of all proposed changes were discussed at length in monthly faculty meetings and twice-monthly CEPH workgroup meetings until consensus was reached.

After faculty and staff came to a consensus, feedback was sought from current MPH students. Students were invited to a feedback session in June 2014 with the chair of the DPH and members of the Accreditation and Evaluation Committee. Students were given information regarding the new proposed mission, reaffirmed values, rewritten goals and objectives and asked to comment on their relevancy and appropriateness. The meeting was well attended and each emphasis area had students in attendance.

Although the department had in place a Community Outreach committee, it was largely inactive at the time the self-study was undertaken. Faculty determined that this committee was ineffective, and through discussions decided that it should be dissolved in favor for a Community Advisory Board. The Community Advisory Board was convened and includes membership from program alumni from all emphasis areas, public health professionals and administrators, and other stakeholders from the public health community. Many of the members were practicum preceptors, and could provide feedback regarding the professional development and employment readiness of graduating students. The department plans to share results of the self-study with current students, members of the Community Advisory Board, and the general public electronically through the departmental website once complete.

Third party comments regarding accreditation were invited using several different methods:

* + 1. Email (August 2014) to the College of Health Faculty and Staff Listserve
    2. Printed in the September 2014 College of Health Newsletter:

<http://www.usm.edu/sites/default/files/groups/college-health/pdf/college_of_health_newsletter_september_2014.pdf>

* + 1. Posted on the USM College of Health web page :

http://www.usm.edu/health

* + 1. Posted on the USM DPH MPH website

<https://www.usm.edu/community-public-health-sciences/master-public-health-accreditation>

*1.2.e. Assessment of the extent to which this criterion is met and an analysis of the school’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* Going forward, the program has a strong evaluation and monitoring plan that will be maintained by the Accreditation and Evaluation Committee.
* The program actively seeks input from various program stakeholders such as current students, alumni, faculty, staff, public health professional and administrators in the community, and the general public. A community advisory board was recently formed, has met, and plans to continue its role.
* The MPH program provides a comprehensive public health education and produces well-trained public health practitioners and administrators.
* Faculty routinely conduct research that contributes to the science of public health.
* Faculty, along with MPH students, actively participate in community organizations and events that promote public health and improve the personal health of others.

*Weaknesses*

* The program experienced loss of several senior-level faculty during the self-study reporting period due to retirement, academic leave, sabbatical, and transitioning to other positions. This was mostly in the Health Education emphasis area.
* Continuity in the areas of evaluation and monitoring of objectives and goals will be a challenge if new roles and responsibilities for data collection and compilation created through the process of this self-study are not encouraged and maintained.

*Future plans*

* The Accreditation and Evaluation Committee will meet at least once per semester, and more frequently if needed, to ensure that data are being collected and compiled at defined times during the academic year. With this responsibility falling to a committee rather than a single entity, lapses in data collection and objective monitoring will be less likely to occur in the event of faculty/staff/administrative turn over.
* The program will continue to develop relationships with members of the Community Advisory Board and solicit feedback regarding workforce preparedness of students.

## 1.3 Institutional Environment

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

**The University of Southern Mississippi**

The University of Southern Mississippi was founded in 1910. Originally, the university was state-supported teacher training school, but has grown into a comprehensive doctoral and research-driven university. As of Fall 2013, the university has 15,325 undergraduate and 2,778 graduate students enrolled. The university employs 925 faculty members. Southern Miss is a dual campus with locations in Hattiesburg and Long Beach, in addition to six teaching and research sites.

**Department of Public Health**

In May 1989, the Board of Trustees of State Institutions of Higher Learning in Mississippi approved the creation of the Center for Community Health at The University of Southern Mississippi. In December 1989, the Board gave approval for the Center to grant the first Master of Public Health degree offered in Mississippi. The first class of students was admitted to the MPH program in the summer of 1990. Initial CEPH accreditation was awarded in 1993, with the program being reaccredited in 1997. In 2001, the MPH program was awarded re-accreditation for a minimum of five years. The unit was renamed the Department of Community Health Sciences in 2004. Reaccreditation for a period of seven years was granted by CEPH in October 2007. In June 2013, the department was renamed the Department of Public Health to better reflect the mission of the department and highlight the emphasis on public health programs within the department.

The MPH Program operates within a regionally accredited university. The University of Southern Mississippi is accredited by the Southern Association of Colleges and Schools (SACS). The university will undergo accreditation review from SACS in 2016. Further information about the university’s accreditation history and status can be found at: <http://www.usm.edu/about/accreditation>.

In addition to CEPH, 32 associations or councils provide accreditation to Southern Miss academic programs. A list of these follows.

**Accrediting Agencies**

* Accrediting Council on Education in Journalism and Mass Communication (ACEJMC)
* American Bar Association Standing Committee on Paralegals Approval Commission (ABA)
* American Chemical Society (ACS) Committee on Professional Training (CPT)
* American Council for Construction Education (ACCE)
* American Psychological Association (APA) Commission on Accreditation (CoA)
* Association to Advance Collegiate Schools of Business (AACSB – International)
* Commission on Accreditation of Allied Health Education Programs (CAAHEP)
* Commission on Accreditation of Athletic Training Education (CAATE)
* Commission for Accreditation for Marriage and Family Therapy Education (COAMFTE)
* Commission on Collegiate Nursing Education (CCNE)
* Committee on Accreditation (COA) of the American Library Association (ALA)
* Computing Accreditation Commission (CAC) of the Accreditation Board for Engineering and Technology (ABET)
* Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)
* Council for Accreditation of the American Association of Family and Consumer Sciences (AAFCS)
* Council on Accreditation of Parks, Recreation, Tourism, and Related Professions (COAPRT)
* Council on Education of the Deaf (CED)
* Council for Interior Design Accreditation (CIDA)
* Council on Social Work Education (CSWE) Commission on Accreditation (COA)
* Engineering Technology Accreditation Commission (ETAC) of the Accreditation Board for Engineering and Technology (ABET)
* National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)
* National Association of School Psychologists (NASP)
* National Association of Schools of Art and Design (NASAD)
* National Association of Schools of Dance (NASD)
* National Association of Schools of Music (NASM)
* National Association of Schools of Theatre (NAST)
* National Council for Accreditation of Coaching Education [Level 3] (NCACE)
* National Council for Accreditation of Teacher Education (NCATE)
* National Kitchen and Bath Association (NKBA)

*1.3.b. One or more organizational chart(s) of the university indicating the program’s relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.*

The organization charts below illustrate the current organizational structure of Southern Miss.

Figure 1. 1.3.b.i. Organizational Structure of President’s Office

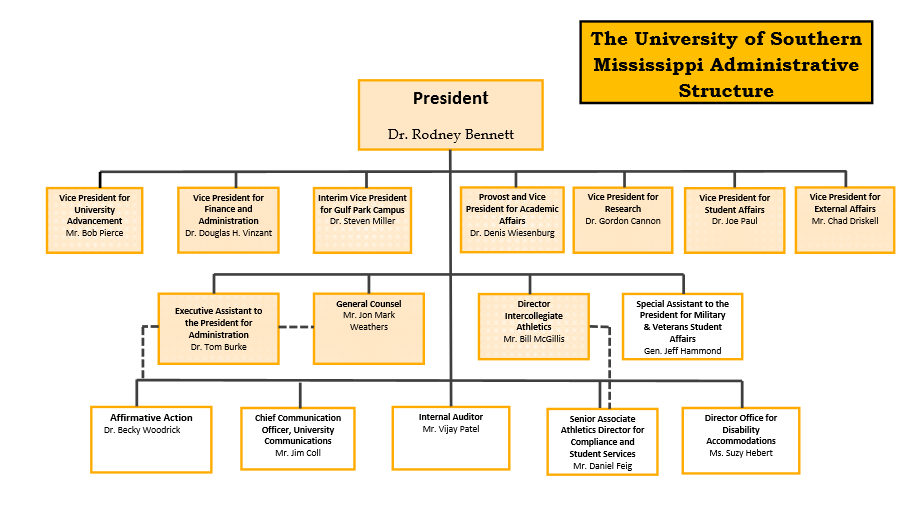


Figure 2. 1.3.b.ii. Organizational Structure from President to Provost

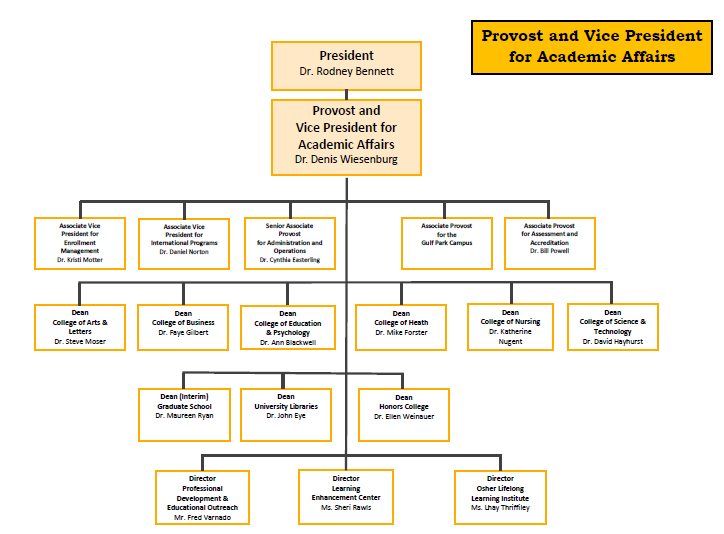


Figure 3. 1.3.b.iii. Organizational Structure from Provost to Dean of College of Health

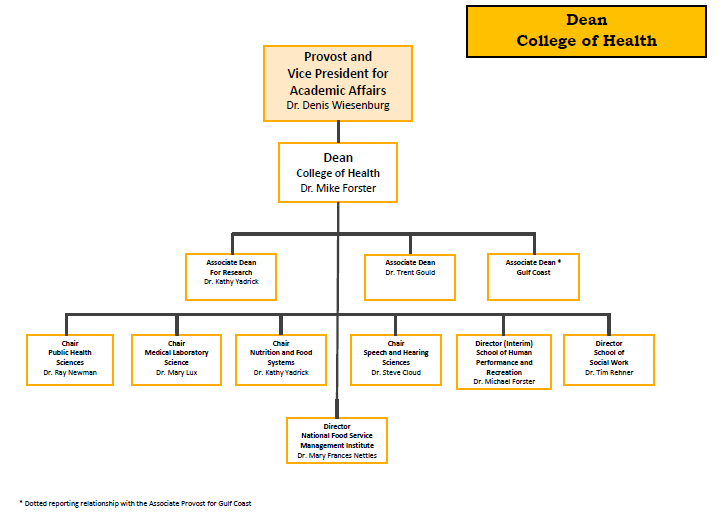
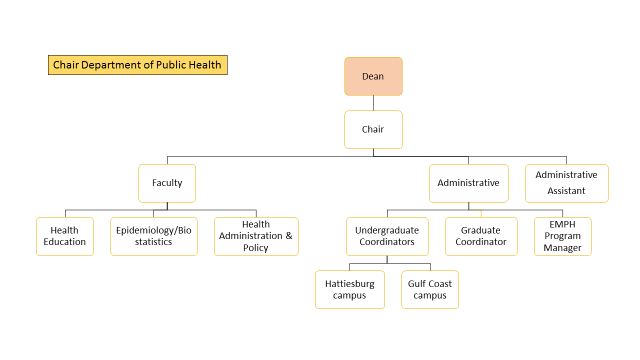


Figure 4. 1.3.b.iv. Organizational structure from Dean to Department of Public Health



*1.3.c. Description of the program’s involvement and role in the following:*

*Budgeting and resource allocation, including budget negotiations, indirect cost recoveries,*

*distribution of tuition and fees, and support for fund-raising*

The program generally does not participate in any of these areas. Budget amounts are established by university finance officials and communicated to the college dean for his schools, departments, and programs. Budgets have been relatively flat and stable for several years. Indirect costs recoveries are managed by the university’s finance office. Tuition amounts are taken into university coffers with “credit” being given to areas that generate the tuition. Programs (or colleges) have no discretion over the use of tuition dollars. The university has a fund-raising/foundation program and organization, which manages contributions and gifts to and for programs and departments.

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

Departmental hiring for authorized academic positions within the program is a process that involves consultation with the faculty of the department. When a position is to be filled, the chair, at a meeting of the departmental faculty, conducts a discussion to determine program needs, and professional qualifications required by the position. The chair appoints appropriate members of the faculty and others to a search committee, designating one of the members as the chair of the committee. The search committee coordinates the advertisement of approved positions, the receipt of applications, the interviewing of candidates, and the recommendation of candidates to the program faculty. The faculty may elect to accept the search committee's recommendations or develop an alternate recommendation. The chair then submits a written hiring recommendation from the department to the responsible college dean, accompanied by the chair's separate written recommendation either concurring or disagreeing with the recommendation of the faculty.

The selection and advancement policy can be found at:

<http://www.usm.edu/sites/default/files/groups/institutional-policies/pdf/acaf-pro-000-001_faculty_handbook.pdf>

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

The chair of DPH, program coordinators/managers, and faculty in the MPH program work in conjunction with the USM Graduate School to enforce university academic standards. The MPH graduate coordinator and the EMPH program manager, in consultation with the chair of DPH, work with the department Curriculum Committee to propose and adopt changes to the curriculum of the MPH program. If a change is proposed, it must be voted on by faculty at a formal faculty meeting, and if approved, it is forwarded on to the College of Health Curriculum Committee for approval.

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

Not Applicable

*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

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

This Criterion is met.

*Strengths*

* The MPH program is an integral part of The University of Southern Mississippi, an institution of higher learning accredited by the Southern Association of Colleges and Schools (SACS).
* In addition to CEPH, 32 associations or councils provide accreditation to Southern Miss academic programs.

*Weaknesses*

* None noted.

*Future plans*

* The MPH program within the Department of Health will continue to foster relationships with other accredited programs in the College of Health and beyond in order to strengthen collaborative academic, research, and service opportunities.

## 1.4. Organization and Administration.

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

Figure 5. 1.4.a. Organizational Relationships of Program

\*Denotes program units included in the accreditation self-study

Roles and responsibilities of key administrative personnel in the program are as follows:

Program Director. The program director oversees all aspects of the program for both traditional and EMPH students. The director ensures qualified faculty are identified and engaged and academic standards complied with. He approves admissions to the program. He coordinates and schedules EMPH project defenses to a faculty panel that evaluates and grades results. The director serves as advisor to EMPH students while conducting their major culminating experience. The EMPH program director has in recent history been a faculty member from the Health Policy & Administration area, which is the emphasis of the EMPH degree. We are in the third year where the chair of the department is from the HP&A faculty and assumed both roles.

Fieldwork Coordinator. This individual coordinates all traditional (non-EMPH) graduate (and undergraduate) internship experiences. She meets all graduate candidates to establish and manage fieldwork sites. The coordinator establishes relationships with each preceptor at each site. Formal agreements are executed with each site, which the coordinator ushers through the university provost and legal offices for approval and signature. She maintains communication with each preceptor to monitor progress and performance of student interns. At the completion of internships, she plans and conducts graduate student presentations to faculty and students. At these sessions, each intern summarizes his or her learning experiences at the fieldwork site.

Graduate Coordinator. This coordinator processes all application and admission materials for prospective students in the traditional (non-EMPH) MPH program. She serves as the primary advisor for all areas of the MPH program and manages the program files, website, and students’ plans of study. She develops promotional materials to recruit students for the graduate program. This position also coordinates and oversees all traditional student graduate comprehensive examinations.

EMPH Program Manager. This position assists the Program Director regarding all aspects of the EMPH program. She conducts academic advisement and course registration of EMPH students as well as handling student questions, coordinating their activities while on campus, and issuing all textbooks and materials for their courses. She updates, advertises and markets the EMPH program to the general public and prospective students, and plans and conducts recruitment activities to targeted professionals. Duties include scheduling and participating in student candidate preadmission interviews, supporting faculty course activities, and supervising a Graduate Assistant. She is the liaison with the Graduate School in the processing of and maintaining student records and progress in the program.

*1.4.b. Description of the manner in which interdisciplinary coordination, cooperation and*

*collaboration occur and support public health learning, research and service.*

Much effort is made to collaborate with the other departments within the College of Health, other Colleges within the University system, and the broader community to support public health learning, research and service. The faculty in the MPH program work collaboratively with other departments within the College of Health and the College of Nursing to foster public health learning. For example, DPH 623 (Biostatistics), DPH 723 (Biostatistics 2), and DPH 623 (Epidemiology) are offered to graduate students in the College of Nursing who are in enrolled in the Nurse Anesthesia (MS) program, the Doctor of Nursing Practice (DNP) program, or the Doctor of Philosophy in Nursing (PhD) program.

Additionally, adjunct faculty in the MPH program hold primary teaching appointments at Tulane University School of Public Health and Tropical Medicine, University of Florida, Clayton State University, and the University of Texas.

Two interdisciplinary degree programs are available to students. The MBA/MPH program is offered jointly through the Department of Management and International Business through the College of Business; and the MA/MPH in Anthropology is offered through the Department of Anthropology and Sociology within the College of Arts and Letters. Information regarding curricula for both programs can be found in section 2.1.b and 2.11.

The DPH currently has collaborative research efforts with the University of Texas at Tyler, The University of Maryland, Delta State University, Chinese University of Hong Kong, State University of Bangladesh, and the Green Life Medical College also in Bangladesh. The DPH has collaborative service/research partnerships with the Mississippi Department of Public Health, the Mississippi National Guard Joint Task Force, the Mississippi Department of Veteran Affairs, and the Delta Health Alliance. These efforts are described in detail in section 3.1.b.

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

The criterion is met.

*Strengths*

* The MPH program as a part of the DPH is supported fully by the organizational setting and structure of the College of Health and the University as a whole. This setting encourages collaborations that facilitate the achievement of our program mission.
* Furthermore, we work collaboratively within the College of Health, our University, and our constituents in the broader local, regional, national, and international community.
* Our organizational structure enriches interdisciplinary communication, cooperation and collaboration and fosters public health learning, research, and service.

*Weaknesses*

* The MPH program has gone through a number of faculty and administrative changes due to faculty transitioning to other positions, retirement, academic leave, and sabbatical. As a result, we have recently hired faculty and staff who are new to the DPH.

*Future plans*

* The DPH is in the process of reviewing candidates for several academic positions. Once filled, these faculty will enhance our capacity to engage in interdisciplinary and collaborative public health learning, research and service.

## 1.5 Governance

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

***\*All committees listed below are department wide, and utilized by both the MPH graduate program as well as the undergraduate programs within the department for the functions described therein. The only exception is the Graduate Admissions Committee which is only utilized by the MPH program.***

***Academic Integrity Committee***

*Charge:* to promote expectations for academic integrity consistent with University policy and to review cases of academic dishonesty as defined by the University Graduate Student Bulletin. Also, to address and facilitate the resolution of academic grievances brought forth by students, and to hear proposals related to internship waivers. This committee convenes as needed.

*Composition:* Membership should include graduate and undergraduate coordinators, graduate program managers, members of college level academic committees, and practicum coordinators

*Current Composition:*

* Hwanseok Winston Choi (Assistant Professor, College of Health Curriculum Committee Member)
* Susan Dobson (Instructor, Undergraduate Coordinator Hattiesburg Campus)
* Danielle Fastring (Assistant Professor, Undergraduate Coordinator Gulf Coast Campus)
* Gina Fiorentini-Wright (Practicum Coordinator, Instructor)
* Ala Cibotarica (EMPH Program Manager, Adjunct Instructor)
* Vickie Reed (Graduate Coordinator, Adjunct Instructor)

***Accreditation and Evaluation Committee***

*Charge:* To maintain continuity of data collection related to maintaining CEPH accreditation and the WEAVE assessment (USM’s online assessment tool). Also, to solicit feedback from constituent groups including current students, alumni, community stakeholders, with regard to mission, values, goals, objectives and competencies related to the MPH program; to conduct annual alumni survey. This committee convenes once per semester at a minimum, but meetings may be called as needed.

Composition: Membership should include graduate and undergraduate coordinators, graduate program managers, at least one faculty member from each graduate emphasis area, and student representatives.

*Current Composition:*

* Susan Dobson (Instructor, Undergraduate Coordinator Hattiesburg Campus) Health Education
* Danielle Fastring (Assistant Professor, Undergraduate Coordinator Gulf Coast Campus) Epidemiology/Biostatistics
* Ala Cibotarica (EMPH Program Manager, Adjunct Instructor) Health Policy and Administration
* Vickie Reed (Graduate Coordinator, Adjunct Instructor) Health Education
* Student members:
* Aaron Martin (Graduate Assistant, Health Policy and Administration Emphasis)
* Selena Frederick (Graduate Assistant, Epidemiology and Biostatistics Emphasis)

***Awards/Scholarship Committee***

*Charge:* to effectively distribute the funds available for departmental scholarships each year. Also to award merit based recognition to eligible students. The committee will ensure that each student awarded a scholarship meets the criteria for the scholarship. The committee is responsible for soliciting nominations for student and faculty awards. This committee meets at least once annually to review scholarship awards for the upcoming academic year.

*Composition:* Membership should include program coordinators and/or managers, and can include faculty of any rank.

*Current Composition:*

* Susan Dobson (Instructor, Undergraduate Coordinator Hattiesburg Campus)
* Danielle Fastring (Assistant Professor, Undergraduate Coordinator Gulf Coast Campus)
* Ala Cibotarica (EMPH Program Manager, Adjunct Instructor)
* Vickie Reed (Graduate Coordinator, Adjunct Instructor)
* Emily Wilson (Instructor, Gulf Coast Campus)

***Community Advisory Board***

*Charge:* to assist in identifying new venues for community service for students, faculty, and staff. Also to identify additional student practicum experience opportunities, and to provide feedback with regard to changes in program mission, values, and goals, and to identify emerging competencies that should be addressed to assure the professional development of competent public health professionals. This board convenes at least once annually, but may be called to meet more frequently as necessary.

*Composition:* Various program stakeholders including but not limited to public health professionals and administrators in the community, current students and alumni with broad representation of all MPH emphasis areas, and faculty at various levels of instruction.

*Current Composition:*

* David A. Muns, MPH, FACHE, Vice President System Development, Memorial Hospital of Gulfport, MS
* G. Edward Tucker, Jr., CPA, CMC, Chief Operating Officer, Mississippi Baptist Health Systems, Jackson, MS
* Ray Newman, Chair and Professor, DPH, The University of Southern Mississippi
* Susan Dobson, Instructor, Undergraduate Coordinator DPH Hattiesburg Campus, The University of Southern Mississippi, MPH alumni
* Gina Fiorentini-Wright, Instructor, Practicum Coordinator DPH, The University of Southern Mississippi
* Ala Cibotarica, EMPH Program Manager, Adjunct Instructor, The University of Southern Mississippi, MPH alumni
* Vickie Reed (Graduate Coordinator, Adjunct Instructor)
* Marshae McNeal, Prevention Coordinator, Pine Belt Mental Healthcare Resources, Hattiesburg, Mississippi, MPH alumni
* Ashley McKenzie-Skipper, Health Program Specialist, Senior, Mississippi State Department of Health, EMPH alumni, DPH adjunct instructor
* Arnecca Byrd, Program Manager, College of Health, The University of Southern Mississippi, MPH alumni

**Curriculum Committee**

*Charge:* to plan, review and monitor all academic programs offered by the Department of Public Health, to provide educational oversight and strategic policy recommendations for the development of instructional courses and programs offered by the department; and to coordinate curricula in DPH for the MPH program and the undergraduate BS programs. Furthermore this committee is charged with reviewing syllabi for cultural competency and diversity. This committee convenes as needed, but once annually at a minimum.

*Composition:* Membership should include graduate and undergraduate coordinators, graduate program managers, and members of college level academic committees. Membership should include at least one student in the MPH program.

*Current Composition:*

* Hwanseok Winston Choi, Assistant Professor, College of Health Curriculum Committee Member
* Susan Dobson, Instructor, Undergraduate Coordinator Hattiesburg Campus
* Danielle Fastring, Assistant Professor, Undergraduate Coordinator Gulf Coast Campus
* Ala Cibotarica, EMPH Program Manager, Adjunct Instructor
* Vickie Reed, Graduate Coordinator, Adjunct Instructor
* Student member: Aaron Martin , Graduate Assistant, Health Policy and Administration Emphasis

**Graduate Admissions Committee**

*Charge:* to review the completed applications for admission to the MPH program once received from the Graduate School and recommend acceptance or rejection. This committee meets twice annually to review applications for fall and spring MPH program admission.

*Composition:* Membership should include graduate coordinators and graduate program managers.

*Current Composition:*

* Ala Cibotarica, EMPH Program Manager, Adjunct Instructor
* Vickie Reed, Graduate Coordinator, Adjunct Instructor

**Recruitment Committee**

*Charge:* to conduct activities related to student recruitment, including outreach and program promotion, admissions, and enrollment. This committee convenes once annually and more frequently if needed.

*Composition:* Membership should include graduate and undergraduate coordinators, graduate program managers, and at least one student member.

*Current Composition:*

* Susan Dobson, Instructor, Undergraduate Coordinator Hattiesburg Campus
* Danielle Fastring, Assistant Professor, Undergraduate Coordinator Gulf Coast Campus
* Ala Cibotarica, EMPH Program Manager, Adjunct Instructor
* Vickie Reed, Graduate Coordinator, Adjunct Instructor
* Student member: Kristin Chmelicek, Graduate Assistant, Health Policy and Administration Emphasis

**Student Organizations Committee**

*Charge*: to act as faculty advisors for professional student organizations that have active chapters within the department. Also, to educate students participating in recognized student organizations regarding policies and procedures for meeting on campus. This committee convenes as needed.

*Composition:* Membership should include current student organization faculty advisors.

*Current Membership:*

* Vickie Reed, Graduate Coordinator, Adjunct Instructor: Eta Sigma Gamma
* Yue Xie, Assistant Professor: Health Administration Student Association

**Tenure & Promotion Committee**

*Charge:* to recommend faculty for promotion to the ranks of Assistant Professor, Associate Professor, and Professor in accordance with the guidelines of the USM DPH; to recommend applications for grants of tenure for tenure-track faculty in accordance with the guidelines of the USM DPH; and to recommend changes to the USM DPH guidelines for appointments, promotions and tenure. This committee convenes as needed.

*Composition:* Membership should include tenured faculty holding rank of professor or associate professor in the academic unit.

*Current Composition:*

* James McGuire (Associate Professor)
* Amal Mitra (Professor)

\***Dr. Ray G. Newman, Department Chair and Professor, serves as ex officio on all departmental committees.**

*1.5.b. Identification of how the following functions are addressed within the program’s committees and organizational structure.*

**General program policy development**

The Dean and the department chair are responsible for policy development in the DPH. General policies impacting the operations of the MPH program are developed by the department chair in consultation with MPH graduate program coordinator and EMPH program manager, and other faculty, staff, and students when necessary. The department chair, in coordination with the graduate program coordinators and representative faculty from each emphasis area work together to develop policies relating to the MPH program. The DPH has several standing committees that address more specific policy development needs at the program level. These include the Curriculum Committee, and the Tenure and Promotion Committee whose charges are explained in section 1.5.a.

**Planning and Evaluation**

The department chair and members of the Accreditation and Evaluation Committee share the responsibilities of program planning and evaluation as it pertains to the MPH program. Strategic Planning occurs every three years. The program’s mission and values are assessed for relevancy during these strategic planning retreats. Ongoing planning occurs at the initial faculty meeting of each academic year, while subsequent monthly meetings are held to discuss the need for any additional planning, evaluation, or data collection. Goals and objectives relating to instruction, research, and service, and core and emphasis area competencies are evaluated annually for relevancy by the DPH Chair, the Accreditation and Evaluation Committee, and other key constituents making up the Community Advisory Board.

**Budget and resource allocation**

The Dean of the college is responsible for planning, implementing and managing the budget for the College of Health and supervising the administration of all programs within the college. Department chairs and directors are also responsible for the preparation and administration of the department budgets. Program directors and managers are integrated into the organizational and committee structures of the department. Discussions of development and use of budgetary funds are held between the Program Director and the Program Manager throughout the year as well as at the beginning of each year.

