

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF SOUTHERN MISSISSIPPI

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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Introduction

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

Founded in 1910, USM opened its doors as a small teachers' college. Today, the university has grown into a comprehensive research-driven institution and serves more than 18,000 students. USM offers more than 140 undergraduate degrees and over 200 master's and doctoral degrees. The university is organized into seven colleges, including the College of Arts and Letters, the College of Business, the College of Nursing and the College of Health. The schools of social work and human performance and recreation and the departments of nutrition and food systems, speech and hearing sciences, medical laboratory science and public health form the College of Health. The college is also home to the Center on Aging, the Center for Sustainable Health Outreach, the Children's Center for Communication and Development and the National Food Service Management Institute, among other research units.

The MPH program is located in the Department of Public Health (DPH), which was established in 1989. The program director also serves as the department chair. The program offers MPH degrees in health policy and administration, health education, and biostatistics and epidemiology. The health policy and administration program is offered in both traditional and executive (EMPH) formats. The program also offers joint degrees in collaboration with a Master of Business Administration (MBA) and a Master of Arts (MA) in anthropology.

USM has held CEPH accreditation since 1993. The most recent review, in 2007, resulted in a term of seven years. In 2008, 2009, 2010 and 2011, the Council accepted the program's interim reports.

Characteristics of a Public Health Program

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

The aforementioned characteristics are evident in the MPH program. The University of Southern Mississippi has been accredited by the Southern Association of Colleges and Schools (SACS) since 1929; the most recent review for reaccreditation occurred in 2006 and resulted in a ten-year term. The program and its faculty and students enjoy the same rights and privileges accorded to their counterparts in other professional programs on campus.

The program's mission and goal statements emphasize the importance of instruction, research, service and other public health principles. The program has also established an ongoing process of evaluation and planning to monitor and improve student performance and ensure that all internal operations continue to support its mission, goals and objectives.

The program demonstrates a commitment to fostering collaboration between its internal and external constituents. Joint degrees are offered in partnership with the Department of Management and

International Business in the College of Business and the Department of Anthropology and Sociology in the College of Arts and Letters. Adjunct faculty hold joint teaching appointments at Tulane University School of Public Health and Tropical Medicine, the University of Florida, Clayton State University and the University of Texas. Other faculty join their colleagues in departments across the College of Health and the College of Nursing to offer courses to nursing students. The program's strong ties to the practice community also facilitate opportunities for faculty and students to engage in collaborative research and service projects.

The program has sufficient physical, human and fiscal resources to offer the MPH degree in all three concentration areas, though the student-faculty ratios in health policy and administration are exceptionally high.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clear and concise mission statement and supporting goals, objectives and value statements that reflect a collective commitment to advancing instruction, research and service.

The program's mission 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 administrators. Among other principles, the program values collegiality, innovativeness, open-mindedness, respect, compassion, equity, collaboration, resourcefulness, diversity, autonomy, ethics and quality and excellence in scholarship. In support of its mission, the program identifies three overarching goals that relate to instruction, research and service. Each goal is linked to two to 11 measurable objectives with quantifiable targets.

The process for developing and revising the program's mission and supporting values, goals and objectives was inclusive. Strategic planning meetings involved the program director, the Accreditation and Evaluation Committee and other faculty, staff and students. Members of the Community Advisory Board, which includes public health professionals and alumni, were invited to comment in person or via email, phone or comment cards. Students who met with the site visit team confirmed that they received email invitations to participate in the strategic planning process. Faculty, however, indicated that limited feedback was received from students and community representatives.

The program formally adopted its mission, goals and objectives, which are published on the DPH website and in the student handbook, in fall 2014. These statements are scheduled to be reviewed every three years to ensure relevance and appropriateness.

1.2 Evaluation and Planning.

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

This criterion is met. The program has established protocols for monitoring and evaluating its progress toward achieving its mission and goals.

The self-study outlines the processes the program uses to measure its success, including the data sources, responsible parties and the frequency with which these procedures are conducted. The practicum coordinator, for example, monitors students' internship grades at the end of each semester. The Accreditation and Evaluation Committee tracks faculty research and service productivity through annual faculty evaluations. The Accreditation and Evaluation Committee compiles these data and shares the results with the program director and the MPH graduate coordinator. The program director follows up with the entire faculty during monthly faculty meetings. Corrective action is taken early in the feedback process.

The self-study presents measurement data for the last three academic years. The program meets and/or exceeds all of its targets.