**Student recruitment, admission and award of degrees**

The USM Graduate School is the focus of student recruitment. Once interested students are identified, they are provided contact information so that they may contact the coordinator or program director responsible for the program of interest in the DPH. The USM Office of Admissions actively recruits students by participating in career fairs, and distributing program-specific flyers. Additionally, the department maintains a website that offers program information for interested students and provides information concerning how to make application to the graduate school for acceptance into the MPH program. The department also hosts open house activities which are coordinated by the Recruitment Committee. Members of the recruitment committee are directly involved with MPH student recruitment through their activities as program coordinators/managers, undergraduate instructors, or practicum liaisons.

Faculty and staff members who are members of the Graduate Admissions Committee review applications that have been received by the Graduate School. The committee members review the applicant’s official transcripts, letters of recommendation, GRE scores, and the candidate’s professional statement, and make recommendations for acceptance into the MPH program to the Graduate School who then grants admission.

Students are awarded degrees by the Graduate School after successful completion of their coursework and culminating experience as defined by their plan of study, and after demonstrating competency on comprehensive exams which are given during the student’s graduating semester. After the program coordinator and the department chair verify that degree requirements have been satisfied, the degree is awarded by the Graduate School. Specific degree criteria are found in the [USM Graduate Bulletin](http://catalog.usm.edu/preview_entity.php?catoid=6&ent_oid=446&returnto=410).

**Faculty recruitment, retention, promotion and tenure**

The deans assign academic and professional responsibilities to department chairs, evaluate their performances, make final recommendations to the Provost regarding appointment,

reappointment, salaries, promotions, tenure, and other personnel matters. The chair of the DPH is responsible for making appropriate recommendations to the dean regarding departmental/programmatic personnel needs. The chair is responsible for evaluating faculty, and making recommendations to the dean regarding salaries, promotions, tenure, and retention. The department chair, acting as administrative officer, provides the academic dean with written advice on all programmatic hiring recommendations, annual performance reviews, pre-tenure reviews, promotion recommendations, and tenure deliberations. This is also discussed in section 1.3.c above.

**Academic standards and policies, including curriculum development**

At the program level, the Curriculum Committee and the Academic Integrity Committee address issues of curriculum development and deviation from academic standards, respectively. The chair is involved in determining educational policy and implementing institutional policies. This includes establishing curricula, schedules, departmental majors, and graduation requirements. The dean of the College of Health is responsible for developing and supervising the academic schedule and curricula for the College of Health, consistent with the goals of the University. The USM Department of Public Health [Graduate Student Handbook](http://www.usm.edu/community-public-health-sciences/mph-graduate-student-handbook) provides a description of academic standards that must be met by students in the Public Health program.

**Research and service expectations and policies**

All tenure-track faculty members are expected, as part of their employment, to participate in research and service toward fulfillment of the mission of the program. Research and service expectations are determined by the chair and are included in the annual employment contract letter. Expectations are determined by faculty status and are specific to the individual. Faculty are evaluated annually by the chair of the DPH to determine if expectations were met. The monitoring and evaluation of objectives related to research and service are discussed in section 3.1.d and 3.2.d respectively.

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

The key document of The University of Southern Mississippi for determining the rights and obligation of individuals in governance of the program is the [Faculty Handbook](http://www.usm.edu/sites/default/files/groups/institutional-policies/pdf/acaf-pro-000-001_faculty_handbook.pdf). The policies stated in this handbook are reviewed and revised as needed by the Office of the Provost and the Faculty Senate. Changes are incorporated in the handbook on a continuing basis and become effective when approved by the Faculty Senate and Provost. The copy retained by the Office of the Provost is designated as the official*Faculty Handbook*.

The key document of the MPH program that determines the rights and obligations of students in the program is the MPH student handbook. This document can be found here:

<http://www.usm.edu/community-public-health-sciences/mph-graduate-student-handbook>

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

|  |  |  |
| --- | --- | --- |
| 3. Table 1.5.d. MPH Program Faculty Who Hold Current Membership in University Committees | | |
| **University Level Committees** | | |
| Faculty Member | Committee | Dates of Service |
| Dobson, S. | Southern Miss Breast Cancer Committee  University Library Advisory Board | (2003 – present)  (2011 – present) |
| Fastring, D.R. | Gulf Coast Faculty Council  USM Pink Golden Eagles Committee  (American Cancer Society)  USM WOW! (Working on Wellness) Committee | (2013 – present)  (2007 – present)  (2010 – present) |
| Mayfield-Johnson, S. | USM Institutional Review Board | (2011 – present) |
| Mitra, A. | USM Institutional Review Board | (1999 – 2011) |

|  |  |  |
| --- | --- | --- |
| **University Level Committees** |  |  |
| Faculty Member | Committee | Dates of Service |
| Newman, R. G. | Council of Chairs  University Strategic Planning Committee  University Recruitment and Retention Committee  University Student Retention Committee | (2013 – present)  (2013 – present)  (2012 – present)  (2012 – present) |
| **College Level Committees** | | |
| Mitra, A. | College of Health Advisory Committee | (2013 – present) |
| Choi, H. | College of Health Curriculum Committee | (2012 – present) |
| Dobson, S. | College of Health Curriculum Committee | (2011 – present) |
| Newman, R. G. | College Council | (2012 – present) |
| Reed, V. | College of Health Awards Committee | (2013 – present) |

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

At USM, students have many opportunities to take part in governance, both formally and informally. Informally, students are invited to share opinions and provide feedback on program policies and procedures, and other programmatic decisions. These suggestions are routed to the appropriate committee, or discussed as agenda items at monthly faculty meetings. Students do not have formal voting rights on department-level committees, but do participate in the Accreditation and Evaluation Committee, the Curriculum Committee, and the Recruitment Committee.

At the University level, there are several opportunities for students to serve in a more formal capacity on committees that impact governance. The following is a list of University level committees to which students can belong:

**USM Student Government Association**

Students have the opportunity to participate in the governance and decision making at The University of Southern Mississippi. Their main influence comes in the form of a Student Government Association. The USM SGA’s mission/purpose is to provide an effective organization for the administration of the student body, to establish official channels through which student opinions may be expressed, to promote students’ rights and responsibilities, to ensure the growth and development of self-government for all students, to encourage university pride, to promote academic freedom and academic responsibility, to protect the rights of students, and to promote full cooperation between students, faculty and administration in the constant pursuit of excellence, justice, and quality of life for all students at The University of Southern Mississippi. Details are included in the SGA Constitution, which can be found at [www.usm.edu/sga](http://www.usm.edu/sga).

**USM Graduate Student Senate**

The purpose of the Graduate Student Senate is to advise the Dean of the Graduate School who serves as its official adviser. It is a voice for all graduate students and an advocate for their concerns and ideas concerning graduate education and graduate students at The University of Southern Mississippi. The University of Southern Mississippi Graduate Student Senate is composed of a representative from each department or school nominated by the chair or director.

Graduate students can also participate in departmental level committees. Student membership is maintained for the following committees as referenced in 1.5.a:

* Accreditation and Evaluation Committee
* Community Advisory Board
* Curriculum Committee
* Recruitment Committee

Additionally, the program faculty and staff support students in two professional organizations.

**Eta Sigma Gamma, Alpha Iota Chapter, Active since 1977**

Eta Sigma Gamma (ESG) is a national professional honorary organization for students in Health Sciences whose primary purpose is to advance professional competencies in all areas of health. The national organization emphasizes the evaluation of standards, ideas, competence and ethics of professionally trained men and women in the Health Sciences. The ESG Alpha Iota Chapter was established at The University of Southern Mississippi in 1977 to recognize academic excellence in health sciences, health education, health promotion, and public health. In the tradition of Greek usage, the letters Eta, Sigma and Gamma were chosen to represent the Greek equivalent of the letters H, S and C, the abbreviation for the term “Health Sciences”.

<http://www.usm.edu/community-public-health-sciences/eta-sigma-gamma-honorary-society>

Examples of student activities vary but include participation in the Making Strides Against Breast Cancer Campaign and the Relay for Life Campaign sponsored by the American Cancer Society. They are called on by the student health center to participate in University forums and educational fairs.

**Health Administration Student Association, Active since 2009**

In July 2009, The University of Southern Mississippi approved the formation of the Health Administration Student Association (HASA). This student-driven association provides its members with professional networking opportunities, career planning, workshops, and presentations by healthcare administrators from local, state, and national level health care organizations. HASA has over 60 members from undergraduate and graduate programs in a variety of degree programs in the university.

<http://www.usm.edu/community-public-health-sciences/health-administration-student-association-hasa>

Examples of student activities vary, but routinely consist of networking luncheons with prominent health care executives from the community and other professional development opportunities.

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

This criterion is met.

*Strengths*

* The program administration and faculty have clearly defined rights and responsibilities concerning program governance and academic policies.
* Faculty and staff within the DPH participate in departmental committees that then provide recommendations related to evaluation, policy development, and curriculum matters related to the MPH program to the Chair of DPH and the Dean of the COH.
* Faculty serve on college-level and university-level committees and influence the governance at each level.

*Weaknesses*

* At present, the department is conducting faculty searches for several open positions that have been vacated due to faculty transitioning to other positions, retirement, academic leave, and sabbatical. As a result, current faculty are serving on multiple committees which, though time-limited, is challenging.
* Prior to undertaking the self-study, there was no committee that had as its charge the routine monitoring and collection of data toward the monitoring and evaluation of objectives and goals. Additionally, the Community Outreach Committee was found to be ineffective and was dissolved in favor of a Community Advisory Board.
* Prior to the self-study, students were not formally involved in governance within departmental committees.

*Future plans*

* Once positions are filled, committee assignments can be distributed more equitably.
* An Accreditation and Evaluation Committee was formed to organize and coordinate the routine collection of data so that objectives and goals can be monitored for success.
* The Community Advisory Board was established so that key constituents such as faculty, staff, students, alumni, public health professionals, and administrators could contribute feedback regarding departmental policies and procedures, competencies, and employment readiness skills.
* As a result of this self-study, students have been formally added to the permanent make-up of certain departmental committees so that their influence in program governance is formalized.

## 1.6 Fiscal Resources.

***1.6.a.*** *Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description 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 the fiscal resources available to the program.*

The program receives funding through the department’s budget provided by the College of Health. USM is a state institution and receives state support through a formula devised by the Institution of Higher Learning (IHL), which is the state-appointed, governing body for all state educational institutions. The formula used by IHL is, in part, influenced by student credit hours. As credit hours increase so does the funding level. The budget has been relatively constant for several years and reflects stable enrollment.

The University’s Educational and General (E & G) Fund budgets are prepared annually according to guidelines established by IHL. Academic and administrative units at the University submit funding requests through appropriate directors, chairs, and deans to the Provost and Chief Financial Officer. Requests are based upon support of the mission of the University: teaching, research, and service. After review by the CFO, budget requests are presented to the University president for approval. Final approval is then granted by the IHL board. Revenue estimates for the University are developed at a macro level. Departments do not participate in developing revenue estimates for E & G fund budgets. The Office of the Budget and the Office of the Controller make these estimates.

Appropriations are awarded to universities through legislative processes and begin at the university level with requests for programming needs to support the mission. Once approved by the CFO and the president, requests are submitted to the IHL board, who submits a single, consolidated higher education request to the Legislative Budget Office. Members of the Senate and House of Representatives review funding requests from state agencies during the legislative session from January through April. During this time the operating budget for the state of Mississippi is approved by both legislative bodies and by the governor. A separate line item exists for the IHL Board operating budgets. Allocations are then made to each of the state’s eight universities. The entire process begins approximately one year in advance of final budget preparation for the ensuing fiscal year.

Requests for budget adjustments are made each year to the dean of the College of Health. Requests are based on requirements necessary for growth and development. All negotiations regarding the budget, indirect cost recoveries, resource allocation, and support of any nature occur between the chair and the dean of the college.

The department also is the specified recipient of several foundation funding sources, which supplement the budget and provide resources for use by the program on an annual basis.

In addition, the program’s executive MPH format generates excess funds for use in the program. Since this format has been in place, revenues have exceeded expenses, which has allowed for some support of the program. Currently, excess revenues over expenses are shared by the university (60%), the Dean’s office (10%), and the program (30%).

Indirect cost recoveries are allocated generally in the following manner: Education and General (40%), Vice President for Research (40%), the College (10%), and the department (10%). The percentages can vary based upon negotiations at the time of the grant; however, these percentages are representative.

Tuition revenues are aggregated into the university’s coffers and do not flow to the colleges or departments. The latter receive “credit” for tuition generation; however, the funds are controlled and used by the university.

Both the college and the university place a high level of importance on accredited programs and support them strongly.

***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, whichever 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 a table format as appropriate to the program. Need template 1.6.b*

The Department of Public Health’s budget is prepared for the department as a whole, which includes two components: the traditional graduate and undergraduate activities, and the executive MPH program. The college’s financial director coordinates the budget preparation for all departments and schools in the college. The portions of the departmental budget for traditional programs are 40% for graduate (accredited) activities and 60% for undergraduate based upon the ratio of credit hours between undergraduate and graduate programs. There has been a consistency in this proportion for several years. The executive MPH program is added into the budget and is designed to be self-supporting.

Operating budget amounts shown in Table 1.6.1 reflect only the accredited program figures; undergraduate activities are not part of the program under review and are excluded.

Funding is derived from the state legislature as described in 1.6.a above. The operating budget includes salaries, wages, and fringe benefits, travel and subsistence, contractual services, commodities, and equipment. The dominant portion of the budget is for faculty and staff compensation. Travel includes costs of transportation, meals, and other expenses associated with the activity. Commodities include office supplies and materials, meals served in the executive MPH program, and printing and binding. Contractual services include advertising, postage and mailing, space rental, and equipment.

Any excess funds generated from operations are not retained in the program or department. They revert to the university coffers.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| . Table 1.6.1. Sources of Funds and Expenditures by Major Category, Academic Years 2007-2014 | | | | | | | |
|  | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
| **Source of Funds** | | | | | |  |  |
| Tuition & Fees | 596,032 | 597,208 | 636,050 | 590,038 | 510,689 | 660,744 | 723,062 |
| State Appropriation | 187,800 | 189,658 | 172,391 | 162,063 | 164,026 | 208,811 | 213,960 |
| Grants/Contracts | 538,144 | 806,409 | 708,419 | 729,041 | 622,149 | 347,895 | 109,000 |
| Indirect Cost Recovery | 12,698 | 11,042 | 11,122 | 7,659 | 5,518 | 3,721 | 956 |
| **Total** | 1,334,675 | 1,604,317 | 1,527,983 | 1,488,801 | 1,302,382 | 1,221,171 | 1,046,978 |
|  | | | | | |  |  |
| **Expenditures** | | | | | |  |  |
| Faculty Salaries & Benefits | 498,218 | 529,733 | 451,577 | 491,022 | 462,433 | 531,002 | 543,047 |
| Staff Salaries & Benefits | 57,317 | 85,358 | 109,999 | 120,920 | 122,429 | 137,614 | 131,320 |
| Travel | 5,571 | 5,726 | 2,991 | 3,182 | 4,791 | 2,710 | 4,797 |
| Other- Commodities | 88,357 | 63,144 | 77,988 | 85,923 | 47,282 | 73,398 | 57,413 |
| Other- Contract Services / Equipment | 31,947 | 43,982 | 69,269 | 43,327 | 18,968 | 38,770 | 24,796 |
| **Total** | 686,497 | 733,029 | 716,911 | 749,460 | 659,247 | 786,839 | 764,717 |

Additional funding is available in the form of developmental accounts. They have been supported primarily from indirect recoveries from grants; the department receives 15% of these indirects. Some retention of excess EMPH program results are also provided. These funds are used for additional travel, purchase of educational resources, memberships in professional organizations, and technology. Balances of the developmental accounts are shown below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DEVELOPMENTAL** | **ACCOUNT BALANCES** |  |
|  | Department Development Budget | EMPH Designated Budget | Total |
| 2010 | $25,763 | $37,676 | $63,439 |
| 2011 | $70,891 | $31,640 | $102,531 |
| 2012 | $83,496 | $29,849 | $113,345 |
| 2013 | $79,994 | $53,625 | $133,619 |
| 2014 | $74,364 | $105,317 | $179,681 |

Endowments are managed and maintained by The University of Southern Mississippi Foundation. There are several endowments for the department. The first is the E.D. Kenna Sr. Award. Its purpose is to provide an award to a faculty member in the Department of Public Health whose focus is on the health and welfare of older people and who shows outreach to the community in his/her work. The most recent (2013-2014) spending allocation was $1,040.

The next endowment is the Lynn Cook Hartwig Memorial Public Health Endowment. Its purpose is to provide discretionary dollars to support the Department of Public Health. The 2013-2014 endowment allocation was $6,634. A third fund is the Fred Barten Memorial Scholarship in Health Administration, whose purpose is to provide scholarship support for a master’s level graduate student emphasizing health administration. The 2013-2014 allocation was $459.

A new endowment was established in December, 2013 entitled Senator Jim Bean Community Health Centers Memorial Scholarship Endowment. The latest report reflects $13,000 in contributions have been made. No allocation has become available yet.

*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.*

Not Applicable

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Table 1.6.d. Outcome Measures by Which Program Assesses the Adequacy of its Fiscal Resources | | | | |
| Outcome Measure | Target | Year 1  2011 - 2012 | Year 2  2012-2013 | Year 3  2013-2014 |
| MPH operational expenses will be equal to or less than budgeted dollars | Expenses ≤ Budget | Met | Met | Met |
| 80% of full time tenure track faculty members who request financial support to attend conferences at which they will present peer reviewed abstracts or research findings will be approved. | 80% | 100% | 100% | 100% |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome Measure | Target | Year 1  2011 - 2012 | Year 2  2012-2013 | Year 3  2013-2014 |
| The Graduate School and the DPH will fund ≥ 4 graduate assistants per academic year to support the MPH program. | ≥ 4 GA’s per academic year | 4 | 4 | 5 |

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

This criterion is met.

*Strengths*

* The program has been able to meet these targets on an annual basis with enthusiasm when requested. The department has been supportive in covering costs as necessary at year-end when budgets run thin. The ability to accumulate development funds and retain portions of excess revenues from the executive MPH format have been positive elements in meeting the financial needs of the program.

*Weaknesses*

* The ability to meet demands depends upon the continued positive results of the programs. There is still a requirement to be conservative given limited budgetary support from the state. We are mindful of increasing competition in the region from encroachment by others as well as the development of total on-line programs.
* Retirement of two faculty (Emmanuel Ahua retiring 5/2014 reflected in the HC of primary faculty for Health Education as contributing >50% of time for AY 2011 – 2014; and Vivian Carver who was not reflected in the table as she did not have a teaching load in the MPH program, but whose grant funding supported the MPH program) generating significant grant amounts will require newer, junior faculty to replace those as quickly as possible.

*Future plans*

* The program is expanding and adapting its recruitment efforts to incorporate not only current traditional media (professional journals, direct mail, billboards, etc.) but also social media in an effort to connect with potential students. We are also developing the structure of an on-line degree format to respond to competitive forces and tap into additional markets.

## 1.7. Faculty and Other Resources

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. Table 1.7.a. Headcount of Primary Faculty | | | | |
|  | 2011-2012 | 2012-2013 | 2013-2014 | Fall 2014 |
| Epidemiology and Biostatistics | 2 | 3 | 3 | 3 |
| Health Education | 4 | 3 | 2\* | 3 |
| Health Policy and Administration | 2 | 2 | 3 | 3 |
| \*One FTE faculty member placed on administrative leave during the year; not counted in total headcount. Returned to fulltime status Summer 2014. |  |  |  |  |

***1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar or academic years) prior to the site visit.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7. Table 1.7.b Faculty, Students and Student/Faculty Ratios by Department or Specialty Area | | | | | | | | | | |
|  | HC Primary Faculty | FTE Primary  Faculty | HC Other Faculty | FTE Other  Faculty | HC Total Faculty | FTE Total  Faculty | HC Students | FTE Students | SFR by Primary  Faculty FTE | SFR by Total  Faculty FTE |
| Epidemiology and Biostatistics | | | | | | | | | | |
| 2011-2012 | 2 | 1.625 | 2 | .250 | 4 | 1.875 | 21 | 16.25 | 10.00 | 8.70 |
| 2012-2013 | 3 | 2.500 | 1 | .125 | 4 | 2.625 | 25 | 15.88 | 6.35 | 6.05 |
| 2013-2014 | 3 | 3.000 | 1 | .125 | 4 | 3.125 | 33 | 23.36 | 7.79 | 7.48 |
| Fall 2014 | 3 | 2.750 | 0 | .000 | 3 | 2.750 | 12 | 9.67 | 3.52 | 3.52 |
| Health Education | | | | | | | | | | |
| 2011-2012 | 4 | 2.875 | 2 | 0.250 | 6 | 3.125 | 22 | 15.75 | 5.48 | 5.04 |
| 2012-2013 | 3 | 1.875 | 2 | 0.250 | 5 | 2.125 | 20 | 13.13 | 7.00 | 6.18 |
| 2013-2014 | 2 | 1.500 | 2 | 0.250 | 4 | 1.750 | 20 | 15.63 | 10.42 | 8.93 |
| Fall 2014 | 3 | 1.500 | 1 | 0.250 | 4 | 1.750 | 2 | 2.00 | 1.33 | 1.14 |
| Health Policy and Administration | | | | | | | | | | |
| 2011-2012 | 2 | 1.875 | 4 | 1.125 | 6 | 3.000 | 70 | 57.50 | 30.67 | 19.17 |
| 2012-2013 | 2 | 1.917 | 5 | 1.500 | 7 | 3.417 | 72 | 56.63 | 29.54 | 16.57 |
| 2013-2014 | 3 | 2.380 | 3 | 0.625 | 6 | 3.005 | 69 | 56.50 | 23.74 | 18.80 |
| Fall 2014 | 3 | 2.250 | 4 | 1.000 | 7 | 3.250 | 22 | 22.00 | 9.78 | 6.78 |

**Key:** HC = Head Count

Primary = Full-time faculty who support the teaching programs

Faculty FTE = Full-time-equivalent: 12 credits per semester = 1.0 FTE (3 credit hours per semester for graduate research are assigned to full-time faculty.

Student FTE = Full-time-equivalent: 9 credit hours per semester= 1.0 FTE

Other = Adjunct, part-time and secondary faculty

Total = Primary + Other

SFR = Student/Faculty Ratio

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8. Table 1.7.c. Headcount and FTE of Non-Faculty, Non-Student Personnel Who Support the Program | | | | | | | | |
|  | 2011 – 2012 | | 2012 – 2013 | | 2013 – 2014 | | Fall 2014 | |
| Staff | HC | FTE | HC | FTE | HC | FTE | HC | FTE |
| MPH Graduate Coordinator | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| EMPH Program Manager | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Administrative Assistant | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

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

The Department of Public Health recently moved to a new location on campus. The basement level of Southern Hall houses all the offices for faculty, staff, graduate assistants, and program coordinators for both the MPH program and the undergraduate Community Health Sciences program. The department utilizes campus-wide classrooms and meeting areas as needed.

The Space Planning Committee and the Master Planning Review Task Force have created a master space plan for the University as a whole. The Department of Public Health has been temporarily relocated to the basement floor of Southern Hall, which provides space for faculty and staff offices as well as program coordinators and graduate assistants. The master space plan indicates that the DPH will ultimately move to Joseph A. Greene Hall, along with other departments and schools in the College of Health.

Beginning Fall 2014, many of the classes in the MPH program and all EMPH courses are held in Southern Hall Room 215. Though no classroom resources are held for any particular department or program, and classes are assigned through AdAstra based on enrollment size and shared university-wide, this classroom is occupied by classes offered by the MPH program.

Students in the MPH program may utilize the conference room in the Department of Public Health if they need to meet as a group. This room can be signed out and is generally available for use if no official meetings are being held. This room is also occasionally used as a classroom for smaller seminar type courses.

Most common use space for students is not program specific and is available at various locations throughout campus.

*1.7.e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.*

There are no laboratory spaces managed /operated by the Department of Public Health.

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

**i-Tech**

The university’s I-Tech service center manages computer labs across campus, and provides technology equipment services to all USM employees, departments, organizations, students, affiliates, and local off-campus organizations. I-tech coordinates the popular Computer Exchange Program which allows faculty and staff to exchange outdated computer equipment that is at least four years old. They also guide the purchase of computers at the departmental level ensuring that all technological equipment purchased meets specific university-wide criteria. The location and availability of public computer labs can be found here:

<http://www.usm.edu/itech/public-computing>

<http://www.usm.edu/computing/computer-lab-tec-207-0>

<http://www.usm.edu/computing/computer-lab-tec-337>

The links above provide the amount, location, and types of computer labs that MPH faculty, staff, and students have access to.

**I-Tech Help Desk**

The i-tech Help Desk is the central service desk for requesting technology related assistance or information. They offer troubleshooting and support on standard hardware and software. Phone support is offered 24/7, and for issues unable to be resolved upon first contact, referrals are made to technicians or other subject matter experts for assistance and repair. The Help Desk provides accurate information, friendly assistance, high quality information technology, and telecommunication resources to enable students, faculty and staff to use technology productively and further the university's core mission of excellence in teaching and learning.

**Southern Miss’ Online Accessible Records (SOAR)**

SOAR is Southern Miss’ Online Accessible Records and contains all the student data that are maintained for graduate and undergraduate students. Students can check their SOAR self-service page for detailed information regarding their academic status and other detailed information. Some of the information currently available on SOAR includes academic courses, contact information, grades, degree progress reports, financial aid, account balances, academic advisor’s contact information, enrollment appointment window, transfer credit report, demographic information, etc. Additionally, course evaluations are collected via SOAR at the end of the academic session. As an incentive, students who chose to complete a course evaluation are able to receive their grades sooner than students who do not complete evaluations. Faculty and staff utilize SOAR to accomplish many tasks including but not limited to conducting grade entry, providing time and attendance information for Human Resources, retrieving course evaluations, scheduling class rooms, maintaining lists of advisees, and conducting queries on publicly available data regarding enrollment.

**Eagle Learning Online (ELO)**

Eagle Learning Online is the University’s electronic course delivery system. The system was recently upgraded to Blackboard 9.1 and allows faculty to set up a course shell for all courses being offered on campus in order to distribute course materials, post course announcements, and host discussion threads. Furthermore, it features the ability for course content to be streamed live, assignments to be turned in via email to a class-specific drop box, chat enabled communication, and assignment calendars to be accessed.

**Learning Enhancement Center (LEC)**

The LEC offers training workshops and resources to support both online and traditional courses. They offer exam proctoring, instructional design assistance, and classroom technology support. They also provide extensive training and support for all users of Eagle Learning Online.(See 2.13.b. and 4.2.b.)

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

Cook Library, located on the Hattiesburg campus, contains the principal collections of books, periodicals, microforms, government documents, and other materials which directly support the research and instructional programs of The University of Southern Mississippi at all levels. Cook Library has five floors. Library services are generally available on the first and second floors, while library collections are housed on all five floors of the building.

All physical holdings of the University libraries are searchable via the online “Classic Catalog” system. The Cook Library offers many services to students, staff, and the broader community. Circulation offers information about service eligibility, loan periods, renewals, overdue fines, lost or damaged items, and related information. Faculty may place electronic or physical items on reserve to make them easily available to all students in a course through the library’s course reserve program. Interlibrary loan services are coordinated through the ILLiad system, which enables borrowers to request delivery of articles and loans of books and other materials from other libraries. The USM library system is one of seven university library systems in the state of Mississippi. Anyone with a Mississippi University Library Borrowing card can be granted borrowing privileges from those affiliate libraries. Similarly, anyone with a Reciprocal Faculty Borrowing card can gain on-site borrowing privileges at any of over 150 academic institutions. All of the Library’s electronic resources can be accessed from any location by a log in portal which requests a login and password.

The library offers several support services for faculty, staff, and students. The “Ask-A-Librarian” service allows a patron to receive reference assistance via e-mail or chat. Individual consultations are able to be scheduled with a librarian by students, faculty, or staff. The library also provides instruction (available by instructor request as a part of all scheduled classes) relating to information literacy and library research skills. Additionally, all faculty, staff, and students have access to RefWorks, a citation manager.

As of the last available records (2012), the libraries hold 1,280,924 volumes, which include 1,268,518 individual titles. There are 92,957 serial titles, 155,174 E-book titles, and 157 databases.

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

**The Learning Commons**

The Learning Commons at the Gulf Park campus is an active, comfortable space where students can discover, create, and collaborate with peers. They bring together library staff and trained student peer tutors to provide our community academic, research and technology assistance. The first floor of the library contains numerous work stations for student use as well as trained personnel to assist with your academic needs. In addition, The Learning Commons is an integrated learning center that provides learning assistance, tutoring and resources in the areas of mathematics, science, writing and speaking, and language arts. Through peer tutors and professional support staff, The Learning Commons offers a broad range of services including: Learning materials and electronic resources, individual and small group tutoring, whole class support, workshops and seminars, technology and multi-media support, media labs for individual and group projects, online and in person tutoring sessions.

At the Hattiesburg campus in Cook Library are the following two centers:

**The Writing Center**

Students at The University of Southern Mississippi have access to individualized assistance with writing assignments for any course through the University’s Writing Center on both the Hattiesburg and Gulf Coast campuses. The centers offer personalized assistance at any stage of the writing or speaking process, including brainstorming for topic ideas, developing an outline, conducting research, or learning proofreading skills.

**The Speaking Center**

Students have access to individualized assistance from peer educators who have been trained in a nationally certified training program to assist with presentations. These peer educators assist over a thousand students each semester in one-on-one and workshop settings. The center can offer assistance with projects ranging from class presentations to professional conference preparation.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9. Table 1.7.i. Outcome Measure: Adequacy of Faculty and Staff Resources | | | | |
| Outcome Measure | Target | 2011-2012 | 2012-2013 | 2013-2014 |
| Student/Faculty Ratio by total FTE ≤10 for each emphasis area | ≤ 10 | EB: 8.70  HE: 5.04  HPA: 19.17 | EB: 6.05  HE: 6.18  HPA: 16.57 | EB: 7.48  HE: 8.93  HPA: 18.80 |
| Each emphasis area will have at least 3 FTE total faculty | ≥3 | EB: 1.88  HE: 3.13  HPA: 3.00 | EB: 2.63  HE: 2.13  HPA: 3.42 | EB: 3.13  HE: 1.75  HPA: 3.01 |

Although the program does not define any measurable objectives relating to the adequacy of its physical assets and resources, the university-wide scheduling system, AdAstra, accommodates these needs seamlessly. Any special requests or resources needed such as computing access for a programming class are accommodated by this scheduling program.

*1.7.j. Assessment of the extent to which this criterion is met and an analysis of the programs strengths, weaknesses, and plans relating to this criterion.*

Criterion is partially met.

*Strengths*

* The program offers low student/faculty ratios in the emphasis areas of Epidemiology/Biostatistics and Health Education.
* The program has stabilized FTE faculty levels in Epidemiology and Health Policy and Administration emphasis areas.
* The program has adequate space for faculty, staff, students, classrooms, and other common student areas.
* Computer and library resources available to students and faculty are more than sufficient to meet the needs of the program.
* Students in the program have access to various university help centers such as the Speaking Center and the Writing Center.

*Weaknesses*

* The program has experienced turnover of full time tenure track faculty due to retirement, academic leave, sabbatical, and transitioning to other positions during the reporting period.
* The Health Education emphasis did not meet the criteria of 3 FTEs in the past year. During 2013-2014, one faculty member in this area was placed on administrative leave for the year. The faculty member has returned and this area again has 3 FTEs.
* The Health Policy and Administration emphasis has a student to faculty ratio of over 10 SFR.

*Future plans*

* The program is currently in the process of recruiting 2 full-time faculty members for the Health Education emphasis and one full time faculty member for the Health Policy and Administration emphasis area.
* After hiring the new faculty, FTE requirements will be met and SFR for the Health Policy and Administration emphasis will be lower. Additionally, the faculty member on administrative leave has returned to fulltime duties.

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

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

The University of Southern Mississippi and the program embrace and celebrate diversity in its broadest term, and offer all persons equal access to educational, programmatic and employment opportunities without regard to age, sex, sexual orientation, religion, race, color, national origin, veteran status, or disability status. The university adopted a Diversity Strategic Plan in 2013, establishing diversity goals and strategies. The 2013 Diversity Strategic Plan is included in the Electronic Resource File. For consistency, the program has chosen to align itself with the university’s strategic diversity initiatives. The program values diversity and as such incorporates these in our program values as shown in 1.1.b.

*1.8.a.i. Description of the program’s underrepresented populations, including a rationale for the designation.*

The University of Southern Mississippi defines “under-represented” categories for purposes of recruiting and retaining students and employees, as well as vendors, as persons or businesses who self-identify membership in the following categories: African American, Asian American, Hispanic/Latino, Pacific Islanders, Native American, or Multiracial. The university’s definition of under-represented populations is also appropriate for the program because it fosters consistency between the program and the University’s goals. In addition to these under-represented categories identified by the University, the program also identifies male gender as a category that is under-represented in the program’s student population because historically female students outnumbered male students in the program.

*1.8.a.ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university’s mission, strategic plan and other initiatives on diversity, as applicable.*

University of Southern Mississippi’s diversity strategic plan as adopted by the Mississippi Institutions of Higher Learning Board of Trustees outlines the following diversity-related goals:

Goal 1: Increasing the enrollment and graduation rate of under-represented groups

Goal 2: Increasing the employment of under-represented groups in administrative, faculty and staff positions

Goal 3: Enhancing the overall curriculum by infusion of content that enhances multicultural awareness and understanding

The University’s goals are also appropriate for the program and have been adopted by the program.

*1.8.a.iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.*

The program subscribes to the university’s clear and detailed policies and procedures for reporting and addressing complaints of discrimination and harassment, including the USM Nondiscrimination Policy, Sexual Harassment and Sexual Violence Policy Statement, and Consensual Relationship Policy. The content of these policies is available online through the USM Office of Affirmative Action and Equal Employment Opportunity at <http://www.usm.edu/aa-eeo/aaeeo-policies>. These policies are distributed to all faculty and staff in the department through the Office of Affirmative Action and Equal Employment Opportunity.

*1.8.a.iv. Policies that support a climate for working and learning in a diverse setting.*

The program subscribes to the university’s clear and detailed policies and procedures for maintaining an equal opportunity workplace. The content of these policies is available online through the USM Office of Affirmative Action and Equal Employment Opportunity at <http://www.usm.edu/aa-eeo/aaeeo-policies>. These policies are distributed to all faculty and staff in the department through the Office of Affirmative Action and Equal Employment Opportunity.

*1.8.a.v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.*

The program encourages faculty to develop courses and/or course materials which include diversity and cultural considerations. Core courses incorporate diversity and cultural considerations throughout the required course materials. In addition, the program offers courses in health disparities, rural health, and women’s health which address and build competence in diversity and cultural considerations. The Curriculum Committee (1.5.a) provides oversight and recommendations for the development of instructional courses, including diversity-related curricula. The program utilizes guest speakers from diverse backgrounds and who work with diverse populations. In addition, faculty encourages students to participate in university-sponsored diversity programming such as the Armstrong-Branch lecture series offered through the Office of Multicultural Programs and Services. In conjunction with Black History Month, the Armstrong-Branch University Forum Honors Lecture was established in 1993 in honor of Raylawni Branch and Gwendolyn Elaine Armstrong Chamberlain, who integrated the university in September 1965. Students, faculty, staff and community members are invited to attend the event. Past speakers have included Mississippi author Clifton Taulbert, CBS television host James Brown, and various USM alumni and faculty.

*1.8.a.vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.*

The program follows the policies and procedures adopted by the university to ensure access, equality and inclusion in the recruitment, development, promotion, and retention of faculty.

In each step of the recruitment process, from drafting the job description to selecting candidates to interview, search committees consult with and must gain approval from university AA/EEO officer. Search committee chairs and committee members receive special training to educate them on the university’s policies which ensure equal opportunities for employment. The university’s faculty hiring policies are outlined in the Faculty Handbook available at <http://www.usm.edu/sites/default/files/groups/office-provost/pdf/faculty_handbook_revised_8-27-2013.pdf>. In addition, the Office of the Provost maintains detailed information on the faculty hiring process. Further information is available online at <http://www.usm.edu/provost/faculty-search-and-hiring-process-0>.

The program utilizes the university-wide contractual relationship with job posting sites that attract a diverse set of applicants such as HigherEdJobs.com and InsideHigherEdJobs.com to advertise open faculty positions. Additional diversity recruitment resources are available online through the AA/EEO office at <http://www.usm.edu/aa-eeo/diversity-recruitment-resources>.

*1.8.a.vii. Policies and plans to recruit, develop, promote and retain a diverse staff.*

The program follows the policies and procedures adopted by the university to ensure access, equality and inclusion in the recruitment, development, promotion, and retention of staff.

The university’s staff hiring policies are outlined in the Employee Handbook available at <http://www.usm.edu/sites/default/files/groups/employment-hr/pdf/employee_handbook_june_2014.pdf> .

*1.8.a.viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.*

The program adheres to the university’s non-discrimination policy for admission of students.

The program encourages applications from students with diverse backgrounds, including international students. Prospective students are recruited through recruitment activities conducted by the University’s Graduate School, College of Health, and through Department of Public health recruitment days on and off the USM campus. The International Student and Scholars Services disseminates information about graduate programs including the MPH program to foreign schools, U.S. embassies and consulates abroad, and nonprofit international organizations such as the Institute for International Education. The program also works closely with university’s International Student and Scholars Service office to assist and retain international students by providing support. The program also promotes the McNair Scholars Program to its undergraduate students. The McNair Scholars Program encourages and prepares students from minority populations, as well as first time college students, to pursue graduate education. Refer to Criterion 4.3 for more recruitment and admission policies and procedures.

*1.8.a.ix. Regular evaluation of the above- listed measures.*

The Graduate School collects and maintains information on ethnicity and place of origin for each student who applies and is admitted to the program. The program reviews this information on an ongoing basis. Data consistently reflect a diverse student population.

*1.8.b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.*

The program’s commitment to diversity is evidenced in the make-up of the student, faculty and staff populations with includes underrepresented populations as indicated in Table 1.8.1.

Student practice placement sites offer students opportunities to work in diverse health care settings and a variety of community based organizations. The complete list of student practice placement sites is included in Criterion 2.4.

Discussions of cultural diversity, diversity in the workplace, and cultural competence are included in the course materials for both DPH 625 Health Care Administration and DPH 737 Health Care Organizational Behavior and Human Resources and are referenced throughout the text for these courses. Issues such as health disparities and cultural aspects of health behavior are included in DPH 655 Environmental Health and DPH 656 Social and Behavioral Aspects of Health which are core classes for all students. In addition, specific elective courses that reference diversity and cultural competence include DPH 602 Health Disparities, DPH 606 Health Education Among Rural Health Populations, and DPH 792 Women’s Health (Syllabi for these courses are included in the Electronic Resource File.)

*1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.*

The University’s Diversity Strategic Plan began with a directive from former university president, Dr. Martha Saunders. A Diversity Committee was established in January 2012 with a directive from the Office of the President to review and recommend avenues through which the campus can enhance diversity initiatives that lead to a fully inclusive community. The committee was tasked with review/recommendations in four main areas that mirror the goals established by the IHL Diversity Committee, which were ultimately adopted by IHL Board members. Membership includes students, administrators, academicians and alumni. The program reviewed and embraced the goals established through this process. The program included courses and practice placement sites with diversity considerations because of the need for cultural competence in the public health profession as indicated by faculty, professionals, employers, and students in the field of public health.

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

The University’s Diversity Strategic Plan and related policies are reviewed yearly by the AA/EEOC Director in concert with the University Diversity Committee and the deans of the respective colleges.

At the departmental level, University plans and policies related to diversity are circulated throughout the department, particularly in the event of an update or change in policy, and are monitored by the program for application. The department continuously reviews curriculum and practice placement sites through the Curriculum Committee and the internship coordinator. The diversity of student populations are monitored on an on-going basis by the graduate coordinator and EMPH program manager during the student recruitment and admissions process as well as through student retention efforts. The diversity of faculty and staff is monitored during the recruitment and hiring process when vacant or new positions become available. Diversity of students, faculty and staff are further discussed as needed at faculty meetings and with constituent groups such as those that are members of the Community Advisory Board.

*1.8.e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program’s definition of under-represented populations in Criterion 1.8.a.*

Diversity Outcomes include the following:

1. Recruit students from under-represented race/ethnicity groups.
2. Recruit students from under-represented gender group (males).
3. Employ faculty from under-represented race/ethnic groups.
4. Employ staff from under-represented race/ethic groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10. Table 1.8.1. Summary Data for Faculty, Students, and/or Staff | | | | | | |
| Category | Method of Collection | Data Source | Target | 2011-2012 | 2012-2013 | 2013-2014 |
| Students – underrepresented\*  Race/Ethnicity | Self-reported | Admissions application | 35% | 65% | 53% | 54% |
| Students—  Underrepresented  Gender (males) | Self-reported | Admission application | 25% | 34% | 41% | 35% |
| Category | Method of Collection | Data Source | Target | 2011-2012 | 2012-2013 | 2013-2014 |
| Faculty – underrepresented\*  Race/Ethnicity | Self-reported | Faculty Class Schedule | 35% | 25% | 38% | 43% |
| Staff – underrepresented\*  Race/Ethnicity | Self-reported | Employment application | 35% | 67% | 67% | 67% |

\*Under-represented race/ethnicity includes all categories identified in Criterion 1.8.a.

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

The Criterion is met.

*Strengths*

* The program has a diverse student population including international students and has for many past academic years.
* The program employs a diverse faculty and staff.
* The program incorporates courses and practice placement sites with cultural and diversity considerations.

*Weaknesses*

* The program does not have a recruitment mechanism to attract male MPH students.

*Future plans*

* The program plans to continue recruiting a diverse student population.
* The program plans to investigate techniques that will encourage males to apply to the program.

# Criterion 2.0 Instructional Programs

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

*2.1.a. An instructional matrix presenting all of the program’s degree programs and areas of specialization, including bachelor’s, master’s and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non- degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.*

**2.1.1. Instructional Matrix**

The program offers the MPH degree in three specializations, referred to as “emphasis areas” as indicated in Table 2.1.1. The Health Policy and Administration emphasis area is offered in two formats: a traditional format and an executive format. The executive format in discussed more extensively in Criterion 2.12.

|  |  |  |
| --- | --- | --- |
| . Table 2.1.1. Instructional Matrix – Degrees and Specializations | | |
|  | Academic | Professional |
| **Masters Degrees** | | |
| Public Health (Biostatistics & Epidemiology) |  | MPH |
| Public Health (Health Education) |  | MPH |
| Public Health (Health Policy & Administration\*) |  | MPH |
|  |  |  |
| **Joint Degrees** | | |
| Business Administration/Public Health (Health Policy & Administration) |  | MBA/MPH |
| Anthropology/Public Health (Health Education) |  | MA/MPH |
| Anthropology/Public Health (Epidemiology & Biostatistics) |  | MA/MPH |

\*Offered in traditional and executive formats

*2.1.b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.*

The University of Southern Mississippi maintains an interactive 2013-2014 Graduate Bulletin. The complete 2013-2014 Graduate Bulletin is available online at <http://catalog.usm.edu/content.php?catoid=6&navoid=410>. Older bulletins are archived and available online as well. The portion of the 2013-2014 Graduate Bulletin relevant to the Department of Public health is available online at <http://catalog.usm.edu/preview_entity.php?catoid=6&ent_oid=446&returnto=410>.

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

This criterion is met.

*Strengths*

* Three emphasis areas and multiple instructional formats appealing to diverse students from a variety of backgrounds and professional aspirations.

*Weaknesses*

* Students interested in pursuing a career in biostatistics or who are interested in pursuing a doctorate degree in this area may require additional training.
* Fluctuating enrollment among emphasis areas from year to year creates inconsistent workloads for the faculty and unpredictable class enrollment.
* Increasing class sizes, especially in core classes

*Future plans*

* The program has obtained feedback from students and professionals and will investigate the feasibility of adding a joint MS degree in Biostatistics in coordination with The Department of Mathematics that would provide students with additional skills and better prepare them to pursue a PhD in Biostatistics.
* Continue to recruit and maintain faculty with expertise in each emphasis area.
* Continue to evaluate additional instructional formats to meet the needs of diverse student learners.

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

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

Classroom/contact hours for credit are set by the Mississippi Board of Trustees of State Institutions of Higher Learning and are communicated to faculty through the university’s Faculty Handbook. Classroom contact hours are calculated on a formula of 37.5 contact hours per three (3) semester hours of academic credit.

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

The MPH degree in the traditional format requires a minimum of 45 semester hours. The MPH degree in the executive format requires a minimum of 42 semester hours. The traditional MPH students complete DPH 611, Public Health Internship. The Public Health Internship for Health Policy and Administration emphasis area is 6 credit hours. The other two emphasis areas receive 9 credit hours for DPH 611 Public Health Internship. The reduced credit hours for Health Policy and Administration emphasis allow those students to complete an additional course, deemed necessary by the program faculty. The plans of study by emphasis area outline credit hours required for degree. The executive MPH students complete DPH 767, Case Studies in Health Services Administration, with 3 credit hours. This accounts for the 3 credit hour difference between the MPH degree traditional format and the MPH degree executive format. The executive format is discussed is Criterion 2.12. No student is allowed the option to waive core or other required courses.

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

No students within the last three years were awarded MPH degrees with fewer than 42 semester hours.

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

This criterion is met.

*Strengths*

* Both the MPH traditional and executive formats meet the minimum 42-semester hour requirement.
* Both the MPH traditional and executive formats only graduate students meeting this requirement and no waivers were given.

*Weaknesses*

* No weaknesses were identified in this criterion.

*Future plans*

* Continue to require MPH students to complete the minimum 42-semester hour requirement.

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

*2.3.a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.*

The program assures that all MPH degree students have a broad understanding of the principal areas of knowledge basic to public health through a series of required core courses. Table 2.3.1 contains numbers and titles of core courses that all MPH students must complete in order to achieve the competencies for the five core areas of public health. Faculty members with the appropriate expertise develop the learning objectives and course content for these core courses.

|  |  |  |
| --- | --- | --- |
| . Table 2.3.1. Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree | | |
| **Core Knowledge Area** | **Course Number & Title** | **Credits** |
| Biostatistics | DPH 623 Biostatistics | 3 |
| Epidemiology | DPH 622 Epidemiology | 3 |
| Environmental Health Sciences | DPH 655 Environmental Health | 3 |
| Social & Behavioral Sciences | DPH 656 Social & Behavioral Aspects of Health | 3 |
| Health Services Administration | DPH 625 Health Administration1  or  DPH 626 Introduction to Health Systems  DPH 627 Health Policy  DPH 737 Health Care Organizational Behavior and Human Resources | 3  3  3  3 |

1MPH students with an emphasis in Biostatistics & Epidemiology or Health Education take DPH 625 Health Administration as the core course for knowledge in health services administration. Students with an emphasis in Health Policy & Administration (both traditional and executive) attain core knowledge in health services administration through emphasis area coursework (DPH 626, 627, 737).

*2.3.b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* The program requires all students, regardless of emphasis area, to complete a common sequence of core courses. Each of the courses addresses one of the five core areas of knowledge basic to public health.
* Faculty with expertise in the core knowledge area are responsible for teaching the core courses in that area.

*Weaknesses*

* None identified

*Future plans*

* Program faculty will review the core courses on an ongoing basis. Any changes to the core courses offered by the department will be reviewed by the university’s Graduate Council.

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

All traditional MPH students must complete 400 contact hours for internship. The internship site must be an off-campus health facility and be completed under the mentorship of a health professional. All executive MPH students complete a strategic plan project for a health care organization under the mentorship of a high-level administrator. A description of the program’s policies and procedures regarding internship for traditional MPH students can be found in the Fieldwork Program Guidelines. A copy is in the Electronic Resource File.

*2.4.a. Description of the program’s policies and procedures regarding practice placements, including the following: selection of sites, methods for orientation and support for preceptors, approaches for faculty supervision of students, means of evaluating student performance, means of evaluating practice placement sites and preceptor qualifications, and criteria for waiving, altering or reducing the experience, if applicable.*

All MPH students complete field work during their final semester in the program. Traditional MPH students are required to complete a minimum of 400 hours of field work and are enrolled in DPH 611, Public Health Internship. Executive MPH students are required to complete a minimum of 200 hours of field work with a typical range of 200-400 hours and are enrolled in DPH 767 Cases Studies in Health Services Administration. Executive MPH students have less required fieldwork hours because they enter the program with a minimum of three years health care experience.

*Selection of sites:* For traditional MPH students, internships are discussed during Graduate Orientation held each semester for incoming students. Students are provided with the Fieldwork Program Guidelines handbook at this assembly. Students are encouraged to talk with their advisors about possible placement sites and choose one that will develop the students’ professional competencies and help fulfill their career objectives. Students who are currently employed may complete their field work at their current place of employment but only in a different area of responsibility and outside of their regular working hours. Guidance is also offered by the internship coordinator who schedules a meeting with each intern to assist with the process of securing a site and completing the necessary paperwork. A list of sites that have been previously approved is available to students for review. For executive MPH students, the student is responsible for identifying and securing a placement where the student can develop a strategic plan for the organization and work with that organization and administrator.

*Methods for approving preceptors*: Preceptors are approved based upon their health backgrounds, education, and professional experiences. Preceptors are expected to hold a position in the health care organization that is commensurate with a high-level of experience in the field. Additionally, the student’s objectives, available opportunities, and activities within the organization are considered when choosing a preceptor.

*Opportunities for orientation and support for preceptors*: For traditional MPH students, preceptors are supported by the internship coordinator who provides education to the preceptors initially. Preceptors are given a copy of the Fieldwork Program Guidelines, which outlines the duties and responsibilities of the student, the organization, and the preceptor. The internship coordinator regularly communicates with preceptors during an internship including a formal mid-term and final assessment where the internship coordinator receives feedback from preceptors as well as offers them support or guidance. For executive MPH students, the student provides the organization with a letter explaining the intent of project, project outputs, and departmental contacts for support, if needed. The program director supports the student and the preceptor during the project as needed.

*Approaches for faculty supervision of students*: For traditional students, a faculty advisor within the student emphasis area must approve the internship site. The faculty advisor is also responsible for assisting the student with development of internship objectives and ensuring the internship experience will contribute to their competencies in public health and their emphasis areas. Both the emphasis area faculty and internship coordinator participate in supervision of students during their internship. For executive students, the program director provides supervision.

*Means of evaluating student performance*: For traditional MPH students, student performance is evaluated by the preceptor using an evaluation form (found in the Electronic Resource File) completed at the end of the internship. A mid-term telephone conference between the preceptor and the internship coordinator is conducted to determine if objectives are being met and to discuss any changes or additions to the original placement plan. Students also create a portfolio of their experience, containing a daily log/journal of activities, time sheet, body of work, and summary of the experience. An oral presentation of the experience is given in a seminar at the end of the semester by each intern. The course grade is awarded by the faculty advisor based upon the preceptor evaluation, the oral presentation and power point slides, and the portfolio. Grades are P (pass) and F (fail). For executive MPH students, the students are required to submit a written strategic plan, and orally present and defend the plan completed for the organization. The oral presentation and defense are before a panel of faculty which includes the executive MPH Program Director, emphasis area faculty, and faculty that represent other core areas in public health. The MPH program director, with consultation of the panel, assigns the final grade. Grades of PD (pass with distinction), P (pass), LP (low pass), and F (fail), are given by each faculty panel member in response to each of thirteen required elements. The executive MPH capstone project evaluation form is in the Electronic Resource File.

*Means of evaluating practice placement sites and preceptor qualifications*: Placement sites are evaluated based on the nature of the organization, i.e.,identifying the organization as a public health entity or serving a public health function. Preceptor qualifications are evaluated by either the internship coordinator (traditional) or the program director (executive) and are approved based upon their public health background, education, and professional experience. For traditional MPH students, the placement site and preceptor are evaluated by the student using an evaluation form (found in the Electronic Resource File) completed at the end of the internship. This evaluation is used to determine whether future students would benefit by an internship at the site or with the preceptor.

*Criteria for waiving, altering or reducing the experience, if applicable*: The program does not waive this requirement. In the event a student would like to petition the department for an exception, the student must submit documentation of work experience and activities relevant to the emphasis area to support the rationale for the request. The student’s petition and documentation will be reviewed by the assigned departmental committee. If an internship waiver is granted, students must complete additional coursework to earn a minimum of 42 credit hours to complete the program.