As confirmed in on-site discussions, the program was engaged in an inclusive self-study process. Four workgroups, comprised of faculty and graduate student assistants, took the lead in drafting assigned sections of the self-study document. With assistance from faculty, the Graduate School and the Office of Institutional Research, the program director and the MPH graduate coordinator collected and compiled data for inclusion in the document. Designated workgroup members, who eventually convened as the Accreditation and Evaluation Committee, finalized the document. Students were invited to a feedback session in spring 2014 with the program director and the Accreditation and Evaluation Committee; the meeting was well attended by students in each concentration area. The final version of the self-study was posted to the DPH website, along with a public invitation to submit third-party comments, and shared with students and members of the Community Advisory Board. The call for comments was also posted to the College of Health website, printed in the college newsletter and emailed to all faculty and staff.

1.3 Institutional Environment.

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

This criterion is met. USM has been accredited by the Southern Association of Colleges and Schools since 1929; the most recent review for reaccreditation occurred in 2006 and resulted in a ten-year term. The university responds to over 30 specialized accrediting agencies in fields such as journalism, psychology, business, nursing, audiology and theater.

The university is organized into seven colleges, including the College of Arts and Letters, the College of Business, the College of Nursing and the College of Health. The schools of social work and human performance and recreation and the departments of nutrition and food systems, speech and hearing sciences, medical laboratory science and public health form the College of Health. The MPH program is located in the Department of Public Health, along with the undergraduate public health program.

The program director, who also serves as the department chair, reports to the dean of the College of Health. Each dean reports to the provost and vice president for academic affairs, who in turn reports to the university president. Ultimately, the Mississippi Board of Trustees is the highest authority in the chain of governance.

The MPH program enjoys the same level of autonomy and authority accorded to other professional programs on campus. After review by the provost and the chief financial officer, budget requests are presented to the university president and the Board of Trustees for approval and communicated to the dean for allocation to all of the college's departments and programs. Faculty recruitment and appointment involve consultation with department faculty and the program director, who ultimately submits his final recommendations to the dean. The program director and faculty work in conjunction with the Graduate School to enforce university-wide academic standards. The dean is responsible for developing and supervising the academic schedule and curricula. Substantial revisions to existing curricula must be approved by the College of Health Curriculum Committee. Conversations with the provost and the dean confirmed that the program is viewed as an integral and valued part of the college and the university.

1.4 Organization and Administration.

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

This criterion is met. The program maintains an organizational structure with clear lines of authority and responsibility.

The program director oversees all aspects of the program, from the recruitment of qualified faculty to the approval of student admissions and compliance with academic standards. He also advises EMPH students and coordinates and schedules their project defenses.

The practicum coordinator reports to the program director and oversees the internship experiences of all non-executive MPH students. She meets all graduate candidates to establish and manage fieldwork placements and establishes formal agreements with each site and preceptor.

The graduate coordinator also reports to the program director and processes all application and admission materials for prospective students in the traditional MPH program. She serves as the primary advisor and manages program files, the DPH website and students' plans of study. In addition to developing promotional materials to recruit students, the coordinator oversees the administration of comprehensive examinations.

The EMPH program manager reports to the program director and oversees all aspects of the executive degree program, from admissions to the maintenance of student records and the monitoring of student progress. Among other responsibilities, she serves as an academic advisor for EMPH students; advertises and markets the program to the general public and prospective students; plans and conducts recruitment activities; and supervises a graduate assistant.

The program demonstrates a commitment to fostering collaboration between its internal and external constituents. Joint degrees are offered in partnership with the College of Business and the College of Arts and Letters. Adjunct faculty hold joint teaching appointments at Tulane University School of Public Health and Tropical Medicine, the University of Florida, Clayton State University and the University of Texas. Other faculty join their colleagues in departments across the College of Health and the College of Nursing to offer courses to nursing students. The program's strong ties to the practice community also facilitate opportunities for faculty and students to engage in collaborative research and service projects, as described in Criteria 3.1 and 3.2.

1.5 Governance.

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

This criterion is met. The program exhibits a clear governance structure, with broad representation and defined roles and responsibilities, and allows for the involvement of faculty, staff, students, alumni and community partners in the daily operation of the program. Nine committees participate in policy development and decision-making, planning and evaluation, resource allocation, student recruitment and admissions and/or curriculum development at the program level. The department chair serves as an ex officio member on all of the committees, the majority of which are department-wide and include

representatives from the undergraduate program. A review of committee minutes indicates that this governance structure works effectively for the MPH program's needs.