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

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| . Table 2.4.b. Identification of Agencies and Preceptors Used for Practice Experiences for Students, by Specialty Area, for the Last Two Academic Years | | | |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Fall 2011 | Southeast Mississippi Rural Health Initiative | Janice Robinson, Dir. HR | Health Policy and Administration (traditional) |
| Fall 2011 | Coosa Valley Medical Center | Glen Sisk, CEO | Health Policy and Administration (traditional) |
| Fall 2011 | South Central Regional Medical Center | John Chioco, CEO | Health Policy and Administration (traditional) |
| Fall 2011 | LeBonhuer Children's Hospital | Maureen O'Conner | Health Policy and Administration (traditional) |
| Fall 2011 | Coastal Family Health Center | Angel Greer, Director | Health Policy and Administration (traditional) |
| Fall 2011 | VA Medical Center Biloxi | Thomas Wisnieski, Administrator | Health Policy and Administration (traditional) |
| Fall 2011 | VA Medical Center Biloxi | Margaret Givens, RN | Health Policy and Administration (traditional) |
| Fall 2011 | Office of Women's Health Chicago | Michelle Hoersch | Epidemiology and Biostatistics |
| Fall 2011 | Mississippi State Department of Health District VIII | Thomas Dobbs, MD | Epidemiology and Biostatistics |
| Spring 2012 | 1917 Clinic University of Alabama | Kelly Ross-Davis, PhD | Health Policy and Administration (traditional) |
| Spring 2012 | American Lung Association | Merle Eldridge | Health Policy and Administration (traditional) |
| Spring 2012 | Southeast Mississippi Rural Health Initiative | Janice Robinson, Dir. HR | Health Policy and Administration (traditional) |
| Spring 2012 | LiveWell Forrest General Hospital | Jeanne Carlson, Dir. LiveWell Ctr. | Health Policy and Administration (traditional) |
| Spring 2012 | VA Medical Center Biloxi | Stig M. Ludvigsen | Health Policy and Administration (traditional) |
| Spring 2012 | HHS Atlanta/Office of Women's Health-4 | Lt. Jamila R. Davis | Health Policy and Administration (traditional) |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Spring 2012 | Wesley Medical Center | Helena Lasseter, RN | Health Policy and Administration (traditional) |
| Spring 2012 | Bethesda Free Clinic | Sandra MacArthur, RN, Director | Health Policy and Administration (traditional) |
| Spring 2012 | Jeff Anderson Hospital | Pam Tvarkunas | Health Policy and Administration (traditional) |
| Spring 2012 | Pioneer Health | Mark Norman | Health Policy and Administration (traditional) |
| Spring 2012 | Sunplex Health and Rehab | April Powell, NHA | Health Policy and Administration (traditional) |
| Spring 2012 | Mississippi Institute Geographical Minority Health | Patricia Frye, PhD | Health Policy and Administration (traditional) |
| Spring 2012 | 87th Medical Group Ambulatory Health Care Clinic | Col. James Burks, Commander | Health Policy and Administration (executive) |
| Spring 2012 | Odyssey Hospice | Renee Lawson, Administrator | Health Policy and Administration (executive) |
| Spring 2012 | Madison River Oaks Medical Center | Glen Silverman, CEO | Health Policy and Administration (executive) |
| Spring 2012 | Highland Community Hospital | Mark Stocksill, CEO | Health Policy and Administration (executive) |
| Spring 2012 | Jackson Medical Mall Foundation | Premius Wheeler, Executive Director | Health Policy and Administration (executive) |
| Spring 2012 | Methodist Rehabilitation Center | Mark Adams, CEO | Health Policy and Administration (executive) |
| Spring 2012 | CarePlus Homes Medical Equipment and Supplies | Reggie Sims, Manager | Health Policy and Administration (executive) |
| Spring 2012 | Natchez Medical Foundation | Donnie Rentfro, Clinics Administrator | Health Policy and Administration (executive) |
| Spring 2012 | Chiropractic Health Center & Holistic Healthcare Services | Debbi Hannah, Owner | Health Policy and Administration (executive) |
| Spring 2012 | The Dermatology Clinic, PLLC | Chi Ginn, Administrator | Health Policy and Administration (executive) |
| Spring 2012 | Sylva Chiropractic Center | Dr. Guy Karcher, Manager and primary provider | Health Policy and Administration (executive) |
| Spring 2012 | Lincare Meridian Service Center | Chris Neal, Service Center Manager | Health Policy and Administration (executive) |
| Spring 2012 | Stepping Stones Career College | Sefronia Knowles, Executive Director | Health Policy and Administration (executive) |
| Spring 2012 | South Central Regional Medical Center | Doug Higginbotham, CEO | Health Policy and Administration (executive) |
| Summer 2012 | Pine Belt Mental Health | Ragen Downey | Epidemiology and Biostatistics |
| Summer 2012 | Mississippi State Department of Health West Nile Program | Sharon Sims | Epidemiology and Biostatistics |
| Summer 2012 | Wesley Medical Center | Debbie Johnson | Epidemiology and Biostatistics |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Summer 2012 | Mississippi State Department of Health District VIII | Thomas Dobbs, MD | Epidemiology and Biostatistics |
| Fall 2012 | Maryland Office of Health Care Reform | Jonathan Kromm | Health Policy and Administration (traditional) |
| Fall 2012 | Pine Grove Mental Health | Audra Cummings | Health Policy and Administration (traditional) |
| Fall 2012 | Baptist Friendship House | Kay Bennett | Health Policy and Administration (traditional) |
| Fall 2012 | Spring Hill Hospital | Paul Read, CEO | Health Policy and Administration (traditional) |
| Fall 2012 | Gulf Coast Health Educators | Debbie Colby, ME.D | Health Policy and Administration (traditional) |
| Fall 2012 | VA Medical Center Biloxi | S. Michael Ludvigsen | Health Policy and Administration (traditional) |
| Fall 2012 | Singing River Hospital Systems | Tenesha Batiste | Health Policy and Administration (traditional) |
| Fall 2012 | John Knox Health and Rehab, Tampa, FL | Chris Pacheco, PT | Health Policy and Administration (traditional) |
| Fall 2012 | Forrest General Hospital | Douglas A. Jones | Health Policy and Administration (traditional) |
| Fall 2012 | VA Medical Center Biloxi | Margaret Givens, RN | Health Policy and Administration (traditional) |
| Fall 2012 | Stone County Hospital | Jason Kirkland, NHA | Health Policy and Administration (traditional) |
| Fall 2012 | Covington County Hosp. | Jamie Rogers, Adm. | Health Policy and Administration (traditional) |
| Fall 2012 | MS State University | Linda Southward, Ph.D | Epidemiology and Biostatistics |
| Fall 2012 | Office of Women's Health, Washington, DC | Mary Bowers | Epidemiology and Biostatistics |
| Fall 2012 | Gulf Coast Health Educators | Debbie Colby, ME.D | Epidemiology and Biostatistics |
| Fall 2012 | SAMHSA Workplace Health | Ron Flegel, Dir. | Epidemiology and Biostatistics |
| Fall 2012 | South Carolina, DHEC Maternal/Child Health | Christine Veschusio | Epidemiology and Biostatistics |
| Fall 2012 | Mississippi State Department of Health District VIII | Lei Zhang, PhD/Thomas Dobbs, MD | Epidemiology and Biostatistics |
| Fall 2012 | American Diabetes Assoc. | Aimee Johnson | Health Education |
| Fall 2012 | Mississippi Institute Geographical Minority Health | Patricia Frye, Ph.D | Health Education |
| Fall 2012 | LiveWell FGH | Jeanne Carlson, Dir. | Health Education |
| Fall 2012 | Mississippi State Department of Health Forrest County | Ashley McK-Skipper, MPH | Health Education |
| Fall 2012 | Wesley Wellness | Helena Lasseter, RN | Health Education |
| Fall 2012 | Minnesota Heart Foundation | Teresa Ambroz | Health Education |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Fall 2012 | University of Mississippi Medical Center | Michael Jones | Health Education |
| Spring 2013 | Hattiesburg Clinic | Susan Yarrow | Health Policy and Administration (traditional) |
| Spring 2013 | Bedford Care Alzheimer's Unit | Pam Kelly, NHA | Health Policy and Administration (traditional) |
| Spring 2013 | Gulf Coast Health Educators | Debbie Colby, M.Ed | Health Policy and Administration (traditional) |
| Spring 2013 | South Central Regional Medical Center | Beth Endom | Health Policy and Administration (traditional) |
| Spring 2013 | Memorial Behavioral unit | Mike Zieman | Health Policy and Administration (traditional) |
| Spring 2013 | Alabama Department of Health | Rita Maynard | Epidemiology and Biostatistics |
| Spring 2013 | Office of Women's Health, Washington, DC | Mary Bowers | Epidemiology and Biostatistics |
| Spring 2013 | Florida Atlantic University | Christina Lynch | Health Education |
| Spring 2013 | Southeast Mississippi Rural Health Initiative | Pati Landrum, RN | Health Education |
| Spring 2013 | LiveWell Forrest General Hospital | Jeanne CarlsonDir. | Health Education |
| Spring 2013 | University of Mississippi Medical Center | Wm Terry McLeod | Health Education |
| Spring 2013 | The Womens Fund for Health Education and Research | Katherine Stakel | Health Education |
| Spring 2013 | Southeast Mississippi Rural Health Initiative | Tonya Green, RN | Health Education |
| Spring 2013 | Providence Park Family Dentistry | Russell Brandau, DMD | Health Policy and Administration (executive) |
| Spring 2013 | Grove Hill Memorial Hospital | Douglas Sewell, Interim Administrator | Health Policy and Administration (executive) |
| Spring 2013 | W. Scott Ash Family Dentistry | Scott Ash, Owner | Health Policy and Administration (executive) |
| Spring 2013 | Kare-in-Home Health Services | Corrie Hall, COO | Health Policy and Administration (executive) |
| Spring 2013 | Baptist Health Center - Leake | Jerry Cotton, Administrator | Health Policy and Administration (executive) |
| Spring 2013 | Auditory-Verbal Center | Tysha Powell | Health Policy and Administration (executive) |
| Spring 2013 | Redstick Orthopedics & Prosthetics, LLC | Marlon Moore, B.S.C., C.O | Health Policy and Administration (executive) |
| Spring 2013 | Field Memorial Community Hospital | Chad Netterville, CEO | Health Policy and Administration (executive) |
| Spring 2013 | Quitman County Hospital, LLC | Steve Nichols, CEO | Health Policy and Administration (executive) |
| Spring 2013 | Greene Area Medical Extenders | Angel Greer, CEO | Health Policy and Administration (executive) |
| Spring 2013 | Southeast Mississippi Rural Health Initiative, Inc. | Janice Robinson, Chief Human Resource Officer | Health Policy and Administration (executive) |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Fall 2013 | Garden Park Hospital | Daphne David, COO | Health Policy and Administration (traditional) |
| Fall 2013 | Memorial Hospital at Gulfport | Chas Pierce | Health Policy and Administration (traditional) |
| Fall 2013 | Lady of the Lake Medical Center | Coletta Barrett | Health Policy and Administration (traditional) |
| Fall 2013 | Bedford Care of Hattiesburg | Carl Young, NHA | Health Policy and Administration (traditional) |
| Fall 2013 | Bedford Care Alzheimer's Unit | Pam Kelly, NHA | Health Policy and Administration (traditional) |
| Fall 2013 | Clarewood House | Cindy Jackson | Health Policy and Administration (traditional) |
| Fall 2013 | LiveWell Forrest General Hospital | Jeanne Carlson | Health Policy and Administration (traditional) |
| Fall 2013 | St. Jude's Children's Research Hospital | Kevin Krull, PhD | Epidemiology and Biostatistics |
| Fall 2013 | Forrest General Hospital, Oncology | Juliet Hinton | Epidemiology and Biostatistics |
| Fall 2013 | Gulf Coast Health Educators | Debbie Colby, MEd | Epidemiology and Biostatistics |
| Fall 2013 | Coastal Family Health Center | Stacy Curry, MPH | Epidemiology and Biostatistics |
| Fall 2013 | California State Department of Health/ Oral Health | Mary Modayil, MD | Epidemiology and Biostatistics |
| Fall 2013 | Mississippi State Department of Health District VIII | Thomas Dobbs, MD | Epidemiology and Biostatistics |
| Fall 2013 | Mississippi State University Longest Health Center | JuLeigh Baker | Health Education |
| Spring 2014 | MD Anderson Cancer Center | Amy Spelman, PhD | Health Education |
| Spring 2014 | Mississippi State Department of Health District VIII | Thomas Dobbs, MD | Epidemiology and Biostatistics |
| Spring 2014 | Anderson Regional Medical Center | John Anderson, CEO | Health Policy and Administration (traditional) |
| Spring 2014 | Hattiesburg Clinic | Luis Marcos, MD | Epidemiology and Biostatistics |
| Spring 2014 | M-D Medical Supplies, Inc. | Jessica Hendrix | Health Policy and Administration (traditional) |
| Spring 2014 | Bedford Care Monroe Hall | Robert Perry, NHA | Health Policy and Administration (traditional) |
| Spring 2014 | South Central Mississippi Area Health Education Center | Johnnie Hawkins | Health Education |
| Spring 2014 | Highland Community Hospital | Mark Stocksill, CEO | Health Policy and Administration (executive) |
| Spring 2014 | USM Nurse Anesthesia Program | Vickie Stuart, CRNA, DNP | Health Policy and Administration (executive) |
| Spring 2014 | Bethel Free Health Clinic | Shelia Rivers | Health Policy and Administration (executive) |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Spring 2014 | MS Family Health Care Center | Venus Callahan, MSN, FNP | Health Policy and Administration (executive) |
| Spring 2014 | Holmes Community College EMT Program | Mark Galtelli, BS, EMT-P | Health Policy and Administration (executive) |
| Spring 2014 | Pennsylvania Physician's Health Program | Shirley Stuppy, Director | Health Policy and Administration (executive) |
| Spring 2014 | Forrest General Family Birth Center | Angela Huggins, Chief Quality Officer | Health Policy and Administration (executive) |
| Spring 2014 | DRS. Pernell & Jacobs Chiropractic | Dr. Dorothey Pernell, DC | Health Policy and Administration (executive) |
| Spring 2014 | Baker & Graham Dental | William C. Baker Jr., DDS | Health Policy and Administration (executive) |
| Spring 2014 | Foundation for Osteopathic Emergency Medicine | Sherry Turner, DO | Health Policy and Administration (executive) |
| Spring 2014 | University of South Alabama Children's & Women's Hospital | Chris Jett, Assistant Administrator | Health Policy and Administration (executive) |
| Spring 2014 | Palliative and Supportive Care Alliance | Rhonda Osborne, RN, BSN, CHPCA | Health Policy and Administration (executive) |
| Spring 2014 | Cronin Family Dentistry | C. Kelly Cronin, DMD, Owner | Health Policy and Administration (executive) |
| Spring 2014 | AAA Ambulance Service | Wade Struill, CEO | Health Policy and Administration (executive) |
| Spring 2014 | William Carey University College of Osteopathic Medicine | James Turner, DO | Health Policy and Administration (executive) |
| Spring 2014 | Montfort Jones Memorial Hospital | John Dawson, CEO | Health Policy and Administration (executive) |
| Spring 2014 | Envision Eye Care & Optical Boutique | Tonya Hairston, OD | Health Policy and Administration (executive) |
| Spring 2014 | Southern MS Heart Center | Mahmoud Zayed, MD | Health Policy and Administration (executive) |
| Spring 2014 | Mississippi Osteopathic Medical Association | Ed Williams, Executive Director MOMA | Health Policy and Administration (executive) |
| Spring 2014 | Parkway Family Medicine | Joyce Olutade, Owner Operator | Health Policy and Administration (executive) |
| Spring 2014 | The Medical Pavilion in Raleigh, MS | Althea H. Crumpton | Health Policy and Administration (executive) |
| Spring 2014 | Forrest General Cancer Center | Joe Marcello, Administrator | Health Policy and Administration (executive) |
| Spring 2014 | South Sunflower County Hospital | Courtney Phillips, CEO | Health Policy and Administration (executive) |
| Spring 2014 | Optimum Pediatric Therapy, LLC | Brandon Brice, CEO | Health Policy and Administration (executive) |
| Summer 2014 | Mississippi State Department of Health District VIII | Thomas Dobbs, MD, State Epidemiologist | Epidemiology and Biostatistics |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Summer 2014 | National Institute of Child Health and Human Development | Sunni Mumford, PhD, Earl Stadtman Investigator | Epidemiology and Biostatistics |
| Summer 2014 | Gulf Coast Health Educators | Debbie Colby, ME.D, Executive Director | Epidemiology and Biostatistics |
| Summer 2014 | Aaron E. Henry Health Clinic | Glenda Oden, Registered Dietician | Health Education |
| Summer 2014 | South Mississippi Area Health Education Center | Johnnie Hawkins, Director | Health Education |
| Fall 2014 | Mayo Clinic | Joseph Murray, MD, Principle Investigator | Epidemiology and Biostatistics |
| Fall 2014 | Caffee, Caffee & Associates | Rhonda Hayes, Project Director/MS Tobacco Free Coalition | Epidemiology and Biostatistics |
| Fall 2014 | Gulf Coast Health Educators | Debbie Colby, ME.D, Executive Director | Epidemiology and Biostatistics |
| Fall 2014 | Mississippi State Department of Health | Angie Gainey, Accreditation Coordinator | Epidemiology and Biostatistics |
| Fall 2014 | Mississippi State Department of Health District VIII | Thomas Dobbs, MD, State Epidemiologist | Epidemiology and Biostatistics |
| Fall 2014 | Rural Health Association | Ryan Kelly, Executive Director | Epidemiology and Biostatistics |
| Fall 2014 | Hattiesburg Clinic Neurological Research Center | Ronald Schwartz, MD, Principle Investigator | Epidemiology and Biostatistics |
| Fall 2014 | Mayo Clinic | Eric Marietta, PhD, Research/Assist. Professor | Epidemiology and Biostatistics |
| Fall 2014 | The ARC of SE Mississippi | Cindy Pennington, ARC Director | Health Education |
| Fall 2014 | Choices Memphis Center for Reproductive Health | Katy Leopard, Director of Community Partnerships | Health Education |
| Fall 2014 | Hattiesburg Public Schools | Carrie Hornsby, Principal | Health Education |
| Fall 2014 | Life Support Cares | Ashley Haskel, MS, CEO | Health Education |
| Fall 2014 | Rural Health Association | Cindy Widdig, Tobacco Project Manager | Health Education |
| Fall 2014 | University of Mississippi Medical Center, Office of Population Health | Michael Jones, Chief Community Health Officer | Health Education |
| Fall 2014 | Hattiesburg YMCA | Nan Bryant, RN, Health and Wellness Director | Health Education |
| Fall 2014 | Petal YMCA | Ann Culpepper, Senior Program Director | Health Education |
| Fall 2014 | Caffee, Caffee & Associates | Rhonda Hayes, Project Director/MS Tobacco Free Coalition | Health Education |
| Fall 2014 | Arab American Center | Ruth McDermott-Levey, Ph.D, RN, Dir. Ctr. Global and Public Health | Health Policy and Administration (Traditional) |
| Year | Field Experience Site | Preceptor | Specialty Area |
| Fall 2014 | Rural Health Association | Ryan Kelly, Executive Director | Health Policy and Administration (Traditional) |
| Fall 2014 | Pine Grove Mental Health | Colleen Munkel, Business Development Coordinator | Health Policy and Administration (Traditional) |
| Fall 2014 | M-D Medical Supply | Jessica Hendrix, Manager | Health Policy and Administration (Traditional) |
| Fall 2014 | Wesley Medical Center | Susan Babineaux, Director of Quality Assurance | Health Policy and Administration (Traditional) |
| Fall 2014 | Memorial Hospital at Gulfport | Chas Pierce, Director of Inpatient Services | Health Policy and Administration (Traditional) |

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

No students have received a waiver of the practice experience during each of the last three years.

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

Not Applicable.

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

This criterion is met.

*Strengths*

* The program has developed detailed Fieldwork Program Guidelines to facilitate a meaningful internship placement for traditional MPH students.
* The program has a coordinator in place to guide traditional MPH students in their respective placements.
* Strong relationships have been forged with state and local health departments, hospitals and clinics, and non-profit community health organizations for the purpose of providing internships for students.
* The program provides executive MPH students with real-world project based experiences, acting much like a professional consultant for health care organizations.
* The executive MPH students provide products and services to health care organizations during placement that have the potential to benefit and improve those facilities, an in-kind contribution.

*Weaknesses*

* The program is in need of more internship placement sites that can offer experience in data collection, entry, and analysis for Epidemiology/Biostatistics emphasis area students.

*Future plans*

* The internship coordinator will continue to cultivate and develop new internship placement sites.
* The program will provide more networking opportunities for students and health care professionals as a way to foster internship placement opportunities.

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

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

All MPH students demonstrate skills and integration of knowledge through a culminating experience. The culminating experience for the traditional MPH program consists of comprehensive exams. The Comprehensive examination policies and procedures are outlined in the MPH Graduate Student Handbook and online at <http://www.usm.edu/community-public-health-sciences/mph-comprehensive-exam-policy>. Procedures are summarized below. Comprehensive examinations require MPH students to: 1) demonstrate comprehension of public health, their emphasis area, and the relationship of their chosen emphasis area to public health; 2) frame issues within relevant theoretical frameworks; 3) understand appropriate literature, and 4) synthesize and apply knowledge learned during the course of study. The comprehensive exam culminating experience verifies that our students have met the required competencies and are prepared for professional practice within the field of public health.

Faculty representatives from each core course and emphasis area courses compose examination questions based upon the competencies described in section 2.6. Comprehensive examination questions are reviewed each semester. The traditional MPH Graduate Coordinator works with faculty to coordinate the comprehensive exam process. Announcement of comprehensive examination dates are made at the beginning of fall and spring semesters. Exams are tentatively scheduled the week prior to the university final exam schedule. Students will be deemed eligible to take comprehensive examinations during their final semester of study and are required to complete the exams within one year (12 months) of establishing eligibility.

To register for comprehensive exams students must complete and submit the [MPH Comprehensive Examination Request Form](http://www.usm.edu/sites/default/files/groups/department-public-health/pdf/comps_request_-_official_revised_2.5.2013.doc) to the graduate coordinator with the approval of their emphasis area advisor. Once registered the students participate in a two-day written examination period taking a total of six exams. The exams are proctored by the MPH Graduate Coordinator and a faculty member. Those six exams consist of five core exams (Epidemiology, Biostatistics, Health Administration, Social and Behavioral Health, and Environmental Health) and one emphasis area exam. All traditional MPH students answer the same set of core questions as well as a specific set of questions from their emphasis area. The number of questions on the comprehensive examination varies by emphasis area. Comprehensive exam questions consist of essay and problem solving questions.

Grades for comprehensive exams are designated as Pass with Distinction (PD), Pass (P), Low Pass/Oral Exam Indicated (LP), and Fail (F).   Faculty from core courses and emphasis area courses grade the exams. Identification of students’ names is blinded; each exam is identified by a randomly assigned code. Exams are distributed to faculty graders the day following the examination period. Graders have 3-5 days to assign a final grade.  A grade of PD or P is required to pass the exam. In situations where the quality of the written examination is marginal, a student may receive a LP grade indicating that the student must participate in further oral examination to demonstrate his or her competence in the subject matter. Students receiving a LP grade are allowed to review their written answers and faculty comments prior to the oral examination.

Students who fail one comprehensive examination area are given the opportunity to rewrite questions in the area of failure during the next regularly scheduled comprehensive examinations. If rewritten answers are marginal, oral examinations may be scheduled. If the student fails the rewrite, remedial course work may be recommended by the faculty. Students who fail two or more areas of their comprehensive examination will write on the sections they fail and any other sections graded as “low pass” during the next administration of comprehensive exam. Failure of the majority of the comprehensive examination, in the absence of compelling extenuating circumstances, will result in a recommendation of termination from the degree program to the Office of Graduate Studies.

All executive MPH students complete a capstone course, DPH 767, Cases in Health Services Administration. The capstone course requires the student to develop a strategic plan for a healthcare organization. It is during this project that executive MPH students apply public health concepts through a practice experience relevant to their emphasis area. This is further explained in section 2.4. The presentation and oral defense of this project allow faculty to judge whether the student has mastered the competencies of the MPH program, both core and emphasis area. The faculty panel, representing both core and emphasis areas, evaluates students on their integration of knowledge through this culminating experience.

Grades for the presentation and oral defense are designated as Pass with Distinction (PD), Pass (P), Low Pass (LP), and Fail (F). A grading rubric is used by faculty panel to evaluate the presentation and oral defense. If a student receives a PD or P, the graduate school is notified that the student is cleared for graduation, provided all other program course requirements have been met. If a student receives a grade of Low Pass (LP), that student will be scheduled for a second presentation on the immediate following Monday or Tuesday at a time selected at the sole discretion of the Program Director. This presentation will have no time or subject limitations. This second presentation is graded by the faculty participating in the second presentation as Pass or Fail. If the student receives a Pass (P) grade on the second presentation, the graduate school is notified that the student is cleared for graduation.

A student receiving a Fail (F) grade on the initial presentation will not be allowed to graduate this semester and will have to complete and successfully pass (with a grade of PD or P) a separate comprehensive examination prior to the end of the following fall semester. The format of this comprehensive exam will be selected at the sole discretion of the Program Director. A student receiving a Fail (F) grade on the second presentation will not be allowed to graduate that semester and will have to complete and successfully pass (with a grade of PD or P) a separate comprehensive examination prior to the end of the following spring semester. The format of this comprehensive exam will be selected at the sole discretion of the Program Director.

*2.5.b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* The culminating experience allows the program to evaluate each student’s competence in both core and emphasis area.

*Weaknesses*

* No weaknesses were identified.

*Future plans*

* The program will continue to use the culminating experience to evaluate individuals at the end of the program.

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

*2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (e.g., one set each for BSPH, MPH and Dr.PH).*

All MPH students, traditional and executive, complete a common set of core public health coursework. The Health Policy and Administration students do not complete the core Health Administration course but do meet the identified competencies for that core area through emphasis area course work. Core competencies are reinforced through the practice experiences required for all MPH students.

**Master of Public Health Core Competencies**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Core Competencies | DPH 622 | DPH  655 | DPH  623 | DPH 656 | DPH 625 | DPH  626 | DPH 627 | DPH 737 |
| Apply appropriate descriptive, observational, and experimental epidemiological methods to identify determinants of disease in various populations while recognizing the strengths and limitations of those methods. | P |  |  |  |  |  |  |  |
| Examine public health problems in terms of magnitude, person, place, and time, and calculate basic epidemiologic measures. | P |  |  |  |  |  |  |  |
| Examine the physical, chemical, and biological factors external to an individual that impact public health. |  | P |  |  |  |  |  |  |
| Propose methods of preventing and controlling disease, injury, and disability related to the interactions between individuals and their environment. |  | P |  |  |  |  |  |  |
| Apply basic statistical concepts for exploring, describing, reorganizing, and analyzing public health data to obtain insight about populations from which data were drawn. |  |  | P |  |  |  |  |  |
| Apply common statistical methods for estimation and inference appropriately according to underlying assumptions and study design principles. |  |  | P |  |  |  |  |  |
| Core Competencies | DPH 622 | DPH  655 | DPH  623 | DPH 656 | DPH 625 | DPH  626 | DPH 627 | DPH 737 |
| Interpret social and behavioral concepts and theories and their applicability to contemporary public health problems with the aim of reducing the disease burden on society, enhancing health prevention behaviors and promoting health. |  |  |  | P |  |  |  |  |
| Examine evidence-based approaches in the development, implementation, and evaluation of social and behavioral interventions, studies, and programs. |  |  |  | P |  |  |  |  |
| Analyze the main components and issues of the organization, financing, and delivery of health services and public health systems in the U.S. |  |  |  |  | P | P | P | P |
| Apply essential management principles of planning, organizing, staffing, influencing, and controlling to public health programs, services, and organizations |  |  |  |  | P | P | P | P |

Competencies are reinforced through the practice experiences required for all MPH students.

1MPH students with an emphasis in Biostatistics & Epidemiology or Health Education take DPH 625 Health Administration as the core course for knowledge in health services administration. Students with an emphasis in Health Policy & Administration (both traditional and executive) attain core knowledge in health services administration through emphasis area coursework (DPH 626, 627, 737).

|  |  |
| --- | --- |
| Course Number | Course Title |
| DPH 622 | Epidemiology |
| DPH 623 | Biostatistics |
| DPH 625 | Health Administration |
| DPH 655 | Environmental Health |
| DPH 656 | Social and Behavioral Aspects of Health |
| DPH 626 | Introduction to Health Systems |
| DPH 627 | Health Policy |
| DPH 737 | Health Care Organizational Behavior and Human Resources |

*2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.*

See Table 2.6.1

*2.6.c. A matrix that identifies the learning experiences (e.g., specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.*

. Table 2.6.1. Emphasis Area Competencies

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Epidemiology & Biostatistics Competencies | DPH 620 | DPH  680 | DPH  722 | DPH 723 | DPH 785 | DPH  786 | DPH 793 |
| Evaluate the strengths and limitations of epidemiologic study designs and be able to communicate epidemiologic information to lay and professional audiences. |  | R | P |  |  |  |  |
| Examine determinants and prevention strategies for communicable and chronic diseases, both common and newly emerging, that impact the health status of various populations. | P |  | R |  |  |  |  |
| Develop a research proposal that includes proposing a study question and hypothesis, investigating and summarizing the current literature relating to the study topic, selecting a study design, and developing a research methodology. |  | P |  |  |  |  |  |
| Apply basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data. |  | P |  |  |  |  |  |
| Conduct an outbreak investigation utilizing hypothetical data from a mock scenario. |  |  | P |  |  |  |  |
| Apply advanced techniques such as analysis of variance (ANOVA), regression, chi-square test, and other parametric and non-parametric tests for public health problem solving. |  |  |  | P | P | P | R |
| Utilize statistical software (such as SPSS, SAS) for coding, cleaning, recoding, and analyzing public health data to prepare reports. |  |  |  |  | P | P |  |
| Prepare appropriate analytic approaches for public health research questions, use corresponding statistical method to test and draw conclusions based on the results. |  |  |  | P | P | P | P |

Competencies are reinforced through the practice experiences required for all MPH students.

|  |  |
| --- | --- |
| Course Number | Course Title |
| DPH 620 | Chronic Disease Epidemiology |
| DPH 680 | Research Techniques |
| DPH 722 | Infectious Disease Epidemiology |
| DPH 723 | Biostatistics II |
| DPH 785 | Data Management and Analysis in Public Health |
| DPH 786 | Statistical Analysis in Epidemiology Using SAS |
| DPH 793 | Advanced Biostatistics Methods in Public Health |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Health Education Competencies | DPH 602 | DPH 606 | DPH 609 | DPH 647 | DPH 720 | DPH 784 |
| Prioritize individual, organizational, and community concerns, assets, resources, and deficits for public health education programs, interventions, and policy change. | R |  | P | R | P | R |
| Develop, implement, and evaluate public health programs, interventions, studies, and policies. | R |  | P | R | R | P |
| Conduct public health practices including needs and community assessments and/or evaluation of public health programs. | R | R | P |  | P | R |
| Analyze the role of individual, social, and community influences in the challenge and resolution of public health problems through interventions or policy change. | P | P | R | R | R | R |
| Evaluate the cultural, social, and behavioral determinants of health and health disparities. | P | P | P | P | P | R |
| Design culturally appropriate approaches to contemporary public health problems. |  | R | P | P | P |  |
| Utilize quantitative and qualitative research methods to inform development of public health education programs, interventions, and policy change. |  |  | R |  | R | P |

Competencies are reinforced through the practice experiences required for all MPH students.

|  |  |
| --- | --- |
| Course Number | Course Title |
| DPH 602 | Health Disparities in the United States |
| DPH 606 | Health Education Among Rural Populations |
| DPH 609 | Community Health Education Planning |
| DPH 647 | Public Health Marketing |
| DPH 720 | Community Organization for Health Education |
| DPH 784 | Qualitative Research Methods in Public Health |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Health Policy and Administration Competencies | DPH 626 | DPH  627 | DPH  657 | DPH 670/ 738° | DPH 716 | DPH 727 | DPH  737 | DPH  747 | DPH  757 |
| Use legal and ethical principles in public health decision making. |  |  |  | P |  |  |  | R |  |
| Apply quality and performance improvement concepts to address organization performance issues. |  |  | R |  |  |  | P | R | R |
| Health Policy and Administration Competencies | DPH 626 | DPH  627 | DPH  657 | DPH 670/ 738° | DPH 716 | DPH 727 | DPH  737 | DPH  747 | DPH  757 |
| Analyze the impact of political, social, and economic policies on public health programs, services and organizations. | P | P |  | R | P |  |  |  |  |
| Apply principles of strategic planning and marketing to public health programs, services and organizations. |  |  |  |  |  | P |  | P |  |
| Apply and utilize management and leadership concepts and skills in public health programs, services and organizations. | R | R |  |  |  | R | P |  |  |
| Communicate health policy and management issues using appropriate channels and technologies. | R | P |  |  | R | R | R |  |  |
| Analyze the current issues of planning, resource allocation and financing and their effects on public health programs, services, and organizations. |  |  | P |  | R | R | R |  | P |
| Analyze current public health systems issues using U.S. and international historical models of health care delivery. | P | P |  |  | R |  |  |  |  |

Competencies are reinforced through the practice experiences required for all MPH students.

°DPH 738 course content moved to DPH 670 effective fall 2013. DPH 738 is no longer required in plan of study.

|  |  |
| --- | --- |
| Course Number | Course Title |
| DPH 626 | Introduction to Health Systems |
| DPH 627 | Health Policy |
| DPH 657 | Healthcare Financial Management I |
| DPH 670 | Health Law and Ethics |
| DPH 716 | Health Economics |
| DPH 727 | Health Care Strategic Planning |
| DPH 737 | Health Care Org Behavior and Human Resources |
| DPH 747 | Health Care Marketing |
| DPH 757 | Healthcare Financial Management II |

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

As a result of the program’s commitment to a competency based curriculum, some changes have been made in the program’s plan of study. The program sought to make the course requirements for traditional MPH and executive MPH parallel with the exception of the practice and culminating experiences. To this end, the traditional MPH program plan of study for Health Policy and Administration added DPH 716 Health Economics and removed DPH 738 Ethics for Health Care Managers.

Content from DPH 738 was complementary to and overlapped with DPH 670 Health Law and Justice. The faculty member for those courses suggested, and the university approved, combining the content of the two courses and renaming DPH 670 as Health Law and Ethics. The new DPH 670 remains a required course in the plan of study. The eliminated course, DPH 738, allowed DPH 716 Health Economics to be added to the degree program with no addition in credit hours to the plan of study.

Emphasis area faculty in Epidemiology and Biostatistics noted an opportunity to provide further training by adding an advanced biostatistics course, DPH 793, Advance Biostatistics Methods in Public Health. Students in this emphasis area were taking an elective outside the department. Based on student feedback and feedback from potential employers, the faculty created the additional course with university approval to improve student competency in this area.

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

Competencies were recently updated as advised by the CEPH consultant at the April visit. After her visit, the faculty discussed revisions that would be consistent with the mission and vision of the department and that would prepare student for public health practice. Each emphasis area held a series of meetings to draft new competencies. This process included reviewing the competencies of other CEPH accredited programs, reviewing the existing program competencies and faculty expertise in subject matter. Those competencies were distributed department-wide for review and comment. The new competencies were presented and adopted by the faculty at a scheduled departmental meeting.

Competencies for core and each emphasis area are published on the departmental website:

* MPH Epidemiology and Biostatistics <http://www.usm.edu/community-public-health-sciences/mph-epidemiology-and-biostatistics>
* MPH Health Education <http://www.usm.edu/community-public-health-sciences/mph-health-education>
* MPH Health Policy and Administration (Traditional format) <http://www.usm.edu/community-public-health-sciences/health-policy-and-administration>
* MPH Health Policy and Administration (Executive format) <http://www.usm.edu/community-public-health-sciences/master-public-health-executive-format>

In June, the program hosted both a student meeting and a community advisory board meeting where faculty presented new competencies to the students and the community advisory board members for discussion and feedback. The competencies are used by faculty to guide course content development and delivery and facilitate consistency each time the course is delivered. Competencies are made available to prospective and current students through the departmental website. Competencies are explained and distributed to students in the MPH orientation session held twice a year. Competencies are also included in most MPH course syllabi. Competencies are connected to the student’s fieldwork experiences as indicated in their fieldwork objectives.

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

Competencies are designed to equip graduates with the knowledge and skills necessary for public health practice. Faculty participate in continuing education activities, service activities, networking opportunities, and other activities in public health, which inform the faculty on current public health practices and emerging areas of focus. Communication with alumni and feedback from fieldwork preceptors and students provide the program with information that influences changes in competencies and educational content. Emphasis area faculty meet on a regular basis to discuss educational content and assess the need for changes. Competencies were recently revised as part of the accreditation process and will be revisited annually going forward.

*2.6.1.g. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* Newly established competencies reflect current knowledge and skills needed for successful public health practice.
* Courses are in place to meet newly established competencies and faculty possess expertise in these areas.

*Weaknesses*

* The competencies are not consistently or explicitly stated in each MPH course syllabi.

*Future plans*

* Establish a process to ensure that competencies are consistently and explicitly stated in each MPH course syllabi.
* Reaffirm competencies annually.

## 2.7 Assessment Procedures

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

The MPH graduate coordinator initiates a Plan of Study for each matriculated student and files the plan with the Graduate School. The graduate coordinator along with the chair and the Dean of the Graduate School monitor student progression each semester to ensure that students are meeting their plans. Both the coordinator and the Dean of Graduate School use information systems to audit students to ensure that they maintain a minimum Grade Point Average of 3.0. Students who do not are placed on probations or face dismissal. Program competencies have been identified and interwoven into specific program courses. Course professors and advisors are directly involved in guiding, advising and assessing individual students as they progress through their Plan of Study and in attaining required competencies. The MPH coordinator provides additional advice to students and faculty members if necessary. (See section 2.6 and Table 2.6.1 for specific course related competencies.)

The MPH program requires students to successfully complete both an internship and a comprehensive exam prior to granting the MPH degree. Detailed policies, procedures, and relevant competencies examined for each are entailed in section 2.4 and 2.5 respectively. Below is an abbreviated description of both requirements.

For the internship an agreement is required among the student, the program, and the preceptor. At the completion of the internship, both the preceptor and the student provide evaluation of the experience in accordance with the agreement. Finally, each student must also provide both oral and written presentations of his or her experience. While the written presentation is assessed by the faculty members of the emphasis area, the oral presentation is not graded and is only used as an opportunity for the students to share their experiences and accomplishments. All faculty members and students are invited to attend the oral sessions and participate in questioning the student presenter on his or her knowledge and skills as related to public health.

During their final semester, students who wish to take the comprehensive examination are required to complete the Comprehensive Exam Request Form along with obtaining signatures from their emphasis area advisors. The MPH graduate coordinator then initiates and manages the comprehensive examination process. The Dean of the Graduate School cross-checks that all requirements have been completed and provides final approval. The examination is designed to reflect the core competencies (section 2.6) required of a graduate, and it is in both written and oral formats.

Lastly, students who wish to graduate also need to apply for graduation one semester prior to their final semester. Once the graduation application documentation has been sent to the Graduate School the degree auditor sends an audit to each student and the MPH graduate coordinator. The audit includes a series of items that have to be completed in order for a student’s degree to be conferred. Those items include, but are not limited to, having a Plan of Study on file at the Grad School, completing the Responsible Conduct of Research Graduate Student Seminar, passing comprehensive exams, and having a GPA of at least 3.0. Graduation is then approved by the chair and forwarded to the Dean of the Graduate School for final approval.

The Executive MPH program (EMPH) program performs the same assessment procedures as the MPH program with only two exceptions. First, in the instances where the MPH program coordinator and the chair provide monitoring, these are performed by the EMPH Program Manager and the EMPH Program Director for the EMPH. Second, instead of an internship and a traditional comprehensive exam, the EMPH students are required to complete a capstone project as their comprehensive exam. This capstone is divided in two components: 1) personal interviews, observation, and analysis of a health care provider organization which serve as the practicum experience; and 2) a written report and oral defense of the case study to a panel of faculty members. The oral defense is evaluated by a 4-faculty panel and constitutes 80% of the student's final grade. The written report is evaluated by the course professor, who is also the program director, and the grade represents 20% of the final grade.  As part of the requirements, students must submit time sheets to show hours toward the completion of the project (please see resource files for procedures and the evaluation form).

*2.7.b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program’s performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor’s, master’s, and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion’s interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.*

The MPH program accepts students on a rolling admission basis and allows for a maximum of 5 years for degree completion. Nevertheless, a traditional full-time student following the MPH degree plan typically completes the program in 15 months (e.g., Fall Year 1 entering would graduate in Fall Year 2). Table 2.7.1 shows the degree progression by each academic year. Note that the program does not offer summer admissions, but students may graduate in any semester (Fall, Spring, or Summer). Graduation rates for full-time students are consistently above 80% at the two year enrollment mark for all cohorts.

The department also offers joint degree programs with the business school (MPH-MBA) and the Department of Anthropology and Sociology (MPH-MA); please reference criterion 2.11 for additional information. Since 2010 there have been six students in these programs evenly divided between MHA-MBA and MPH-MA. Because there are no shared course requirements and the limited nature of these programs, currently joint degree program students are similarly monitored as the traditional MPH students and follow the maximum 5-year graduation requirement to complete all MPH and joint program requirements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 15. Table 2.7.1a. Students in MPH Degree, by Cohorts Entering Fall 2009/Spring 2010 - Fall 2013/Spring 2014 | | | | | | |
| Cohort of Students |  | Fall 2009 -Summer 2010 | Fall 2010 - Summer 2011 | Fall 2011 - Summer 2012 | Fall 2012 - Summer 2013 | Fall 2013 – Summer 2014 |
| Fall 2009 – Summer 2010 | # Students entered | 48 |  |  |  |  |
|  | # Students withdrew, dropped, etc. | 6 |  |  |  |  |
|  | # Students graduated | 0 |  |  |  |  |
|  | Cumulative graduation rate | 0% |  |  |  |  |
| Fall 2010 – Summer 2011 | # Students continuing at the beginning of this school year | 42 | 49 |  |  |  |
|  | # Students withdrew, dropped, etc. | 0 | 3 |  |  |  |
|  | # Students graduated | 33 | 0 |  |  |  |
|  | Cumulative graduation rate | 68.8% | 0% |  |  |  |
| Fall 2011 – Summer 2012 | # Students continuing at beginning of this school year | 9 | 46 | 41 |  |  |
|  | # Students withdrew, dropped, etc. | 0 | 5 | 2 |  |  |
|  | # Students graduated | 8 | 33 | 0 |  |  |
|  | Cumulative graduation rate | 85.4% | 67.3% | 0% |  |  |
| Fall 2012- Summer 2013 | # Students continuing at beginning of this school year | 1 | 8 | 39 | 53 |  |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 2 |  |
|  | # Students graduated | 1 | 7 | 35 | 0 |  |
|  | Cumulative graduation rate | 87.5% | 81.6% | 85.3% | 0% |  |
| Fall 2013-Summer 2014 | # Students continuing at beginning of this school year | 0 | 1 | 4 | 51 | 59 |
|  | # Students withdrew, dropped, etc. | 0 | 0 | 0 | 0 | 1 |
|  | # Students graduated | 0 | 0 | 2 | 40 | 0 |
|  | Cumulative graduation rate | 87.5% | 81.6% | 90.2% |  |  |

\*Students are admitted to the traditional program Fall and Spring semesters. Students are admitted to the Executive MPH in the Fall semester only. Students may graduate in Fall, Spring, or Summer semesters.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16. Table 2.7.1b. Students in MPH Degree Emphasis Area, by Cohorts Entering Fall 2009/Spring 2010 - Fall 2013/Spring 2014 | | | | | | | | | | | | | | | | | | |
| Cohort of Students |  | Fall 2009 -Summer 2010 | | | | Fall 2010 - Summer 2011 | | | | Fall 2011 - Summer 2012 | | | | Fall 2012 - Summer 2013 | | | | Fall 2013 – Summer 2014 |
|  |  | EB | HE | HPA | EMPH | EB | HE | HPA | EMPH | EB | HE | HPA | EMPH | EB | HE | HPA | EMPH |  |
| Fall 2009 - SUM 2010 | # Students entered | 8 | 8 | 15 | 17 |  | | | |  | | | |  | | | |  |
|  | # Students withdrew, dropped, etc. |  | 1 | 2 | 3 |  | | | |  | | | |  | | | |  |
|  | # Students graduated | 0 | 0 | 0 | 0 |  | | | |  | | | |  | | | |  |
|  | Cumulative graduation rate | 0% | 0% | 0% | 0% |  | | | |  | | | |  | | | |  |
| Fall 2010 - SUM 2011 | # Students continuing @ beginning of this school year | 8 | 7 | 13 | 14 | 10 | 5 | 17 | 17 |  | | | |  | | | |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  | 1 | 1 | 1 |  |  | | | |  | | | |  |
|  | # Students graduated | 6 | 5 | 8 | 14 | 0 | 0 | 0 | 0 |  | | | |  | | | |  |
|  | Cumulative graduation rate | 75.0% | 71.4% | 61.5% | 100% | 0% | | | |  | | | |  | | | |  |
| Fall 2011 - SUM 2012 | # Students continuing @ beginning of this school year | 2 | 2 | 5 | 0 | 9 | 4 | 16 | 17 | 7 | 8 | 14 | 12 |  | | | |  |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  | 1 | 2 | 2 | 1 |  |  | 1 |  | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cohort of Students |  | Fall 2009 -Summer 2010 | | | | Fall 2010 - Summer 2011 | | | | Fall 2011 - Summer 2012 | | | | Fall 2012 - Summer 2013 | | | | Fall 2013 – Summer 2014 | | | |
|  | # Students graduated | 1 | 2 | 5 | 0 | 6 | 1 | 12 | 14 | 0 | | | |  | | | |  | | | |
|  | Cumulative graduation rate | 87.5% | 87.5% | 86.6% | 100% | 60% | 20% | 706% | 82.4% | 0% | | | |  | | | |  | | | |
| Fall 2012- SUM 2013 | # Students continuing @ beginning of this school year | 1 |  |  |  | 3 | 2 | 2 | 1 | 6 | 8 | 14 | 11 | 10 | 8 | 10 | 25 |  | | | |
|  | # Students withdrew, dropped, etc. |  |  |  |  |  |  |  |  | 0 | | | |  |  | 1 | 1 |  | | | |
|  | # Students graduated | 1 |  |  |  | 3 | 2 | 2 | 0 | 5 | 7 | 12 | 11 | 0 | | | |  | | | |
|  | Cumulative graduation rate | 100% | 87.5% | 86.6% | 100% | 90% | 60% | 82.4% | 88.2% | 71.4% | 87.5% | 85.7% | 91.7% | 0% | | | |  | | | |
| Fall 2013- SUM 2014 | # Students continuing @ beginning of this school year | 0 | | | |  |  |  | 1 | 1 | 1 | 2 | 0 | 10 | 8 | 9 | 24 | 16 | 13 | 14 | 16 |
|  | # Students withdrew, dropped, etc. | 0 | | | | 0 | | | | 0 | | | | 0 | | | |  |  |  | 1 |
|  | # Students graduated | 0 | | | | 0 | | | |  | 1 | 1 | 0 | 5 | 3 | 8 | 24 | 0 | | | |
|  | Cumulative graduation rate | 100% | 87.5% | 86.6% | 100% | 90% | 60%§ | 824% | 88.2% | 71.4% | 100% | 92.9% | 91.7% | 50.0% | 37.5% | 80% | 96% | 0% | | | |

\*Students are admitted to the traditional program Fall and Spring semesters. Students are admitted to the Executive MPH in the Fall semester only. Students may graduate in Fall, Spring, or Summer semesters. §Of the 5 students admitted this cohort year to the Health Education Emphasis, 2 students were academically discontinued for failing to maintain satisfactory academic progress in the program.

|  |  |  |  |
| --- | --- | --- | --- |
| . Table 2.7.2. Destination of Graduates by Employment Type, Fall 2011 – Summer 2014 | | | |
|  | AY 2011 – 2012  (n=41) | AY 2012 – 2013  (n=43) | AY 2013 -2014\*  (n=42) |
| Employed | 20 | 31 | 28 |
| Continuing education/training (not employed) | 3 | 1 | 5 |
| Actively seeking employment | 2 | 0 | 1 |
| Not seeking employment (not employed and not continuing education/training, by choice) | 0 | 0 | 0 |
| Unknown | 16 | 11 | 8 |
| Percentage unemployed | 2/25 (8.0%) | 0/32 (0.0%) | 1/34 (2.9%) |

\*2013-2014 AY data reflect Fall 2013 and Spring 2014 graduates only, and the time since graduation is not yet 12 months. n=number of students who graduated during AY specified

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

The MPH program uses a variety of methods to collect job placement data. These methods include employer surveys, discussions with graduating students through conversations or emails, information from faculty members, and internet searches. These methods are generally conducted by the Graduate Coordinator and the EMPH Program Manager, but all faculty are asked to provide input regarding students’ employment and future plans. Table 2.7.2 in section 2.7.b shows the destination of graduates by employment type for all students that could be located from each cohort of graduates for each academic year.

Beginning with the cohort graduating Fall 2014, the program will be surveying students via a graduate exit survey tool which seeks to identify those students who are currently looking for employment, continuing their education, or have been employed in the field of public health.

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

Not Applicable.

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

In April of 2014, an alumni survey was conducted via phone to solicit feedback both on their experiences as students and their ability to obtain jobs after they have left the program. Calls were made to students graduated Fall 2010 and later (going back more than four years). 98 alumni were contacted, however, only 11 responses were received (11.2%). With a mean score of 8 out of 10, with 10 being the highest, the limited results show that most graduates were satisfied with their education. At that time, 7 of the graduates were employed (63.6%), while 3 were continuing their education and 1 was unemployed. When questioned, 5 of the 11 respondents noted that the internship was essential to their current career path, while 4 noted class work and 2 noted networking opportunities. The alumni respondents also noted that strategic planning, finance, and social marketing were the best courses that prepared them for their careers. Nevertheless, the alumni respondents overwhelmingly suggested that the program could seek improvement in the area of more networking opportunities for students (please see resource files for the survey instrument and the results).

In June of 2014, the Community Advisory Board met where members were introduced to the newly written core and emphasis area competencies. Much discussion occurred with respect to the importance of graduating competent public health professionals into the workforce. It was decided that a competency related inquiry is needed for future surveys to determine if alumni felt prepared to enter the workforce. However, since the alumni survey was conducted recently, the program should carry this out in a more appropriate timeframe, and the spring of 2017, or three years from the last survey would be ideal. Additionally, through the process of developing the self-study, it was determined that an employer survey has not been conducted in the last two years. This need for employer related competency data was added to the list of ongoing data collection items that will be managed by the Accreditation and Evaluation Committee going forward. Additionally, though the graduate school collects an exit survey from all graduates, the data is not available to the program. Only data aggregated at the College of Health level is available. Plans have been made to collect this data internally by the MPH program coordinator and program manager. A program specific exit survey has been produced and will be administered for students graduating starting with the Fall 2014 cohort.

In October of 2014, an employer survey based on the updated core competencies (section 2.6) was deployed via Qualtrics, a web based electronic survey tool. 48 past employers and internship sponsors were invited via email to complete the 26-question survey. 9 responses, or 18.8%, were ultimately collected over a 2-week period. Of these responses, 4 employed or supervised Epidemiology and Biostatics graduates or interns, 5 employed or supervised Health Education graduates or interns, and 3 employed or supervised Health Policy & Administration graduates or interns. The responses to the knowledge and skills of the program’s graduates or interns were mostly favorable when asked along the lines of the updated core competencies. On average, the 4 respondents graded the Epidemiology and Biostatics core knowledge and skills of our graduates and interns 3.94 out of a possible score of 5, the 5 respondents rated our Health Education graduates and interns 4.59 out of 5, and the 3 respondents rated the Health Policy & Administration graduates and interns 4.5 out 5 (please see resource file for detailed survey questions and responses). The lowest score at 3.67 was for the Health Education Core competency of “Utilize quantitative and qualitative research methods to inform development of public health education programs, interventions, and policy change,” while the highest score of 5 was also for two other areas in health education. Based on the responses, it appears that the program is providing the appropriate training in preparing our graduates for the workforce.

*2.7.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* The MPH program measures mastery of core and emphasis competencies in a variety of ways including, but not limited to, successful completion of coursework with a GPA of 3.0 or higher, an applied practical experience, and a culminating experience that assess all core and emphasis area competencies.
* Graduation rates are consistently high. More than 80% of our full time students regularly graduate within 24 months. Program attrition due to student withdrawal or program dismissal is consistently very low.
* Job placement rates (or continuing education) at one year post graduation are also consistently high.

*Weaknesses*

* Alumni survey recently conducted was created prior to the development of updated competency.
* Graduate exit surveys generate data that cannot be aggregated at the program level, and as such are not a good source of data for this criterion.

*Future plans*

* Continue to evaluate students in all areas to determine that competencies have been achieved.
* Conduct an alumni survey in three years with updated competencies.
* Repeat employer survey every three years.
* Develop a graduate exit survey that can be completed when the student applies for graduation that includes an assessment of perceived competency to practice in the field of public health.
* Continue to meet with the Community Advisory Board (CAB) to gain feedback from program stakeholders regarding the professional preparation of our students.

## 2.8 Bachelor’s Degrees in Public Health

Not Applicable.

## 2.9 Academic Degrees

Not Applicable.

## 2.10 Doctoral Degrees

Not Applicable.

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

*2.11.a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.*

The Master of Public Health program offers two joint degree options. Students with an emphasis in Health Policy and Administration may, in addition, pursue a Master of Business Administration (MBA) degree from the College of Business at USM. Students in the MPH portion of the joint degree take all required MPH courses and no electives; therefore, no courses are opted out. The MBA program has three elective courses, which can be satisfied with the MPH curricula; therefore, the MBA program allows substitution of three courses. Students in the EMPH program are not precluded from pursuing this joint degree option if they wish. These students tend to be well-established in their work careers and have limited time for additional studies.

Curriculum for this degree can be found in the University’s Online Catalog here:

<http://catalog.usm.edu/preview_program.php?catoid=6&poid=2864&returnto=410>

Also, students with an emphasis in Health Education or in Epidemiology and Biostatistics may pursue a Master of Anthropology degree from the Department of Anthropology and Sociology at USM. EMPH students would not be eligible to participate in this joint degree as they are outside the Health Education and the Epidemiology and Biostatistics emphasis areas. Curriculum for these degrees can be found in the University’s Online Catalog here:

Epidemiology and Biostatistics emphasis:

<http://catalog.usm.edu/preview_program.php?catoid=3&poid=1074>

Health Education emphasis:

<http://catalog.usm.edu/preview_program.php?catoid=6&poid=2863>. Additional information on joint degrees is further provided under section 2.1.

*2.11.b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitutions as well as the process for validating that the joint degree curriculum is equivalent.*

Students pursuing the dual degree programs described in section 2.11.a. must meet the same admission requirements for the MPH program in addition to the MBA or MA program. Dual degree students are required to complete all MPH core and emphasis area classes including 400 internship/fieldwork hours. Currently, there are no shared elective courses between degree programs. Prospective students are required to apply to both programs and complete the curricula. Therefore, no difference may be observed in assessment procedures for these students.

*2.11.c. Assessment to the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses, and plans related to this criterion.*

This criterion is met.

*Strengths*

* The University of Southern Mississippi offers dual degree programs (MA/MPH and MBA/MPH) which allow students to complete an MPH degree in concert with a second, separate degree program.
* The MPH curriculum of the joint degree programs are equal to that of the standalone MPH programs and “course sharing” is not permitted.

*Weaknesses*

* None noted.

*Future plans*

* Continue to offer the dual degree programs as outlined above.

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

*2.12.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 in Criterion 2.1.a may be referenced for this purpose.*

***Program Identification***

The program offers a Master of Public Health (MPH) degree, with emphasis in Health Policy and Administration, in the executive format. The Executive MPH is consistent with the mission of traditional MPH program.

*2.12.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 methods.*

***Methods/ Model used***

The program does not offer a distance education option; however, it does offer an executive format. Admission to the EMPH program is limited to twenty-five highly qualified students. Applicants must meet the same basic admission criteria as admission to the tradition MPH program. However, greater weight is applied to the applicant’s GPA, letters of recommendation, and statement of purpose. Admission to the Executive MPH does not require prerequisite courses. However, students are encouraged to develop some knowledge of the principles of management, statistics, economics, accounting, and the American health care system. Additionally, incoming students must be familiar with all Microsoft Office programs and the Internet. They must have access to an IBM compatible computer and to the Internet outside campus meetings. In addition, each qualified applicant is required to participate in an academic interview with the program faculty members and staff. Applications are accepted throughout the year; however, program enrollment takes place only in the fall semester.

The total cost for the executive MPH program is $22,500. This figure covers all of the following: course tuition, required textbooks and class materials, all meals and snacks during on-campus weekends, on-campus parking permit, student technology use, Payne Center (fitness center) membership, group tutoring for selected courses, special program events, and graduation expenses. Based on this figure, which is subject to market forces and may change from cohort to cohort, a budget is developed, reviewed, and approved by the program director, the chair of the department and the Dean of the College of Health.

Upon admission to the program, each student is assigned an advisor. The program director serves as the advisor for all executive students. However, students are allowed and encouraged to consult with other faculty members and even formally change advisors as they see fit. Because of the integrated structure of the curriculum and the nature of cohort education in the executive MPH program, no courses or credit may be transferred into Southern Miss for use toward the MPH degree requirements. Regardless of previous experience or academic work, all executive MPH students must take all required courses in the required sequence and at the required time. Thus, advisement in the executive MPH frequently takes the form of career planning and the evaluation of career options rather than addressing the usual academic questions of which courses to take and when.

The executive MPH curriculum combines both on-campus meetings and online coursework. On-campus meetings include sixteen hours in class during Friday and Saturday, one weekend per month. All face-to-face lectures are held on Hattiesburg campus. Additional coursework is completed on-line where students participate in discussions and submit assignments via the University’s online learning management system, Blackboard. The curriculum is consistent with the MPH Health Policy and Administration degree offered in the traditional delivery format. A degree is granted after successful completion of forty-two credit hours over five consecutive semesters, including one summer (22 months), with a GPA of not less than 3.0 on the 4.0 scale and with no more than one C.

The executive format is additionally supported in several ways by the program and university. Coordination has been established with various university units, such as the Library and Information Sciences for classroom technology, which is not available in all classrooms on campus, as well as with university police to gain access to buildings in the early hours for class meetings. Also, there is special catering for food services for two meals per day to students while on campus. Special procedures have been established with the registrar’s office, university parking services, iTech wireless services, and others to provide orientation and ongoing support while students are in the program.

Executive MPH Course Schedule

**Fall Semester Year 1**

DPH 622: Epidemiology

DPH 626: Introduction to Health Systems

DPH 716: Health Economics

**Spring Semester Year 1**

DPH 623: Biostatistics

DPH 655: Environmental Health

DPH 657: Health Financial Management I

**Summer Semester Year 1**

DPH 737: Healthcare Organizational Behavior/ Human Resources Management

DPH 757: Healthcare Financial Management II

**Fall Semester Year 2**

DPH 627: Health Policy

DPH 656: Social and Behavioral Aspects of Health

DPH 727: Health Care Strategic Planning

**Spring Semester Year 2**

DPH 767: Cases in Health Policy and Administration (the equivalent of traditional comprehensive exam and internship)

DPH 747: Health Care Marketing

DPH 670: Health Law and Ethics

In the final semester, each student is required to take a capstone course (DPH 767). During this course, each student develops a case study based on a program-approved outline. This case study requires personal interviews, observations and analysis of a health care provider organization. Efforts and activities in the development of this case study serve as the practicum experience of the Executive MPH student. The case study is developed under the supervision of the Executive MPH program director who serves as both the practicum supervisor and the course professor. At the end of this course, each student submits a written report and gives an oral presentation and defense of their practicum experience/case study to a panel of faculty members. This written case and oral presentation serves as the University’s required comprehensive examination.