The Academic Integrity Committee reviews cases of academic dishonesty, promotes related policies, addresses and facilitates the resolution of student grievances and reviews internship waiver requests. Membership includes an assistant professor, the practicum coordinator, the EMPH program manager, the graduate coordinator and two undergraduate coordinators.

The Accreditation and Evaluation Committee maintains the continuity of data collection; solicits feedback from students, alumni and community stakeholders; and conducts the annual alumni survey. The committee is comprised of the graduate and undergraduate coordinators, the EMPH program manager and two graduate assistants.

The Awards and Scholarships Committee solicits nominations for student and faculty awards, distributes funds for departmental scholarships and grants merit-based awards to eligible students. Membership includes the graduate and undergraduate coordinators, the EMPH program manager and a department faculty member.

The Community Advisory Board connects faculty, staff and students to community service venues and opportunities; identifies practice placement sites; and provides feedback on the program's mission, values, goals and competencies. The committee is comprised of the program director, the practicum coordinator, the EMPH program manager, the graduate and undergraduate coordinators, four community partners and one alumna. The undergraduate coordinator, the EMPH program manager and two of the community representatives are also graduates of the program.

The Curriculum Committee reviews, coordinates, monitors and oversees the development of all DPH curricula, courses and corresponding syllabi. Membership includes an assistant professor, the graduate and undergraduate coordinators, the EMPH program manager and a graduate assistant.

The Graduate Admissions Committee is charged with reviewing applications for admission to the program and recommending acceptance or rejection. The committee is comprised of the EMPH program manager and the graduate coordinator.

The Recruitment Committee conducts student recruitment activities, including outreach and program promotion, admissions and enrollment. Membership includes the graduate and undergraduate coordinators, the EMPH program manager and a graduate assistant.

The Student Organizations Committee advises professional student organizations on campus policies and procedures. The committee includes the graduate coordinator and an assistant professor.

Two tenured faculty members serve on the DPH Tenure and Promotion Committee, which recommends faculty for promotion and tenure and suggests changes to related guidelines.

Site visitors noted that the same set of faculty serve on multiple committees. The limited involvement of external stakeholders who are not employed by the university is also apparent. Despite the composition of the Tenure and Promotion Committee, on which the program does not have enough tenured faculty to serve, the distribution of program governance representation appears to be effective. Although program administrators acknowledged that the workload is challenging, all faculty expressed their satisfaction with program governance.

In addition to supporting the governance of the program and the department, the program director and other faculty hold appointments on college- and university-level committees, through which they contribute to the activities of the institution. Such committees include the College of Health Curriculum Committee, the College Council, the USM Working on Wellness Committee, the USM Institutional Review Board and the Gulf Coast Faculty Council.

Students serve as active members of the Accreditation and Evaluation Committee, the Curriculum Committee and the Recruitment Committee. Although they have no formal voting rights, the student representatives who met with the site visit team expressed satisfaction with their level of involvement and indicated that the program is receptive and responsive to their needs and concerns. Students have the opportunity to serve in a more formal capacity on the USM Student Government Association, the USM Graduate Student Senate, Eta Sigma Gamma and the Health Administration Student Association (HASA). Among other responsibilities, the Student Government Association establishes official channels through which student opinions may be expressed, protects students' rights and promotes academic freedom and responsibility. The Graduate Student Senate serves as a voice for all graduate students and an advocate for their ideas and concerns. The committee comprises a representative from each department and college. Eta Sigma Gamma is a national professional honorary organization for students in the health sciences. The mission of the organization is to advance professional health-related competencies and recognize academic excellence in health sciences, health education, health promotion and public health. The group organizes community service activities such as the Making Strides against Breast Cancer Campaign and the Relay for Life Campaign. The Health Administration Student Association offers professional networking opportunities, career planning workshops and presentations by local, state and national healthcare administrators.

1.6 Fiscal Resources.

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

This criterion is met. Although they have declined since the last accreditation review, the program's fiscal resources continue to provide enough support to pursue its mission, goals and objectives.

Program funding is routed through the Department of Public Health. As department chair, the program director negotiates annual budget requests with the college dean. Such requests must be approved by the provost and chief financial officer, the university president and the Board of Trustees.

Table 1 presents the program budget for the last seven academic years. Income is principally derived from tuition and fees, state appropriations, grants and contracts. The program also recovers varying portions of indirect costs associated with extramural funding: 40% of recovered costs are returned to the university, another 40% is transferred to the vice president for research, the dean's office retains 10% and the remaining 10% is returned to the department. State appropriations are directly linked to student credit hours. Excess funds are shared by the university (60%), the college (10%) and the program (30%). The program has consistently spent 50% to 75% of its annual revenue, though expenditures have gradually increased over the past several years.