***Rationale for the executive format***

Continuous and rapid changes in the healthcare industry, especially during the implementation of the Affordable Care Act, call for a greater resource of healthcare administrators and leaders to properly direct healthcare organizations through future transitions. The Executive MPH is designed specifically for full-time healthcare professionals with at least three years’ experience who chose a career path in management and leadership of healthcare organizations and need the proper skills and knowledge for such advancement. The format of the program allows these professionals to complete an MPH with an emphasis in health policy and administration while maintaining their professional responsibilities. Students in the Executive MPH cohort who enrolled in Fall 2011 and beyond have diverse professional backgrounds, including public health educators, hospital administrations, physicians, nurses, pharmacists, financial officers, military health administrators, health care managers, and social workers. The increased number of yearly inquiries and enrollment in the program by healthcare professionals not only from Mississippi but also the surrounding states, such as Alabama and Louisiana, demonstrates the need to continue in offering this type of program at The University of Southern Mississippi.

***Administrative and student support services***

The Executive MPH program continues to receive all the necessary support throughout our university community. Coordination is readily facilitated with various departments such as College of Health and College of Business for use of their classrooms, university police to gain access to buildings at the early hours for class meetings, unique catering for food services during campus meetings, as well as the development of special procedures in the registrar’s office, comptroller’s office, bursar’s office, graduate admissions, university parking services, iTech wireless services, and the university’s Learning Enhancement Center.

Each student enrolled in the executive MPH program receives the same rights and privileges and services as every fulltime graduate student at the university. All facilities such as the library and the Payne recreation center are available to them. The iTech computer help line is at their disposal during university operating hours. University web-based services available to graduate students are readily accessed by the Executive MPH students. The program is staffed with a fulltime faculty director, fulltime program manager, and a graduate assistant that work diligently to take care of all program details so that students can focus only on their coursework.

***Academic rigor of the program and their equivalence (or comparability) to other degree programs offered by the program as well as the format and methods***

One of the primary means of monitoring the academic rigor of the program is through the selection of the program faculty. Faculty members are carefully selected with special consideration given to their experience with mature learners and their “hands on” experiences in their respective fields. Each of the faculty is well known outside of the university and has been recognized as accomplished teachers, many holding outstanding teacher awards.

Additional means of monitoring academic rigor of the program as well as the format and methods is through: 1) careful evaluation of each course syllabus by the program director and the Learning Enhancement Center of the University; 2) student feedback on course examinations; 3) student evaluation of each course; 4) end of the program surveys and 5) regular reports to program faculty members.

***Evaluation of the educational outcomes***

Evaluation of student educational outcomes is accomplished mainly by review of student success in a closely monitored curriculum through their outputs such as papers, projects and examinations. Another method in evaluating educational outcome is by direct observation by faculty of students’ use of skills and knowledge in classroom discussions, Blackboard discussions, and more important, in their culminating capstone report and oral defense.

Assessment of future accomplishments of program graduates is probably one of the most accurate means of educational outcomes evaluation

*2.12.c. Description of the processes that the program uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.*

The most important method used to verify student identity is the Blackboard online learning system. Blackboard is completely integrated with all USM central systems. Blackboard requires a secure login and password that is unique to each student registered for the respective course. Each course is accessible only to students who are enrolled in the respective course and to faculty members assigned to the course.

Each semester faculty members teaching in the Executive MPH are provided with an official student contact information file. This file includes a short biography and a headshot photo of each student in order to help faculty identify them. Program staff also use this file in order to take class attendance each course weekend. This process is beneficial in verifying that the student who registered for an Executive MPH course is the same student who attends, participates and completes the course.

*2.12.d. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* The first and only Executive MPH in Health Administration and Policy in the State of Mississippi.
* Excellent selection of faculty members who have been recognized as experts in their field and are well-known outside the University
* Each Executive MPH cohort constitutes a diverse mix of experienced healthcare professionals from both public and private sectors, which allows for a highly interactive learning environment in which ideas, professional experiences, and expertise are readily exchanged
* Full-time program staff who work diligently to handle virtually all non-course related details (enrollment, textbooks, meals, parking, graduation, etc.) so that students may focus directly on the coursework
* Executive format that accommodates course schedules for full-time health care processionals
* Fixed program cost with no out-of-state fees for students who reside outside MS
* Substantial alumni support in both program promotion and growth

*Weaknesses*

* Limited classroom space exists for larger cohorts or during capstone presentations when additional faculty/students are invited to attend
* Limited scholarship opportunities for students enrolled in the Executive MPH program

*Future Plans*

* Work closely with the office of registrar to identify larger and more adequate classroom for the Executive MPH course meetings.
* Work with the College of Health, the University, and the community to investigate more scholarship opportunities that would benefit the Executive MPH students

# Criterion 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.**

The University of Southern Mississippi is a comprehensive research intensive university, and as such, supports the research of its faculty. USM’s primary mission is to cultivate intellectual development and creativity through the generation, dissemination, application, and preservation of knowledge. USM has been recognized by the Carnegie Foundation for the Advancement of Teaching as a “Comprehensive Doctoral, Research University (high research activity)." In January 2011, USM was honored with the prestigious Carnegie Community Engagement Classification for the many ways in which its students, faculty, staff and programs engage and enhance the people and places of South Mississippi and beyond. In fiscal year 2012, USM-garnered $63.3 million in external research funding, noting that 2012 also saw a cessation in congressionally directed funding of projects. Sponsoring agencies include twenty-one different federal agencies, nine different state agencies, eight corporations and thirty-five different private foundations.

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

Research is one of the principal missions of the program and is reflected in the goal to “develop an innovative, focused program of applied research that rewards scholarship and fosters collaborative research efforts with other academic programs, disciplines and practitioners to increase the knowledge in the field of public health practice.” Through a variety of state and federally funded projects, faculty members and students in the program are conducting research on varied initiatives that include focused research efforts with the US Department of Transportation (training and development of police officers, alcohol and drugs, and impaired driving); Mississippi State Department of Health (clinician impact evaluation and tobacco surveillance and evaluation); Mississippi Public Health Institute (tobacco policies among inpatient mental health facilities); National Library of Medicine (public health informatics); National Institutes of Minority Health and Health Disparities (community-based participatory research project focused on hypertension); and Office of the National Coordinator (health information technology and diabetes).

The program is housed within the College of Health, and the College of Health offers a wide range of programs revolving around the central theme of “the improvement of the health and well-being for individuals, families, organizations and communities.” All programs in the College of Health provide direct application of a knowledge base to the current problems and issues facing society. To facilitate research within the College, the College of Health Research Support Committee convenes bimonthly to discuss funding trends, requests for proposals/applications, current proposals in development, and research support to on-going projects. The Associate Dean, the Associate Dean of Research, and the Director of Research Support, for the College of Health, provide faculty with support in proposal concept and development, budget and monitoring, and technical assistance through the internal approval process at the university.

USM’s research efforts are spearheaded by the Vice President for Research, who works closely with the University’s Sponsored Programs Administration, the Office of Technology Transfer, and the Office of Research Integrity. Since assuming those duties early in 2012, the Vice President for Research has worked to reinvigorate the research enterprise at both of the University’s dual campuses.

In July of 2014, Southern Miss’ Sponsored Programs Administration and the Office of Contracts and Grants Accounting merged becoming the Office of Research Administration (ORA). The ORA contributes to the university’s responsibilities for education, research and service by assisting members of the campus community as they seek external support for their research, creative and scholarly activities. ORA is also responsible for post award administration of contracts and grants awarded to the university. ORA is headed by the Assistant Vice President for Research Administration. The Office of Technology Transfer was established in 2013 and has focused on initiatives aimed at increasing technology licensing agreements between Southern Miss researchers and industry. The Office of Research Integrity (ORI) was established in May 2012. ORI has several responsibilities, including oversight of the University’s RCR training program, updating and supplementing the University’s research-related policies, and management of the University’s Institutional Animal Care and Use Committee (IACUC) and Institutional Review Board (IRB). The University’s Research Integrity Officer (RIO) has responsibility for overseeing proceedings involving allegations of research misconduct.

USM has a strong focus on research and requires all graduate level faculty members, graduate students, and Honors College students to have completed training in the Responsible Conduct of Research (RCR) as part of the University’s Integrity Assurance Program (IAP). The IAP consists of both online course modules, provided by the Collaborative Institutional Training Initiative (CITI) from the University of Miami, and also on-campus workshops and forums. All University researchers must complete the designated CITI “common course,” and IRB and IACUC researchers must also complete the designated IRB and IACUC CITI course modules. Recent on-campus workshops include forums on plagiarism, financial conflicts of interest, revised Sponsored Programs Administration policies and procedures, revisions to the IRB submission form, IACUC review, intellectual property rights, and a recent two-day grant writing workshop featuring representatives from the Grants Resource Center (GRC) of the American Association of State Colleges and Universities (AASCU). Materials related to these workshops, including both written materials and recordings of past events, are archived on the ORI website. As of January 2014, the compliance rate among active regular faculty members in the University’s IAP was 87%.

Working together with the University’s General Counsel, important revisions and additions have recently been made to several research policies. A new Scholarly Misconduct policy was approved and put in place in May 2013, along with a new policy on Financial Conflicts of Interest (FCOI). Revisions to the misconduct policy were made in order to clarify the University’s definition of scholarly misconduct and include additional procedural safeguards respondents and complainants in misconduct proceedings. The new FCOI disclosure policy was a response to enhanced Health and Human Services regulations concerning conflict of interest disclosure. USM has designed and implemented an online disclosure process to facilitate convenient and accurate reporting. Similarly to the University’s RCR training policy, regular disclosure of financial conflicts of interest is now required of all full-time faculty, regardless of research involvement, and all staff involved in research activities. Significant revisions to the University’s IACUC and IRB policies are currently being circulated for approval. A new data management policy is currently being drafted by a committee appointed by the Vice President for Research, in addition to a new intellectual property policy being developed in conjunction with the library. As with all of USM’s policies, the latest versions of these research policies are maintained on the University’s Institutional Policies webpage.

Another recent improvement pertains to the IRB submission process. Past applicants were instructed to describe their research protocols in ordinary word processing documents; a newly-implemented submission form has simplified the review process. As a result of this and the addition of several new members to the IRB, turn-around time for IRB applications has been significantly reduced. Except when extensive revisions are required, most projects are now approved by the IRB within two weeks. As before, graduate research projects must be approved by both research advisors and chairs prior to IRB submission.

Other initiatives established are the University Mentorship Taskforce and the Center for Undergraduate Research. The University Mentorship Taskforce was established in October 2012 by the Office of the Provost to develop a mentoring plan that provides guidance to mentors and junior faculty at USM. The Center for Undergraduate Research was also established Office of the Provost in 2013 to help involve undergraduates in the University’s research efforts. The Center recently awarded several thousand dollars to impressive undergraduate applicants to help fund their research activities. As of January 2014, over 130 USM faculty members had made themselves faculty affiliates of the Center.

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

Mississippi has a great need for the improvement in health of the population, with the state ranking poorly among states in overall health status and availability of public health resources. While this is an opportunity for education of public health professionals, we also recognize it as a fertile ground for research into how to improve health in an area with inadequate economic resources.

The program is involved in research with a variety of community partners. Some of these are with other academic institutions and non-governmental, while others involve local, state, and national organizations (see Table 3.1c). Although we do not have separated formal agreements with these partners (since typical goods and services are not exchanged), they are involved in our research proposals and internships for students.

The Mississippi Department of Health is an example of a successful partnership with a state agency and provides opportunities for program faculty members’ research in many areas. Examples include working the Office of Rural Health and Primary Care on clinician impact and with state tobacco funding on surveillance and evaluation and mental health facilities inpatients’ tobacco policies. Submitted proposals in 2014 with the Office of Health Disparities include community health worker training, needs assessments, and evaluation and surveillance. Faculty have also assisted in other areas of research, such as providing technical assistance with proposal development in rural Mississippi Delta communities, providing research content expertise, and serving as proposal reviewers for Department of Health funded grant opportunities for communities.

Another collaborative research entity would be with the Mississippi National Guard Joint Task Force, the Mississippi Department of Veteran Affairs, and a local military installation, Camp Shelby, where program faculty members have worked to address suicide ideation, social support, help-seeking behaviors, and reduction of critical incidents of suicides among Mississippi military service members. A partnership proposal for funding a model program has recently been submitted in March 2014.

A non-governmental organization, the Delta Health Alliance (DHA) is an example of a collaboration where research is a high priority. DHA is a partnership of area universities, the Delta’s regional economic development agency, state offices, clinics, hospitals, and non-profit organizations working together to coordinate and provide oversight for community-based programs that address critical healthcare and wellness gaps in the Mississippi Delta. Faculty have had research projects with DHA focused on developing distance education programs for allied health professionals, community-based participatory research projects focused on various chronic diseases, health information technology, and community health worker models.

The program has collaborative research efforts with various academic institutions, both nationally and internationally. Collaborative national research for manuscript development for publication examples include the University of Texas at Tyler and health information technology, the University of Maryland and health equity, and Delta State University and breast cancer disparities. International collaborative research effort have included the Chinese University of Hong Kong, State University of Bangladesh, and Green Life Medical College in Dhaka, Bangladesh.

*3.1.c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member’s role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year’s award, g) whether research is community based and h) whether research provides for student involvement.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| . Table 3.1.c. Research Activity from 2011 to 2014 | | | | | | | | | |
| **Project Name** | **PI & Concentration** | **Funding Source** | **Funding Period** | **Total Award** | **2011-2012** | **2012-2013** | **2013-2014** | **CB** | **SP** |
| Public Awareness Campaign Against Impaired Driving | Ahua, Emmanuel, HE | USDOT | 10/01/11 – 9/30/12 | $250,000 | X |  |  | Y | Y |
| Special Projects Coordination | Ahua, Emmanuel, HE | USDOT | 10/01/11 – 9/30/12 | $250,000 | X |  |  | Y | Y |
| Police Traffic Services Law Enforcement Liaison Office | Ahua, Emmanuel, HE | USDOT | 10/01/11 – 9/30/12 | $600,351 | X |  |  | Y | N |
| Police Traffic Services Training and Networking | Ahua, Emmanuel, HE | USDOT | 10/01/12 – 9/30/13 | $55,715 |  | X |  | Y | N |
| Alcohol/Drug Countermeasures Training and Networking | Ahua, Emmanuel, HE | USDOT | 10/01/12 – 9/30/12 | $510,707 |  | X |  | Y | N |
| MSDH Office of Rural Health & Primary Care ARRA-Funded Clinician Impact Evaluation Study | Arrington, Amy, HPA,  Fastring, Danielle, Co-PI, EB, Xie, Yue, Co-PI, HPA | MSDOH | 03/01/13 – 08/15/15 | $30,000 |  |  | X | Y | N |
| Tobacco Surveillance and Evaluation Services | Carver, Vivien, HE | MSDOH | 07/01/11–06/30/12 | $260,000 | X |  |  | Y | N |
| Tobacco Surveillance and Evaluation Services | Carver, Vivien, HE | MSDOH | 07/01/12–06/30/13 | $265,000 |  | X |  | Y | N |
| Tobacco Surveillance and Evaluation Services | Carver, Vivien, HE | MSDOH | 07/01/13–06/30/14 | $265,000 |  |  | X | Y | N |
| \*Longitudinal Studies of Coronary Heart Disease Risk Factors in Young Adults | Shikany, James (UAB)  Choi, Hwanseok, EB  Statistician | NIH/NHLBI | 09/01/08 – 09/30/13 | $2,900,945 | X |  |  | Y | Y |
| \*Novel Treatment of NF-1 Associated Malignant Peripheral Nerve Sheath Tumors | Carroll, Steven (UAB)  Choi, Hwanseok, EB Statistician | NIH/NCI | 12/07/07 – 11/30/12 | $1,457,139 | X |  |  | N | Y |
| \*UAB CF Research and Translation Core Center | Sorscher, Eric (UAB)  Choi, Hwanseok, EB, Statistician | NIH/NIDDK | 05/01/07 – 04/30/12 | $1,420,679 | X |  |  | Y | Y |
| \*General Dental Practice-Based Research Network – Coordinating Center | Funkhouser, Ellen (UAB)  Choi, Hwanseok, EB, Statistician | NIH/NIDCR | 04/01/05 – 03/31/13 | $1,331,789 | X |  |  | Y | Y |
| \*Comprehensive Cancer Center CORE Support Grant | Cantor, Alan (UAB)  Choi, Hwanseok, EB, Statistician | NIH/NCI | 03/28/97 – 03/31/16 | $534,485 | X |  |  | Y | Y |
| Proposal Development Grant Program | Choi, Hwanseok, EB | USM, | 09/01/12 – 05/30/13 | $2000 |  |  | X | Y | N |
| DHHS IPA 2010-2012 | Honore, Peggy, HPA | USDHHS | 10/01/11–6/01/2012 | $169,470 | X |  |  | Y | N |
| **Project Name** | **PI & Concentration** | **Funding Source** | **Funding Period** | **Total Award** | **2011-2012** | **2012-2013** | **2013-2014** | **CB** | **SP** |
| DELTA BLUES Beacon Community | Mayfield-Johnson, Susan, HE | DHA/ONC | 04/01/10-03/31/13 | $80,000 | X | X | X | Y | Y |
| As Assessment of Tobacco Policies among MS’s Inpatient Mental Health Facilities | Newman, Ray, HPA, Xie, Yue, Co-PI, HPA | MSPHI | 05/13/13 – 11/29/13 | $7,500 |  |  | X | Y | N |
| Tobacco Surveillance and Evaluation Services | Newman, Ray HPA | MSDOH | 07/01/14–06/30/15 | $260,000 |  |  | X | Y | N |
| A Community Partnership to Reduce Blood Pressure among African American Adults | Yadrick, M. Kathleen  FNS  Anderson-Lewis, Charkarra, HE, Investigator | NIH/NIMHD | 05/22/08 – 01/31/14 |  | X | X | X | Y | Y |
| Strengthening the 21st Century Public Health Informatics Competencies: Outreach to the Future Public Health Professional at USM | Yu, Xinyu  LIS  Mayfield-Johnson, Susan, (HE) and Xie, Yue, (HPA) Consultants | USDHHS, NLM | 05/1/13 – 04/30/14 | $20,000 |  |  | X | Y | Y |

\*CB – Community Based; SP – Student Participation; HE – Health Education; HPA – Health Policy Administration; EB – Epidemiology/Biostatistics

*3.1.d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.*

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| . Table 3.1.d. Outcome Measures to Evaluate the Success of Research Activities | | | | |
| Outcome Measure | Target | Year 1  2011 – 2012 | Year 2  2012 – 2013 | Year 3  2013 – 2014 |
| 70% of program faculty will pursue and initiate collaborative public health research with agencies, organizations and foundations at the local, state, national, or international levels. | 70% | 73% | 80% | 70% |
| 60% of program faculty will pursue opportunities to conduct interdisciplinary, applied, and community-based scholarship with appropriate programs, agencies, and organizations. | 60% | 64% | 60% | 70% |
| 70% of program faculty will enhance public health science through the dissemination of research findings in publications and presentations. | 70% | 80% | 70% | 70% |

*3.1.e. Description of student involvement in research*

MPH students are involved in research in various ways, including internships, graduate assistantships, student research activity outside the school, and authorship of presentations or peer-reviewed papers in collaboration with faculty. Some graduate students are employed by research projects and programs associated with DPH faculty members as well as faculty in other departments. In addition, some graduate students have collaborated with program faculty on class-related research project that have led to submitted manuscripts for consideration for publication in scientific peer-reviewed journal. For example, students in DPH 784: Qualitative Research Methods for Public Health develop research proposals utilizing focus groups or series of interviews on health topics of interest to students that are submitted to IRB for approval. Once IRB approved, the research studies are conducted, transcribed, and analyzed with the intent for submission for publication or presentation. Over 25% of the students who were in the course have been published in peer-reviewed, scientific journals. Other students in the course are developing poster presentations for the upcoming Mississippi Public Health Association Annual Meeting. Examples of student involvement in research are locate in the ERF.

*3.1.f. Assessment of the extent to which this criterion is met and an analysis of the strengths, weaknesses, and plans relating to this criterion.*

This criterion is met with commentary.

*Strengths*

* The program of research is consistent with its mission and engages faculty and students in contributing to the knowledge base and practice of public health.
* The program has an active and growing program of extramurally funded research.
* Faculty collaborate on research, publication, and presentations with other departments, colleges and university, governmental, and community-based agencies.
* The University provides an infrastructure that supports research, and recent initiatives have been made to strengthen research potential with extramural funders.

*Weakness*

* The program has experiences substantial change within the re-accreditation period (faculty transitioning to other positions, retirement, academic leave, and sabbatical) that has resulted in existing faculty’s concentration on teaching duties.
* Due to the retirement of seasoned tenured faculty, mentorship in research and publication efforts of junior faculty needs to be strengthened.
* Student involvement in research activities has not been reported. The program needs to develop a formal mechanism to collect this type of data.

*Future plans related to this criterion*

* The program currently has 3 searches on-going to replace retired or transitioning faculty.
* The program will develop a formal mechanism to capture student-faculty collaborations in research, presentations at scientific meetings, and manuscript submission to peer-reviewed journals.
* The College of Health established the College of Health Research Support Committee in 2012-2013 to assist College of Health faculty with support in proposal concept and development, budget and monitoring, and technical assistance through the internal approval process at the university. Mentorship with junior faculty will be increased.

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 the program’s 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.*

The University of Southern Mississippi has received the Carnegie Community Engagement Classification, with service as a core function. All colleges and departments encourage faculty and students to participate in programs which serve individuals, groups, and communities both throughout Mississippi and the larger environment. Consistent with this mission, the program has been and is currently engaged in a substantial number of service activities, with particular emphasis on working with Mississippi organizations and serving the people of Mississippi. To address service on a more local level and as part of the CEPH self-study process, the program convened a CAB that meets biannually to provide feedback from the community, reflect community needs, and strengthen potential service opportunities. Faculty members also sustain relationships with national agencies such as APHA, AAHE, ACHE, APTR, CDC, HRSA, NIH, American Statistical Association, and various scientific peer-reviewed journals.

The program has traditionally viewed paid or unpaid service as having two dimensions: supporting the activities of the academic community and contributing to the practice of public health. Service contributing to the practice of public health includes:

* Participating on community and/or professional committees as an invited member.
* Participating on local community-based committees,
* Serving as journal reviewers or editorial board members,
* Serving as grant reviewers,
* Having leadership roles in professional associations
* Contributing to public health practice through consultation and instructional programs (e.g. thesis, dissertations, - not a regular part of the department),
* Serving as a routine point of contact for expertise in an area (evaluation, instrument development, statistics, training, teaching, various specific learning topics, etc.),
* Serving as advisors for public health student honor societies or other public health professional organizations,
* Teaching continuing education courses,
* Providing presentations on requested topics to various community entities,
* Conducting invited presentations
* Contributing to public health practice through programs that enhance civic engagement (e.g., service learning), and
* Providing services that enhance community and public relationships.

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

The program reflects an academic culture that values service, and the majority of the faculty and students contribute to the program’s service goals and objectives. The tenure and promotion guidelines for the Department of Public Health must demonstrate a commitment to quality service to the department, College, and the University and recognizes the merit of service to the local, state, regional, national, and international organizations. In particular, anindividual seeking tenure, Associate Professor Rank, or Professor Rank, is expected to consistently serve on at least 2-3 departmental committees during the time prior to pursuing tenure and/or the next higher rank. In addition, there should be at least a one-term service on one College Committee (See ERF). There are no departmental tenure and promotion requirements for service outside departmental or college committees. Faculty members, however, must provide the Program Chair with their CVs on an annual basis and complete a yearly performance evaluation, where service activities, both professional and university related, must be documented. Professional service engagement is a requirement of the department for annual review, and yearly performance evaluations are one of the components included in the tenure and review process.

The MPH program recognizes that service beyond the university level is needed to fully achieve the program’s goal to “contribute to the development of public health policy and practice at the local, regional, national and international levels through the active participation of our faculty and students with organizations which strive to improve the health of their community’s population.” Service to the public health profession is necessary for the advancement of scientific knowledge, improving the health of our communities, and contributing the learning development of our students. Therefore, program faculty are active in service roles, activities, and projects that extends outside of supporting events of the academic community (local, department, college, or university level) and contribute to community health and the public health profession. A complete list of service activity of program faculty for each of the last 3 years is included in Table 3.2.c. Measures to evaluate the success of service by faculty are presented in the strategic goals and objectives for service, listed in Table 3.2.d.

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

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| . Table 3.2.c. Faculty Service from 2011 to 2014 | | | | |
| Faculty member | Role | Organization | Activity or Project | Year(s) |
| Ahua, Emmanuel, HE | Advisory Committee | Pine Belt Association for Community Enhancement | Health Committee | 2011-2014 |
| Ahua, Emmanuel, HE | Faculty Advisor | Eta Sigma Gamma | Liaison between faculty, staff, and students | 2013-2014 |
| Ahua, Emmanuel, HE | Invited Speaker | USM, College of Health | Health Forum speaker, Affordable Health Care and Acceptable Reform Alternatives | 2011 |
| Faculty member | Role | Organization | Activity or Project | Year(s) |
| Ahua, Emmanuel, HE | Invited Speaker | USM, College of Health | Health Forum speaker, Does Healthcare have an electronic future? | 2011 |
| Ahua, Emmanuel, HE | Invited Speaker | AHEC | Public Health Symposium, Global Change, Global Health | 2011 |
| Anderson-Lewis, C, HE | Ambassador | NIH, Loan Repayment Program | Resource person/for the health disparities repayment program | 2011-2013 |
| Anderson-Lewis, C, HE | Invited Member | Mississippi Task Force on Heart Disease and Stroke | Resource person, coordinate community events | 2011-2013 |
| Anderson-Lewis, C, HE | Invited Member | Pinebelt Wellness Council | Resource person, coordinate community events | 2011-2013 |
| Anderson-Lewis, C, HE | Teen Pregnancy Coalition Member | Southeast Mississippi Rural Health Initiative, Inc. | Resource person, coordinate community events | 2011-2013 |
| Anderson-Lewis, C, HE | Invited Member | National Food Service Management Institute | Applied Research Division Committee | 2011-2013 |
| Anderson-Lewis, C, HE | Invited Scientific Journal Reviewer | *Community Engaged Scholarship for Health* | Invited Scientific Journal Reviewer | 2011-2013 |
| Anderson-Lewis, C, HE | Invited Scientific Journal Reviewer | *Journal of Health Promotion and Practice* | Invited Scientific Journal Reviewer | 2011-2013 |
| Anderson-Lewis, C, HE | Invited Scientific Journal Reviewer | *Health Education and Behavior* | Invited Scientific Journal Reviewer | 2011-2013 |
| Anderson-Lewis, C, HE | Editorial Board Member | *Health Education and Behavior* | Editorial Board Member | 2012-2013 |
| Anderson-Lewis, C, HE | Invited Scientific Journal Reviewer | *Health Disparities Research and Practice* | Invited Scientific Journal Reviewer | 2012-2013 |
| Anderson-Lewis, C, HE | Invited Speaker | Greater Mt. Bethel Baptist Church Women’s Conference | Body and Soul for Women | 2012-2013 |
| Anderson-Lewis, C, HE | Invited Speaker | USM, College of Health | Health Forum speaker, Poverty and Its Impact on Health | 2012-2013 |
| Anderson-Lewis, C, HE | Invited Speaker | Ellisville State School | Diversity and Cultural Competency | 2012-2013 |
| Arrington, Amy, HPA | Faculty Advisor | Health Administration Student Association | Liaison between faculty, staff, and students | 2011-2014 |
| Arrington, Amy, HPA | Invited Member | Forrest General Hospital | Board of Trustees | 2013-2014 |
| Arrington, Amy, HPA | Invited Member | Main Street United Methodist Church Preschool | Boards of Director | 2012-2014 |
| Arrington, Amy, HPA | Invited Member | Junior Auxiliary of Hattiesburg | Resource person, coordinate community events | 2011-2012 |
| Carver, Vivien, HE | Advisor | MS State Tobacco Prevention Program | Resource person for program development, implementation, and evaluation | 2011-2014 |
| Carver, Vivien, HE | Invited Member | Mississippi Strategic Planning Committee for Tobacco Prevention | Resource person, coordinate community events | 2011-2014 |
| Choi, Hwanseok, EB | Vice-Principal | Hattiesburg Korean Language School | Serve as liaison between parents and students | 2011-2012 |
| Choi, Hwanseok, EB | Principal | Hattiesburg Korean Language School | Serve as liaison between parents and students | 2012-2014 |
| Downey, Laura, HE | Reviewer | NIH, Center for Scientific Review | Early Career Reviewer Program | 2011-2012 |
| Downey, Laura, HE | Invited Member | Community Life Research Team | Resource person, coordinate community events | 2011-2012 |
| Downey, Laura, HE | Invited Member | MS Economic Council | Resource person, coordinate community events | 2011-2012 |
| Downey, Laura, HE | Community Advisory Board | PineBelt Mental Healthcare Resources | Fresh Thinking Project | 2011-2012 |

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| Faculty member | Role | Organization | Activity or Project | Year(s) |
| Downey, Laura, HE | Dissertation Committee Member | USM, Department of Nutrition | The influence of acculturation on dietary choices among Hispanic males in Mississippi | 2011-2012 |
| Fastring, Danielle EB | Founding member | WOW: Working on Wellness | Resource person, coordinate community events | 2011-2014 |
| Fastring, Danielle, EB | Invited Member | Singing River Hospital | Benchmark and evaluation team | 2011-2014 |
| Fastring, Danielle, EB | Invited Member | Mississippi Gulf Coast Obesity Coalition | Resource person, coordinate community events | 2011-2014 |
| Mayfield-Johnson, S. HE | CE CHES/MCHES Reviewer | APHA, CHW Section | Reviews session abstracts for CHES/MCHES credit | 2013 |
| Mayfield-Johnson, S. HE | Program Planner | APHA, CHW Section | Plans sections’ program for annual meeting | 2012-2013 |
| Mayfield-Johnson, S. HE | Abstract Reviewer | APHA, CHW Section | Annual meeting | 2011-2014 |
| Mayfield-Johnson, S. HE | Session Moderator | APHA, CHW Section | Annual meeting | 2011-2014 |
| Mayfield-Johnson, S. HE | Executive Council | APHA, CHW Section | Serves as Advisor | 2013-2014 |
| Mayfield-Johnson, S. HE | Coordinator | APHA, CHW Section | Sewell Travel Scholarships | 2011-2014 |
| Mayfield-Johnson, S. HE | Editorial Review Board member | *Delta Journal of Education* | Editorial Review Board member | 2012-2014 |
| Mayfield-Johnson, S. HE | Invited Scientific Journal Reviewer | *Delta Journal of Education* | Invited Scientific Journal Reviewer | 2011-2014 |
| Mayfield-Johnson, S. HE | Grant Reviewer | US Department of Education | Serves as a grant reviewer for various RFPs | 2011-2013 |
| Mayfield-Johnson, S. HE | Invited Scientific Journal Reviewer | *Adult Education Quarterly* | Invited Scientific Journal Reviewer | 2011-2014 |
| Mayfield-Johnson, S. HE | Advisory Committee | USDHHS, Office on Women’s Health | Women’s Health Leadership Institute | 2011-2014 |
| Mayfield-Johnson, S. HE | Master Trainer, PH Region IV | USDHHS, Office on Women’s Health | Women’s Health Leadership Institute | 2011-2014 |
| Mayfield-Johnson, S. HE | Community Advisory Board | Mississippi State Department of Health | Reducing Health Disparities through CHWs | 2012-2014 |
| Mayfield-Johnson, S. HE | Invited Member | Mississippi State Department of Health | Health Equity Coalition | 2011-2014 |
| Mayfield-Johnson, S. HE | Invited Member | Mississippi State Department of Health | Mississippi Partnership for Comprehensive Cancer Control | 2011-2014 |
| Mayfield-Johnson, S. HE | Invited Member | Mississippi Chronic Illness Coalition | Resource person, coordinate community events | 2011-2014 |
| Mayfield-Johnson, S. HE | Invited Member | Mississippi Food Policy Council | Resource person, coordinate community events | 2011-2014 |
| Mayfield-Johnson, S. HE | Advisory Committee | National Community Health Worker Common Core Project | Member and Advisor | 2014 |
| Mayfield-Johnson, S. HE | Grant Reviewer | Mississippi State Department of Health | Delta Health Collaborative, Capacity Grant Application | 2011-2014 |
| Mayfield-Johnson, S. HE | Invited Speaker | Ellisville State School | Diversity and Cultural Competency | 2013-2014 |
| Mayfield-Johnson, S. HE | Invited Speaker | Mississippi State Department of Health | Community Research Fellows Training | 2014-2015 |
| Mitra, Amal, EB | Reviewer | Fulbright Scholars Program | Public Health Program | 2011-2013 |
| Mitra, Amal. EB | Invited Member | Mississippi State Department of Health | Immunization Coalition Committee | 2011-2014 |
| Mitra, Amal, EB | Invited Scientific Journal Reviewer | *Kuwait Medical Journal* | Invited Scientific Journal Reviewer | 2011-2014 |

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| Faculty member | Role | Organization | Activity or Project | Year(s) |
| Mustafa, Kamrun, HE | Editorial Review Board member | Health Promotion and Practice | Editorial Review Board member | 2013-2014 |
| Mustafa, Kamrun, HE | Member | Society of Public Health Educators | Award and scholarship committee | 2013-2014 |
| Mustafa, Kamrun, HE | Member | American Association for Health Education | Award and scholarship committee | 2013-2014 |
| Mustafa, Kamrun, HE | Abstract Reviewer | American Association for Health Education | Annual meeting | 2011-2014 |
| Newman, Ray, HPA | Invited Scientific Journal Reviewer | *Journal of Health Administration Education* | Invited Scientific Journal Reviewer | 2011-2014 |
| Newman, Ray, HPA | Invited Scientific Journal Reviewer | *Healthcare Financial Management* | Invited Scientific Journal Reviewer | 2011-2014 |
| Newman, Ray, HPA | Chair | Healthcare Financial Management Association | Judging Committee | 2012-2014 |
| Newman, Ray, HPA | Member | Healthcare Financial Management Association | Judging Committee | 2011-2014 |
| Newman, Ray, HPA | Treasurer | Mississippi Rural Health Association | Financial management | 2013-2014 |
| Newman, Ray, HPA | Invited Speaker | USM, College of Health | Health Forum speaker, Does Healthcare have an electronic future? | 2012-2013 |
| Newman, Ray, HPA | Invited Speaker | USM, College of Health | Health Forum speaker, Pioneering Approaches to Disease Prevention and Wellness Promotion for Improved Health Outcomes | 2012 |
| Newman, Ray, HPA | Invited Speaker | USM, College of Health | Health Forum speaker, The ACA: A Compacted Review of the Legality of Its Survival | 2012 |
| Newman, Ray, HPA | Invited Speaker | USM, College of Health | Health Forum speaker, Poverty and Impacts on Health: Causation or Correlation | 2012 |
| Newman, Ray, HPA | Invited Speaker | AHEC | Public Health Symposium, Serving Those that Have Served – Civilian Responses to the Behavioral/Mental Health of Veterans | 2012 |
| Newman, Ray, HPA | Invited Speaker | USM, College of Health | Health Forum speaker, Mississippi’s Health Care – What Does A Modern Health Force Look Like? | 2013 |
| Newman, Ray, HPA | Invited Speaker | USM, Center for Aging | Health Forum speaker, Improving Care for Veterans Facing Illness and Death | 2013 |
| Faculty member | Role | Organization | Activity or Project | Year(s) |
| Newman, Ray, HPA | Invited Speaker | USM, College of Health | Health Forum speaker, Hattiesburg ‘Midtown’: Health Enhancing Economics and Community | 2013 |
| Xie, Yue, HPA | Session Moderator | OPEN-Houston | Healthcare Reform Conference | 2011 |

*3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years. See CEPH Outcome Measures Template.*

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| . Table 3.2.d. Outcome Measures to Evaluate the Success of Service Activities 2011 to 2014 | | | | |
| Outcome Measure | Target | Year 1  2011 – 2012 | Year 2  2012 – 2013 | Year 3  2013 – 2014 |
| 70% of MPH program faculty members will serve as a resource for at least one public and/or private health care activity or organization at the local, state, national, or international level. | 70% | 81% | 70% | 70% |
| 70% of MPH program faculty with the assistance of MPH student organization groups will provide community education and service projects that will have a positive public health impact at local, state, national, or international levels. | 70% | 73% | 70% | 80% |

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

Students are involved in community service through a variety of program and university supported initiatives. Past activities have included public service events to foster inter-university collaboration to raise awareness on many public health issues, national public health week, and application of skills learned in courses to assist communities. Public Health honor societies, like Eta Sigma Gamma and the Health Administration Services Organization, also engage in campus and community service. Some examples include:

* Breast Cancer Awareness golf cart parade (October 2013) - In recognition of Breast Cancer Awareness Month, the University of Southern Mississippi hosted several activities. The students in the program participated in the Paint Southern Miss Pink Golf Cart Parade, an effort to raise awareness campus wide about breast cancer.
* Children’s Book Drive (November-December 2013) - During the 2013 holiday season, students in the program collected books for children as gifts with health as the primary focus.
* Loblolly Festival (October 2013) - In an effort to help surrounding areas in the Pine Belt area of Mississippi with health issues, graduate students set up a health survey booth at a local festival. The Loblolly Festival, held in Laurel, Mississippi, brings community members together for fun, food, and fellowship. MPH Health Education students distributed surveys to participants to determine health needs of the community. Using the information gathered, students developed a health plan that was given to community leaders.
* Head Start Health Plan (2013) – MPH Health Education students worked with Head Start organizations in surrounding areas to develop a health plan to engage children in health related activities. A detailed plan was developed including activities that addressed issues such as physical activity and growing gardens.
* Health Is Golden (Spring 2014) - The *Health Is Golden* campaign is a campus wide initiative designed to promote a healthy lifestyle among students, faculty, and staff. Students from the program assisted with activities, including health fairs, needs assessments, and overall promotion of the health campaign.
* Rock for Autism (April 2014) – Students in the program were encouraged to participate in Autism Awareness activities like Rock for Autism, an event to raise funds for those with Autism Spectrum Disorders (ASD). Funds collected were used to send children with ASD to Kamp Kaleidoscope.
* The Big Event (March 2014) - The Big Event is a national day of community service, both on college campuses and in communities all over the U.S.  Groups of students, faculty, and staff were sent out on that day to volunteer their time and effort in helping and serving organizations and agencies all over the Hattiesburg area.  The event was hosted by the Southern Miss Student Government Association and program students participated in this national day of service.

In addition, the Center for Civic and Community Engagement has a strong presence within The University of Southern Mississippi, and several faculty members offer service-learning courses like DPH 609: Community Health Education Program Planning and DPH 720: Community Organization for Health Education, with service learning components built into the syllabus and curriculum. Service learning courses must include the following: a course for academic credit; meets an identified community need; uses reflection; and helps students better understand course content.

*3.2.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* The program pursues service activities through which faculty and students contribute to the advancement of public health practices.
* Faculty report considerable engagement in professional service activities.
* The program engages students in community service and practice through a variety of organizations, programs, and initiatives.
* The addition of the CAB will provide feedback from the community, reflect community needs, and strengthen potential service opportunities.

*Weaknesses*

* The program does not have significant funding sources to support service activities.

*Future plans related to this criterion*

* The program currently has 3 searches on-going to replace retired or transitioning faculty.
* The program will work more closely with the College of Health Research Support Committee to identify funding sources to support service activities.
* The program will work more closely with the CAB to provide service opportunities and activities for both faculty and students to address identified community needs.

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

*3.3.a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.*

The program is committed to supporting the professional development of practicing public health professionals. Program faculty and staff participate in a variety of workforce development and continuing education programs and activities that support this endeavor, many through interdisciplinary and collaborative efforts of the College of Health and across the University, research centers and institutes, and through individual activities as requested. In addition, program directors of both the traditional and the executive format have active roles in promoting workforce development for our local community. The CAB is also instrumental with the program’s workforce development and continuing education efforts, as they assist to design, implement, and promote efforts of the program both locally and on a statewide contingent.

Two examples of program faculty and staff working in interdisciplinary and collaborative efforts with the College of Health are the Health Spring Forums and the Health Summit. Program faculty and staff are members of the planning and steering committees. The Health Spring Forums are a series of three open community forums held each year where contemporary issues facing the community are discussed by a local expert on the topic. It provides an opportunity for facilitated dialog and open discussion on current topics relevant to the health professional community. Each year, the Alumni Association with assistance from the College of Health and the Office of Professional Development and Educational Outreach disseminates a survey to assess College of Health educational alumni needs, including members of the public health workforce. Topics for the forum and speakers are suggested through the survey. Topics suggested for 2014 include clinician shortages, Affordable Care Act provisions, specific health concerns (dyslexia, ADHD), and issues associated with mental health. Current Health Spring (2015) Forums are in the planning process. While no formal evaluation is conducted at the forums, attendance is usually 100-150 persons.

The Health Summit is an invitation-only conference where health professionals and legislators are invited from across Mississippi to brainstorm on current issues, develop action plans, and implement activities to better the health and lives of Mississippians. During the session, facilitators are assigned to each workgroup and moderate group discussion sessions. Findings, suggestions, and notes are recorded for development of a full report that is shared with participants, public health and social service agencies, and health care leaders. Examples of the Health Summit Reports are located in the ERF. Legislation has been developed as a product of Health Summit discussion and action plans and submitted to the Senate and House for consideration.

The Center for Sustainable Health Outreach (CSHO), a national research center and institute of the College of Health, convenes a national community health worker (CHWs) conference. A program faculty member serves as the director of CSHO. This conference is unique in that it is the only meeting where CHWs are the primary focus. Although many CHWs attend this conference, other public health professional (educators, program mangers/coordinators, administrators, university faculty/staff, etc.) largely attend as well. Conference themes, speakers, topics, and format are assessed prior to the conference through quantitative surveys available on CSHO’s website, to former attendees, and through social media outlets coordinated through the American Public Health Association’s Community Health Worker Section, where the director is an executive council member. Conference evaluations are utilized to assess impact and appropriateness of topics, speakers, locations, and other process measures. Funding for this effort can be viewed in Table 3.3.2. A copy of the conference agenda from the National CHW Unity 2014: CHWs: Innovative Solution to Addressing the Triple Aim (Better Health, Better Care, and Lower Costs) conference is included in the ERF.

Most recently, faculty members are working with the Mississippi State Department of Health with their Community Research Fellows Training Program. The purpose of Community Research Fellows Training is to promote the role of racial/ethnic and other underserved populations in the research enterprise by increasing the capacity for community based participatory research between academia researchers, public health workers, community based organizations, and community health workers serving the Greater Jackson, Mississippi area. Specifically, it aims to enhance community knowledge and understanding of research and create a cadre of trained community members who may be able to serve on Institution Review Boards and community research advisory boards. Program faculty are serving as evaluators and faculty trainers of the program. A copy of the program course syllabus is included in the ERF.

Requested individual activities are ones where community-based, legislative, or educational agencies have requested a speaker for a specific work-force development or continuing education activity. These have been completed by program faculty and staff to enhance public health practitioners’ knowledge and skills for continued improvement and advancement in the field. These are often done by program faculty and staff, with no compensation, but as a public service activity. Examples would be presentations for the Mississippi Center for Aging to 132 health care professionals on “Improving Care for Veterans Facing Illness and Death,” or for Ellisville State School on “Cultural Diversity” to 160 health educators, mental health therapist, health administrators, social workers, peer support specialists, and nursing home administrators.

*3.3.b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/ continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (i.e., optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.*

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| . Table 3.3.b. Funded Training/Continuing Education Activity from 2011 to 2014 | | | | | | | |
| Project Name | PI & Concentration | Funding Source | Funding Period | Total Award | 2013-2014 | CB | SP |
| National CHW Unity 2014 Conference | Mayfield-Johnson, S. HE | Delmarva Foundation for Medical Care, Inc./CHWLN\* | 1/1/14 – 5/23/14 | $75,000 | X | Y | N |
| National CHW Unity 2014 Conference | Mayfield-Johnson, S. HE | College of Health, USM\* | 5/1/14-5/23/14 | $500 | X | Y | N |
| National CHW Unity 2014 Conference | Mayfield-Johnson, S. HE | MS Partnership for Comprehensive Cancer Control\* | 5/1/14-5/23/14 | $500 | X | Y | N |
| National CHW Unity 2014 Conference | Mayfield-Johnson, S. HE | Fannie Lou Hamer Cancer Foundation\* | 5/1/14-5/23/14 | $1000 | X | Y | N |
| National CHW Unity 2014 Conference | Mayfield-Johnson, S. HE | Baltimore Health Start\* | 5/1/14-5/23/14 | $500 | X | Y | N |
| Community Research Fellows Training Program | Mayfield-Johnson, S. HE, Fastring, Danielle, EB | Mississippi State Department of Health\* | 8/15/14 - 1/15/15 | $7500 | X | Y | N |
| National CHW Unity 2015 Conference | Mayfield-Johnson, S. HE | Le Bonheur Children’s Hospital | 12/1/14-6/30/15 | $35,000 | X | Y | Y |

\*Funding not contributed to The University of Southern Mississippi. Funding specific to the activity.

Table 3.3.c. describes the topics covered in non-funded continuing education and training opportunity provided by faculty members from the program. Also included are the number of participants and whether the activity was offered through distance-learning.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| . Table 3.3.c. Non Funded Training/Continuing Education Activity from 2011 to 2014 | | | | |
| Year | Faculty Member | Topic Covered | N | DL |
| 2011 | Ahua, Emmanuel, HE | Health Forum speaker, Affordable Health Care and Acceptable Reform Alternatives | 100 | N |
| 2011 | Ahua, Emmanuel, HE | Health Forum speaker, Does Healthcare have an electronic future? | 100 | N |
| 2012 | Anderson-Lewis, C., HE | Ellisville State School, Diversity and Cultural Competency | 150 | N |
| 2012 | Anderson-Lewis, C., HE | Health Forum speaker, Poverty and Its Impact on Health | 100 | N |
| 2013 | Mayfield-Johnson, S., HE | Ellisville State School, Diversity and Cultural Competency | 160 | N |
| 2012 | Newman, Ray, HPA | Health Forum speaker, Does Healthcare have an electronic future? | 100 | N |
| Year | Faculty Member | Topic Covered | N | DL |
| 2012 | Newman, Ray, HPA | Health Forum speaker, Pioneering Approaches to Disease Prevention and Wellness Promotion for Improved Health Outcomes | 100 | N |
| 2012 | Newman, Ray, HPA | Health Forum speaker, The ACA: A Compacted Review of the Legality of Its Survival | 100 | N |
| 2012 | Newman, Ray, HPA | Health Forum speaker, Poverty and Impacts on Health: Causation or Correlation | 100 | N |
| 2012 | Newman, Ray, HPA | Public Health Symposium, Serving Those that Have Served – Civilian Responses to the Behavioral/Mental Health of Veterans | 100 | N |
| 2013 | Newman, Ray, HPA | Health Forum speaker, Mississippi’s Health Care – What Does A Modern Health Force Look Like? | 100 | N |
| 2013 | Newman, Ray, HPA | Mississippi Center for Aging, Improving Care for Veterans Facing Illness and Death | 132 | N |
| 2013 | Newman, Ray, HPA | Health Forum speaker, Hattiesburg ‘Midtown’: Health Enhancing Economics and Community | 125 | N |

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

N/A

*3.3.d. Description of the program’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.*

Many of the programs’ workforce development and continuing education efforts are interdisciplinary and collaborative in nature. As a result, program faculty and staff serve on planning and steering committees that have protocols in place for the development of practices, policies, and procedures. All workforce development and continuing education activities, with the exception of a few requested individual activities, conduct evaluations post activity to assess process measures, appropriateness of speakers, and impact of learning objectives and topics. Examples of the National CHW Unity 2014 Conference evaluation and the Ellisville State School CE evaluation are included in the ERF. Some of the requested individual activities may not conduct an evaluation.

The program encourages faculty members to engage, lead, and support workforce development and continuing education efforts as a part of both individual professional development and for development of the public health profession. In addition, it also serves as a component of the service requirements for yearly performance evaluations, which is a requirement included in the tenure and review process as discussed in 3.2.b.

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

The following are educational institutions and public health organizations that the program collaborates to offer continuing education:

* The University of Southern Mississippi, College of Health
* The Mississippi Public Health Association
* The Mississippi State Department of Health
* Forrest Health System
* Hattiesburg Clinic
* Ellisville State School

*3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.*

This criterion is met.

*Strengths*

* The program provides varying professional development activities for the public health workforce.
* The program works with a variety of institutions, educational institutions, and departments/colleges.
* The addition of the CAB has allowed for tremendous insight for the development and coordination of workforce development and other continuing education activities, trainings, forums, and conferences.

*Weakness*

* The need and demand for workforce development and continuing education are growing, however, decreased funding opportunities may limit the program’s ability to increase continuous demands for professional development.

*Future Plans*

* The program will continue to partner with the College of Health, the University, CAB, and public health agencies to provide workforce development and continuing education activities, trainings, forums, and conferences to improve the knowledge, skills, and capabilities of the public health and health professional workforce.

# Criterion 4: Faculty, Staff and Students

## 4.1 Faculty Qualifications

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| . Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area, Fall 2014 | | | | | | | | | |
| Specialty Area | Name | Academic Rank | Tenure Status\* | FTE \*\* | Graduate Degrees Earned | Institution | Discipline in which degrees were earned | Teaching Area | Research Interest |
| Epidemiology & Biostatistics | Amal  Mitra | Professor | T | 100% | Dr.PH/ MD | University of Alabama at Birmingham | Epidemiology | Epidemiology, Biostatistics | Infectious Diseases |
| Epidemiology & Biostatistics | Danielle  Fastring | Assistant  Professor | TT | 100% | Ph.D. | Tulane University | Epidemiology | Epidemiology & Biostatistics | HIV, Infectious Disease, Health Disparities |
| Epidemiology & Biostatistics | Hwanseok Choi | Assistant  Professor | TT | 75.0% | Ph.D. | University of Alabama | Applied Statistics | Biostatistics,  Data Management | Obesity, Women’s Health, Depression |
| Health Education | James  McGuire | Associate  Professor | T | 50.0% | Ph.D. | University of Tennessee | Health Education | Social & Behavioral Aspects | School Health Curriculum |
| Health Education | Susan Mayfield-Johnson | Visiting Assistant Professor | NTT | 50.0% | Ph.D. | University of Southern Mississippi | Adult Education | Health Education | Women’s Health |
| Health Education | Kamrun Mustafa | Visiting Assistant Professor | NTT | 50.0% | Ph.D. | Southern Illinois University | Health Education | Health Education | Women’s Health, Diabetes |
| Health Policy & Administration | Ray  Newman | Professor | T | 100% | Ph.D. | New York University | Administration | Administration | Health Policy & Finance |
| Health Policy & Administration | Amy  Arrington | Assistant  Professor | TT | 50.0% | JD | University of Mississippi  Law School | Law | Administration, Policy, Law | Health Policy |
| Health Policy & Administration | Yue Xie | Assistant Professor | TT | 75.0% | Ph.D. | University of Texas | Health Policy | Administration, Policy | Health Policy & Finance |

Key to Abbreviations:

\* T=Tenured, TT=Tenure Track, NTT=Non-Tenure Track

\*\* FTE: 12 credits per semester = 100%, 3 credits/semester for graduate research are assigned to the full-time faculty

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| . Table 4.1.2. Current Secondary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area, Fall 2014 | | | | | | | |
| Specialty Area | Name | Academic Rank | Title & Current Position | FTE | Graduate Degree Earned | Discipline for Earned Graduate Degrees | Teaching Area |
| Health Education | Charkarra Anderson-Lewis | Ph.D. | Assistant Professor/ Department of Health Education and Behavior, University of Florida | 25.0% | Ph.D., MPH | Public Health/  Health Behavior | Social Behavioral Aspects of Health |
| Health Policy & Administration | Michael Forster | Ph.D. | Dean, College of Health and Adjunct Professor | 25.0% | Ph.D. | Political Science | Health Policy |
| Health Policy & Administration | Tom McIIwain | Ph.D. | Faculty/Director at Clayton State University in GA. | 25.0% | MPH, Ph.D. | Health Administration | Strategic Planning & Marketing |
| Health Policy & Administration | Gordon Whyte | Ph.D. | Faculty/Director of Executive MHA at the University of Texas at Tyler | 25.0% | MSHCA, Ph.D. | Health Administration | Intro to Health Systems |
| Health Policy & Administration | Lara Gardner | Ph.D. | Assistant Professor/Department of General Business, Southeastern Louisiana University | 25.0% | Ph.D. | Economics | Health Economics |

*4.1.c. Description of the manner by which the faculty complement integrates perspective from the field of practice, including information on appointment tracks for practitioners, if used by the program*. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The program faculty complement draws upon a large variety of disciplines including public health, epidemiology, biostatistics, health education, health program evaluation, health policy, social/behavioral health, health care finance, and environmental health. As a matter of professional pride in their teaching, the program encourages each faculty member to design their courses for practical relevance and application immediately in the field. Each member brings to the classroom his or her current professional and research experiences. Additionally, courses and experiences are inclusive of current health care data, current cases for analysis, field projects, and guest speakers.

All of the faculty have been and are involved in the field of practice. Faculty members sit on important community health boards, committees, and task forces. They consult with a variety of public health organizations, such as the Mississippi Department of Health, the Louisiana Public Health Institute, and Mississippi Office of Highway Safety. They also consult with private sector health care organizations; examples include the Methodist Rehabilitation Center in Jackson, Mississippi, and Forrest General Hospital in Hattiesburg, Mississippi.

Dr. Arrington is a member of the Forrest General Hospital Board of Trustees. Dr. Anderson-Lewis is the founder of a not-for-profit foundation to research and train the community about cardiovascular disease in African-American women. Dr. Thomas Dobbs is the current State Epidemiologist and serves on the Clinical Advisory Committee of the National HIVQUAL Project of the Health Resources and Services Administration (HRSA). Dr. Peggy Honoré is the director of Public Health Systems, Finance, and Quality Program for the Center of Medicare and Medicaid services. Dr. Ray Newman is a Board member for the Mississippi Rural Health Association.

Mr. Ed Tucker offers consulting services to Forrest General Hospital, Consulting South, INC, Blue Cross and Blue Shield of Mississippi and is currently the Interim Chief Operating Officer at Mississippi Baptist Health System. Dr. John Lefante serves as a consultant with numerous investigators in both the Tulane School of Public Health and Tropic Medicine and in the Tulane School of Medicine on a variety of statistical issues. Dr. Assaf Abdelghani serves in national and international health organizations and ministries of health in many countries including Middle Eastern countries (Qatar, Saudi Arabia, Jordan, Lebanon, and Turkey) and others (Taiwan, Kazakhstan, Honduras, Nicaragua and Mexico). He also holds the position of senior Public Health Officer in Abu Dhabi, United Arab Emirates.

*4.1.d. Identification of measurable objectives by which the program assesses 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| . Table 4.1.d. Outcome Measures – Qualifications of Faculty | | | | |
| Outcome Measures | Target | 2011-2012 | 2012-2013 | 2013-2014 |
| 75% of Primary Faculty will hold a terminal doctoral academic degree (PhD, ScD, DPhil, HSD) specific to the emphasis area in which they teach. | 75 % | 87.5% | 88.9% | 87.5% |
| 50% of Primary and Supporting Faculty will hold a professional practice degree at the Masters level or beyond (MPH, MD, MSHCA, MHA, etc.) in addition to their terminal academic or professional degree. | 50 % | 56.2% | 62.5% | 64.3% |

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

This criterion is met.

*Strengths*

* The primary and supporting faculty in the program draw broadly from many public health disciplines such as biostatistics, epidemiology, health administration, health education, health policy, and social work.
* All program faculty hold academic or professional terminal degrees related to public health.
* More than 50% of the program faculty hold professional practice degrees, indicating that they are not only academically trained, but proficient practitioners of public health.

*Weaknesses*

* FTEs in the health education emphasis is lower than 3 for AY 2013-2014 academic year due to a one-year temporary suspension of a faculty member.

*Future plans*

* The program is currently recruiting for two tenure-track faculty positions for the health education emphasis area.
* One faculty member on administrative leave in academic year 2013-2014 has returned to full time teaching and will begin supporting the MPH program again in Summer 2014.

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

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

The University of Southern Mississippi Faculty Handbook outlines the rules and regulations pertaining to the rights, duties, and responsibilities of faculty in the program. It can be found at: <http://www.usm.edu/provost/faculty-handbook>

The academic staff of The University of Southern Mississippi includes instructional, research, and library personnel. University hiring policies apply to the hiring of all employees. These policies are mandated either by federal or state law, the policies of the Board of Trustees, or the University President acting with Board approval. In accordance with Board policy, the University maintains written University hiring policies conforming to federal and state law, and maintains those policies within its Department of Human Resources. These include policies pertaining to Affirmative Action/Equal Employment Opportunity/Americans with Disabilities Act, and nepotism.

Departmental hiring for authorized academic positions significantly involves the faculty of the department. The department follows the procedure outlined in the Faculty Handbook, which is:

* When a position is to be filled, the chair, at a meeting of the full departmental faculty, conducts a discussion to determine needs and professional qualifications for the position.
* The chair appoints appropriate members of the faculty and others to a search committee, designating one of the members as chair of the committee.
* The search committee coordinates the advertisement of approved positions, the receipt of applications, the interviewing of candidates, and the recommendation of candidates to the department faculty.
* The faculty may elect to accept the search committee's recommendations or develop an alternate recommendation.
* The chair then submits a written hiring recommendation from the department to the responsible college dean, accompanied by the chair's separate written recommendation either concurring or disagreeing with the recommendation of the faculty.

Assessment of faculty qualifications is carried out in two arenas. First is the arena of the selection of new faculty. And, second is the arena of current faculty performance in the areas of teaching, research, and service.

Procedurally, tenure track faculty recruitment is initiated by the department with the approval of the dean of the College of Health. A faculty search committee is appointed by the chair. Faculty searches are national in scope and follow EEO guidelines.

After screening of all candidates by the search committee, one or more candidates are invited for on-campus interviews with various faculty members. Additionally, while on campus, candidates must present a lecture for faculty and students on their current research and/or professional activities. If needed, candidates may be brought back to campus for further interviews.

At the end of the on-campus interviews, the candidates are reviewed by the faculty, consensus is sought and a vote is taken. The chair forwards the recommendation of the faculty to the dean. The dean is the final authority over academic appointment in the College and must approve the terms of the offer letter.

This process is filled with checks and balances to ensure that each current faculty member and the dean have sufficient opportunity to review the credentials and qualification of incoming faculty members. The best measure of faculty quality is in the selection process.

The second measure of faculty qualifications is found in the annual evaluation of faculty performance with the chair, which is based on a self-reported online document (Faculty Annual Review, FAR) completed by each faculty member in the spring semester each year. This document provides an extensive review of the faculty member’s activities in areas of instruction, research, and service.

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

Professional development of faculty within the MPH program may occur at the university, college, or departmental level.

When faculty are employed by The University of Southern Mississippi, they are included in a series of faculty orientation events. Additionally, they are encouraged to participate in the Faculty First Year Experience (FFYE). FFYE is a collaboration between the Provost of the University and the University Learning Enhancement Center (LEC) and consists of a series of seminars designed for new faculty to become familiar with university processes, while also providing information that contributes to overall professional development and success. Faculty who are beyond their first year are also invited to attend professional development events hosted by the LEC.

The mission of the LEC is to provide support to all faculty, whether full-time or part-time, in their efforts to develop creative, innovative, and engaging teaching and learning environments that foster an atmosphere of critical thinking and collaboration among students.

The Center maintains a staff of instructional designers, multimedia developers, and trainers that are available to assist in determining the best use of academic and instructional technology resources to accomplish the goals set forth by the faculty. All faculty in the program have access to these services.

Following is a list of the most commonly offered services and training programs offered to all instructors by the LEC:

* 3d Studio Max
* Access training
* Assist faculty with classroom training for students
* Camtasia training
* Curriculum development consultation
* Dreamweaver training
* Emerging technology information
* Excel training
* Expanding Excellence Registration & Information
* Faculty mentor liaison
* Flash Development
* Hyperstudio
* Impatica training
* Instructional design consultation
* Instructional technology equipment consultation
* Instructional technology/faculty, student, and staff development
* Movie Maker
* Online course development consultation
* Peoplesoft Training
* Photoshop Training
* PowerPoint Training
* Producer Training
* Smart classroom training
* Snag It training
* Toolbook
* Video Editing Assistance
* Web design
* WebCT training
* Word training

The instructional design services available to all faculty require special mention. Instructional designers are available to all faculty to help:

* Apply the appropriate pedagogy for a specified learning environment.
* Develop effective ways of motivating students.
* Become familiar with some of the technology tools currently available at USM.
* Select the technology that is most suitable to address specific learning objectives for delivery in the classroom or in an online environment.
* Create classroom and online supplements such as syllabi, handouts, class notes, calendars, Power Point Presentations, etc.
* Determine the best uses of online communication tools (discussion boards, chat, listservs, email)

The instructional designers at the LEC assist faculty in the teaching process from beginning to end. Instructional design services are available in group settings or on a one-on-one basis, at no cost. Faculty need only contact an instructional designer in the LEC.

In July of 2014, Southern Miss’ Sponsored Programs Administration and the Office of Contracts and Grants Accounting merged becoming the Office of Research Administration (ORA). The ORA contributes to the university’s responsibilities for education, research and service by assisting members of the campus community as they seek external support for their research, creative and scholarly activities. ORA is also responsible for post award administration of contracts and grants awarded to the university.

The Office of Research Support provides assistance to any faculty member at any or all steps in the research process. Assistance ranges from simple advice to total involvement in the research process.

The University of Southern Mississippi offers program faculty several opportunities for professional development. These include various forms of leave designed to promote intellectual and professional growth, institutional endowments and grants for the enhancement of instruction and scholarly endeavor, annual awards of excellence, and a policy allowing employees to enroll in University courses free of charge.

Faculty may qualify for different types of academic leaves of absence. Academic leaves of absence include leave for graduate or postdoctoral study, leave for enhancing academic credentials, professional leave, and sabbatical leave. When a faculty member is granted an academic leave of absence, it is the chair’s and dean’s responsibility to ensure that the faculty member’s classes are assigned to existing faculty. The employment of additional instructors or faculty for this purpose is approved by the Provost.

The University provides various opportunities for rewarding faculty performance and promoting faculty development, such as research grants, travel awards, and supplemental funding.

If funded, the Office of the Provost awards various salary stipends during summer sessions for the purpose of promoting projects to strengthen undergraduate or graduate instruction within the University. Eligible parties include only full-time faculty who have taught no fewer than six (6) semester hours of regularly scheduled courses during the academic year in which application is made and Librarians who hold faculty appointments. Projects may examine methods of instruction, techniques for the enhancement of learning, or approaches to the evaluation of student performance.

If funded, the University Research Council awards various summer grants for the support of research and other scholarly and creative activities. The terms of the grants coincide with the University's summer semester and amounts awarded are based on the academic ranks of recipients and are equivalent to summer salaries for full-time teaching. Applications for summer research grants are made through the chair to the college dean, who evaluate, rank, and submit proposals to the University Research Council for final review and selection.

Though the program does not monitor the use of the various training opportunities by program

Faculty and staff, the administration does encourage their use and helps to distribute notices

of upcoming training opportunities.

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

All department faculty members, regardless of tenure, are evaluated annually on the basis of excellence in performance. The Annual Performance Review is intended to support faculty members in achieving excellence in the performance of their duties and responsibilities. Annual Performance Reviews are intended to:

* involve faculty members in the design and evaluation of objectives and goals of their academic programs and in the identification of the performance expectations central to their department, their college, and the University;
* assess actual performance, accomplishments, strengths, and weaknesses in the areas of teaching, research, and service;
* promote the effectiveness of faculty members through an articulation of the types of contributions they might make to enhance the University;
* provide a written record of faculty performance to support personnel decisions and merit pay increases;
* recognize and maximize the special talents, capabilities, and achievements of faculty members; and
* correct unsatisfactory performance in one or more areas of responsibility through specific improvement plans designed to correct the deficiencies in a timely manner.

Annual Performance Reviews consist of two (2) steps. The first step is the information stage, where the faculty member has the opportunity to provide information to the chair regarding the employee's professional growth and accomplishments during the evaluation period. Faculty evaluated submit their Faculty Activity Report, curricula vitae, and any other additional supporting materials to the chair at least two (2) weeks before scheduled evaluation conferences. They must also submit a detailed written statement of their professional goals and objectives for the coming year. The information process must be based on objective evidence. Examples of objective evidence include, but are not limited to:

* University-mandated teaching evaluations devised by department faculty and approved by responsible University administrative officers
* supporting materials affecting the interpretation of teaching evaluations (e.g., syllabi, course levels, degree of difficulty of courses taught, grades awarded), written standards of interpretation being established by departmental faculty
* published works, professional reviews of published works, publishing contracts, research results, grants applications, grants, and creative activities
* documented evidence of service activities, such as service agreements, public service, and University service
* faculty activity reports and supporting documentation
* any other documented evidence of professional strengths or weaknesses pertaining to the evaluation policies.

The chair may give each item (teaching, research, service, or other duties) the weight that is deemed appropriate for the relevant department and the particular faculty member’s responsibilities. Faculty policies do not set specific standards, but in general, tenure track faculty are required to teach 3 courses, and conduct research leading to at least one peer reviewed journal article or the like annually, while participating in service to the department as directed by the chair.

During the information stage, faculty must be allowed to fully explain their personal goals and objectives for the period under review and to explain and/or demonstrate how their activities during the period under review met their goals and objectives or why they did not meet their goals and objectives. Both the chair and faculty being evaluated must strive to reach agreement on the significance of the individual accomplishments of parties being evaluated, and points of disagreement must be entered into the written record.

The second stage of the evaluation conference is the appraisal stage, focusing on personal and professional strengths and weaknesses affecting employment and establishing goals and objectives to be pursued by the faculty member during the upcoming evaluation period. During this step, the chair evaluates the faculty member on the basis of information provided by the faculty member, peer evaluators, and such other objective or subjective information the committee deems relevant. When conducting evaluations, the chair shall measure performance of teaching, research, and service responsibilities according to the unitary standards and criteria established for evaluation, promotion, and tenure. When evaluating instructors, the chair considers performance in the appropriate, agreed upon categories of responsibilities as the standard for evaluation as described in the unitary standards and criteria for promotion. The chair’s evaluation is recorded in an Annual Performance Review Report.

Goals and objectives may change from year to year for individuals being evaluated. Emphasis on particular activities may vary from year to year because of the chair’s continuing assessment of individual accomplishments and efforts to encourage professional endeavors by those evaluated. Fluctuating budgets and/or policies established by the Board of Trustees, the University administration, colleges, and departments might also lead to modifications in individual goals and objectives. The chair and faculty member must strive to reach agreement on professional goals and objectives. If agreement cannot be reached, the goals and objectives established by chair constitute the official basis for future evaluation in the absence of successful appeals by parties evaluated.

Faculty may apply in writing to the chair for permission to alter goals and objectives during the course of an evaluation period, in all cases providing supporting documentation. After review of an application, the chair may grant the permission requested. In such case, an amended statement of goals and objectives shall be prepared.

Upon the completion of the Annual Performance Review, if the faculty member is deemed deficient in any area of evaluation, the chair, and the faculty member shall jointly prepare a Faculty Development Plan. The objective of the plan is to enable the faculty member to understand the nature and extent of the deficiencies, as well as what actions are necessary and expected in order to further the faculty member’s professional development. The plan must state reasonable expectations to be achieved within a reasonable and specific time period and may involve an altered mix of job responsibilities.

The university is developing a Digital Measures program for annual activity reporting; however, it has not yet been implemented.

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

Student course evaluations and chair evaluations are used in the review of faculty teaching effectiveness. The University has an ongoing course evaluation system designed to elicit a high response rate from students. At the end of each semester, students must complete an online course evaluation in order to receive their grades online and early. Once grades are released and students have completed the online course evaluation, the instructor has access to the results through Southern Miss’ Online Accessible Records (SOAR). These reports are made available and can be downloaded as portable document files (pdf) which are then attached to the faculty members’ annual evaluation. Course evaluations (mean score per class) are factored into the annual faculty evaluation. Faculty strive for an average of ≥4.0 on a 5.0 scale.

Copies of the student course evaluation summaries can be found in the ERF in section 2.7.

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

This criterion is met.

*Strengths*

* Faculty have a clearly articulated university faculty handbook and a department tenure and promotion document which fully outlines paths to advancement in academic rank and areas of faculty evaluation
* Faculty is formally evaluated for competence and performance in a process that evaluates teaching effectiveness and community service activities.
* The program fully supports the professional development of faculty and staff and encourages their participation in professional development activities.
* University research support services are available to all categories of faculty.

*Weaknesses*

* None noted

*Future plans*

* Continue to encourage program faculty and staff to seek out opportunities to engage in community service and research and to achieve excellence in instruction as evidenced through the university course evaluation system.

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

*4.3.a. Description of the program’s recruitment policies and procedures. If these differ by degree (e.g., bachelor’s vs. graduate degrees), a description should be provided for each.*

Students are recruited into the program in various ways. University recruitment materials, MPH printed materials, and the DPH website (<http://www.usm.edu/community-public-health-sciences> are used to recruit MPH students. Additionally, prospective students are recruited through recruitment activities conducted by the University’s Graduate School, College of Health, and through Department of Public Health recruitment days on and off The University of Southern Mississippi campus.

Additionally, specific recruitment activities range from information sessions at various health related events such as The Mississippi Public Health Association, MS Nurses Association Annual Convention, Healthcare facilities continuing educational events, The University Biannual Career Fare, marketing efforts such as ads in public health magazines, billboards, internet ad campaigns.

When students contact the program, they are routed to either the EMPH Program Manager or the traditional MPH graduate coordinator. They are provided with program information and told about the admissions process and invited for a face-to face meeting to discuss the program and admissions process further. They may also request to meet with a faculty member from their emphasis area. Though most recruitment activities are conducted at the college level, occasionally, the department engages in program specific recruitment activities. Most recently, the EMPH Program Manager and the MPH Graduate Coordinator attended the Mississippi Public Health Association conference in Jackson, MS to recruit for the program. This event was well attended by public health professionals in the area, and offered an opportunity to recruit at the state level.

*4.3.b. Statement of admissions policies and procedures. If these differ by degree (e.g., bachelor’s vs. graduate degrees), a description should be provided for each***.**

The standards of admission for the MPH program are upheld by Dean of the Graduate School, the Dean of the College of Health, the Department of Public Health’s chair, the graduate coordinator, and faculty admission committees for each emphasis area.

All MPH applications are submitted via the Graduate School’s online application system. The Graduate School and the program work together to set the admission standards for the MPH program. The Graduate School and the program work together to set the admission standards for the MPH program. All applicants are approved for admission based upon their academic abilities and their interests in public health. The GRE, TOEFL/IELTS (for international applications), personal statement, references, transcripts and potential to successfully complete the MPH program are all considered in the selection process. Applicants must score at least 70 points on the MPH Graduate Admissions Rubric in order to be granted a full admission status. The rubric assigns points to ranges of GPA, GRE or TOEFL/ILETS scores, letters of recommendation, and the students’ personal statements.

The MPH Graduate Coordinator or the EMPH Program Manager reviews and processes each application for the Graduate Admissions Committee to review. The committee then makes its recommendation to the chair for final departmental approval. The chair sends each application the Dean of the College of Health for College approval where it is then sent to the Dean of the Graduate School who is the final decision-making authority for admission into the MPH program.

Applicants admitted to the MPH program receive official notice of their admissions from the Graduate School and the Department of Public Health. MPH students are admitted during the Fall and Spring terms. Students are not admitted to the MPH program during summer terms. The Department of Public Health does not discriminate on the basis of age, race, gender, sexual orientation, religion, national origin or disability.

The direct link to the admissions requirements for the graduate school are published online and can be found here:

<http://catalog.usm.edu/content.php?catoid=6&navoid=404>

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

The University of Southern Mississippi Official Website:

<http://www.usm.edu/>

The University of Southern Mississippi Graduate Bulletin:

<http://catalog.usm.edu/content.php?catoid=6&navoid=410>

The Department of Public Health Official Website:

<http://www.usm.edu/community-public-health-sciences>

The MPH Course Sequence/Schedule of Classes:

<http://www.usm.edu/community-public-health-sciences/mph-example-course-sequence>

The University of Southern Mississippi Graduate School Official Website:

<http://www.usm.edu/graduate-school> (See section 4.3 of the ERF)

*4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| . Table 4.3.1. Qualitative Information on Applicants, Acceptances, and Enrollments, 2011 - 2014 | | | | | |
|  |  | 2011-2012 | 2012 - 2013 | 2013-2014 | Fall 2014 |
| **Specialty Area #1: (MPH)**  Epidemiology/Biostatistics | Applied | 14 | 22 | 37 | 25 |
| Accepted | 13 | 20 | 37 | 24 |
| Enrolled | 7 | 10 | 16 | 12 |
| **Specialty Area #2: (MPH)**  Health Education | Applied | 8 | 10 | 19 | 7 |
| Accepted | 8 | 10 | 18 | 5 |
| Enrolled | 8 | 8 | 13 | 2 |
| **Specialty Area #3: (MPH)**  Health Policy & Administration  (Traditional Program) | Applied | 14 | 15 | 17 | 15 |
| Accepted | 14 | 16 | 13 | 14 |
| Enrolled | 14 | 10 | 14 | 9 |
| **Specialty Area #3: (MPH)**  Health Policy & Administration  (EMPH Program) | Applied | 14 | 27 | 18 | 22 |
| Accepted | 14 | 25 | 18 | 17 |
| Enrolled | 12 | 25 | 16 | 13 |

*4.3.e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE 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 degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| . Table 4.3.2. Student Enrollment Data 2011 - 2014 | | | | | | | | |
|  | 2011-2012 | | 2012-2013 | | 2013-2014 | | Fall 2014 | |
| Degree & Specialization | HC | FTE | HC | FTE | HC | FTE | HC | FTE |
| Emphasis: Epidemiology & Biostatistics | 21 | 16.25 | 25 | 15.88 | 33 | 23.36 | 12 | 9.67 |
| Emphasis: Health Education | 22 | 15.75 | 20 | 13.13 | 20 | 15.63 | 2 | 2.00 |
| Emphasis: Health Policy & Administration (MPH) | 42 | 30.37 | 38 | 20.38 | 28 | 16.25 | 9 | 9.00 |
| Emphasis: Health Policy and Administration (EMPH) | 28 | 27.13 | 34 | 36.25 | 41 | 40.25 | 13 | 13.00 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| . Table 4.3.f. Outcome Measures for Enrolling Qualified Students | | | | |
| Outcome Measure | Target | 2011-2012 | 2012-2013 | 2013-2014 |
| 90% of admitted and enrolled students will score ≥ 70 on the MPH Graduate Admissions Rubric (a score of <70 would result in denial of admission or conditional admission). | 90% | 100% | 100% | 96.6% |
| 60% of admitted and enrolled students will have experience in the field of public health prior to entering the MPH program. | 60% | 75.6% | 77.4% | 66.1% |

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

This criterion is met.

*Strengths*

* The program admits and enrolls individuals who meet or exceed educational prerequisites required by the program’s admission standards
* More than half of the students admitted into the program have previous public health experience.
* Recruiting materials are available to students in print and electronic format, and their accuracy is maintained by the MPH Program Coordinator and the EMPH Program Manager.

*Weaknesses*

* None Noted.

*Future plans*

* Continue to monitor the application process to determine if the MPH Graduate Admissions Rubric is sufficient to discern qualified applicants from those less qualified.
* Monitor course size and program demand so that students who are eligible for admission are not turned away due to shortage of course sections or classroom capacity.

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

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

Advisement for MPH students occurs prior to each candidate starting classes and throughout their candidacy. Upon admission to the program, each student will initially meet with the graduate coordinator. The purpose of this meeting is to initiate a plan of study, be assigned a faculty advisor based on emphasis, discuss pre-registration, and answer general questions about the program and student services. Subsequent advisement periods are posted in the University calendar at [www.usm.edu/registrar/calendars](http://www.usm.edu/registrar/calendars). Students are encouraged to meet with their faculty advisors on a regular basis to discuss the degree program, career objectives, potential internship sites and future employment, but it mandatory for students to attend priority advisement week. All MPH students must attend priority advisement each semester to be enrolled for an upcoming term.

Newly admitted MPH students must finalize their plans of study during their first semester of enrollment with their emphasis area advisor. Faculty advisor, graduate coordinator, and chair signatures are required on the plan of study. Once the required signatures are obtained the plan of study is filed within the Department of Public Health in addition to a copy being sent to the Graduate School. The plan of study provides direction of the classes to be taken. The plan of study also insures degree progress by providing a framework from the initial classes taken to the semester a student’s degree is conferred. <http://www.usm.edu/graduate-school/plans-study-masters-programs>

An orientation is also provided to all first semester students and attendance is mandatory. The orientation occurs prior to the week that class starts. During orientation new students are provided overall advisement information regarding the MPH Course Sequence/Schedule, MPH curriculum and program competences. During orientation the MPH Graduate Student handbook is also reviewed with discussions related to, but not limited to program expectations, academic integrity, responsible conduct of research, meeting university and program requirements for degree completion departmental history and mission. <http://www.usm.edu/community-public-health-sciences/mph-graduate-student-handbook>

All full- time faculty who teach for the MPH program are required to advise students. Students are matched on emphasis area within the program to a faculty advisor that teaches within that area. The expected graduate advising load for each faculty member ranges from 5-10 students. This may vary depending on enrollment numbers.

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

Through the University’s Career Counseling Center our students and MPH alumni can receive career counseling services (<http://www.usm.edu/career-services>).

Southern Miss Career Services exists to help make connections between students, alumni and employers. Career Services, in conjunction with The University of Southern Mississippi faculty and staff, is a team of professionals committed to providing resources, services and opportunities for students, alumni and employers in academic, job related and career endeavors. Students receive personalized, one-on-one counseling in the areas of resume' and cover letter development, practice interviews, and preparation for internships. MPH students and alumni can also participate in career fairs and workshops in addition to taking advantage of materials and information provided through the resource center.

Though there are no program-specific career counseling services, students are made aware of the university-wide counselling services via the USM web site (linked above). Also, there is a department wide list-serve that is used to communicate internship and job opportunities that are program specific.

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

Though these data are collected at the College level, they are not available at the departmental or program level. A graduate exit survey has been developed and is included in the ERF. The survey will be distributed beginning with the Fall 2014 cohort of graduates. Items included in the survey address satisfaction with advising and career counseling services. The graduate exit survey can be found in the ERF in section 4.4.

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

MPH candidates are encouraged to share their concerns about the MPH program and are informed about the policies for voicing their concerns from both a departmental and university level. This information can be found departmentally in the MPH Graduate Student Handbook (<http://www.usm.edu/sites/default/files/groups/department-public-health/pdf/mph_graduate_student_handbook_-_website_version.pdf>. The University’s grievance policies can be found through accessing the Student Hand book (<http://www.usm.edu/student-handbook/university-grievance-policy>) and the Graduate School’s Appeals and Grievances Processes can be found on their website (<http://www.usm.edu/graduate-school/graduate-appeals-grievance-processes>).

There have been no formal complaints submitted to the Graduate School in any of the last three years. However, if students were to have a complaint or grievance, it would be routed to the Academic Integrity Committee. This committee is charged with addressing student grievances and remedying them appropriately.

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

This criterion is met.

*Strengths*

* The MPH Program provides an array support services to students and graduates.
* Students are advised by the MPH Program Coordinator and the EMPH Program Manager and additionally assigned to a faculty advisor who is knowledgeable with regard to program curricula
* All students are required to attend a formal orientation prior to entering the program.
* The University offers career and placement counseling services to all students

*Weaknesses*

* The program attracts students from various educational, geographical, and cultural backgrounds. These differences must be considered when advising students so that individual needs can be met
* Data regarding satisfaction with faculty advisors is not collected at the program level and must be requested from the graduate school

*Future plans*

* Administer the graduate exit survey to all graduating students so that satisfaction with academic advising can be assessed at the program level. These data will be used to inform future changes in advising practices.

**Electronic Resource File**

1.5 Governance

Faculty Meeting Minutes

September 2013-November 2014

Graduate school handbook

Graduate Bulletin 2012-2013 USM

MPH student handbook

MPH Graduate Student Handbook – Website Version

1.6 Fiscal Resources

Template 1.6.1 in Word format

Table 1.6.1 in Word format

1.8 Diversity

University Diversity Plan

University Diversity Strategic Plan 2013 USM

2.1 Degree Offerings

Schedule of Courses Last Three Years

Schedules for 10 semesters (including summers)

Syllabi—MPH

Core Courses

6 core syllabi added

Non-core Courses

21 non-core syllabi added

2.4 Practicum

Practicum-Internship handbook

DPH 611 Field Experience Guide, Traditional Students

Preceptor Evaluation forms (completed)

Preceptor Evaluation of Student Intern

DPH EMPH Comprehensive Evaluation Procedures Class of 2014

2.5 Culminating Experience

Fieldwork Guide Handbook EMPH

DPH 767 Case Study Fieldwork Guide, EMPH Students

DPH 767 EMPH Case Preparation Guidelines

Capstone Reports (Examples)

Capstone Report Spring 2013 (Sarah Pachmyer)

Capstone Report Spring 2014 (Monica Taylor)

Capstone Report Spring 2014 (Scott Westover)

Evaluation Forms and Time Sheets for Capstone Projects

3 sets included

Comprehensive Exams (Graded)

Comprehensive Exam Reporting Form

Graded Comp Exam in Epi-Bio Emphasis

Graded Comp Exam in Health Ed Emphasis

Graded Comp Exam in HPA Emphasis

Graded Comp Exam in Core Biostatistics

Graded Comp Exam in Core Social & Behavioral Health

Faculty Grading Rubric

EMPH 767 Comp Evaluation Form 2015

Portfolios

2 Binders included

Presentations

7 PowerPoint presentations included

2.7 Assessment Procedures

Alumni Survey Instrument

Alumni Survey Instrument Final

Alumni Survey Summary Results

Alumni Survey Results Data

Course Evaluation Survey Instrument

Student Course Evaluation Questions

Course Evaluations Summary Results

Public Health Fall 2013

Public Health Summer 2014

Public Health Spring 2014

Employer Survey Instrument

Employer Survey Questions Fall 2014

Employer Survey Summary Results

Employer Survey Results Report 10.2014

Graduate Exit Survey Instrument

EMPH End of the program survey Class of 2014

Exit Survey Instrument MPH

3.2 Service

Ellisville State School CE Sample Evaluation

Mississippi Health Summit 2012 Final Report

Mississippi Health Summit Report 2011

MSDOH-CRFTP Course Outline

Student Research Examples

Unity 2014 agenda program

Unity 2014 Evaluation

4.1 Faculty Qualifications

Primary Faculty Curriculum Vitae

11 c.v.s added

Secondary Faculty Curriculum Vitae

8 c.v.s added

4.2 Faculty Policy and Procedures

Faculty Annual Review Form

Annual Evaluation Form 2013

Promotion and Tenure Guidelines

Tenure & Promotion Guidelines Department of Public Health

Faculty Handbook rev. 8-27-13

4.3 Student Recruitment and Admissions

Recruitment Emails-Flyers

Executive MPH

2011

EMPH information card

Mailback cards

2012

EMPH Direct Mail Piece

EMPH rack card

Insert for Class of 2012

Rack card

2013

EMPH Admissions Packet Insert

EMPH Inserts

2014

EMPH Direct Mailer

EMPH Booklet insert

EMPH Booklet

EMPH email-web

4.4 Advising and Career Counseling

Forms Used in MPH Program

Advisor Advisement & Class Registration Form

Comps Request—Official (Rev. 2.5.2013)

Exit Survey—Graduate School

Graduation Application Form

Graduation Deferment Form

Official EpiBiostats POS; GC Approved Spring 2014

Official Health Ed POS; GC Approved Spring 2014

Official HPA POS; GC Approved Spring 2014

University Progress-to-Degree Forms

Grievances and Complaints

Student Grievance Policy and Forms

Grievance Guidelines for Students

USM Student Grievance Policy

Additional Documents

Opportunity for Third Party Comment

Email Notices

2 items inserted

Newsletter Posting

1 item inserted

Website Posting

1 item inserted

Library databases available to students and faculty