Table 1. Sources of Funds and Expenditures by Major Category, Academic Years 2007-2008 to 2013-2014							
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Source of Funds							
Tuition and Fees	\$596,032	\$597,208	\$636,050	\$590,038	\$510,689	\$660,744	\$723,062
State Appropriations	\$187,800	\$189,658	\$172,391	\$162,063	\$164,026	\$208,811	\$213,960
Grants and 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 and Benefits	\$498,218	\$529,733	\$451,577	\$491,022	\$462,433	\$531,002	\$543,047
Staff Salaries and 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
Commodities*	\$88,357	\$63,144	\$77,988	\$85,923	\$47,282	\$73,398	\$57,413
Contract Services and 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

*Commodities include office supplies and materials, meals served in the EMPH program and printing and binding services.

As a result of the nationwide economic downturn, state appropriations declined between 2009-2010 and 2011-2012. The largest contributing factor to the decline in total revenue, from over \$1.6 million in 2008-2009 to \$1.0 million in 2013-2014, was the drop in grant and contract income, from more than \$800,000 to \$109,000, during the same time frame. While the university continues to face budget cuts, the program has remained fully operational. The provost, the associate provost and the college dean affirmed their strong support of the program and their intent to continue making it an institutional priority.

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The program exhibits an adequate faculty and staff complement and sufficient physical resources to ensure the continuity of its instructional programs.

The program employs nine primary faculty and five secondary faculty. Each concentration is supported by three full-time faculty and, therefore, satisfies the minimum expectation for the size of the primary faculty complement. At the time of the site visit, the department was in the process of reviewing candidates for three full-time faculty positions in health education; these positions are expected to be filled by fall 2015. Student-faculty ratios (SFRs) for the health education (8.9:1) and epidemiology and biostatistics (7.5:1) concentrations remained below the 10:1 threshold in the last completed academic year, 2013-2014. Students who met with the site visit team were satisfied with their class sizes and the accessibility and availability of their professors.

The program is supported by three full-time staff members, including the graduate coordinator, the EMPH program manager and an administrative assistant.

The Department of Public Health is located in the basement of Southern Hall, on the Hattiesburg campus, and houses the offices of all program faculty, staff and graduate assistants. Shared classrooms, conference rooms, computer labs and common spaces for student use are available in Southern Hall and across campus. According to the self-study, however, limited classroom space exists for larger cohorts of EMPH students, in particular. Although the program does not have a designated student lounge, students who met with the site visit team indicated that other campus resources and study areas fulfill their needs. The USM I-Tech Service Center and i-Tech Help Desk provide a variety of technology equipment services. The program does not require lab space. The department is scheduled to move to Greene Hall, along with other departments in the college, in fall 2016, after the space is renovated.

Cook Library contains the principal collections of books, periodicals, microforms and government documents and provides access to 1.2 million volumes, nearly 93,000 serial titles, over 155,000 E-book

titles and 157 databases. Computer labs and work stations are located on each floor, with a total of 290 computers available for public use. The Writing Center offers individualized assistance with writing assignments and the Speaking Center offers assistance with class presentations and professional conference preparation. The "Ask-A-Librarian" service provides assistance via e-mail or chat. Individual consultations and group workshops on information literacy and library research skills may be scheduled with a librarian. Interlibrary loan and document delivery services are also available.

The commentary relates to the adequacy of the health policy and administration faculty complement. The concentration is supported by three primary faculty and four secondary faculty. Although the total student-faculty ratio in fall 2014 was below 7:1, primary and total SFRs for the most recently completed academic year, 2013-2014, exceeded 23:1 and 18:1. The 2013-2014 SFRs are consistent with the last three years of data and more accurately represent the annual SFR, as the majority of students enroll in the spring. Faculty acknowledged the challenges of supporting the growing concentration and revealed that the disparity can be attributed to the relatively large EMPH class sizes (averaging 25 students), which are typically twice that of the traditional program (10 to 12 students). Although no EMPH students were available to meet with the site visit team, course evaluation results reflect their satisfaction with 1) the instructor's availability for individual consultation and assistance (an average score of 4.91 out of 5.0) and 2) the time he takes to answer questions (an average score of 4.87). The department, however, has not been granted additional faculty lines in health policy and administration to meet the growing demand. The program director does not expect to receive additional faculty lines in this area until spring 2016.

1.8 Diversity.

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

This criterion is met with commentary. The program has made significant strides in cultivating diversity and cultural competence among its faculty, staff and students.

In alignment with the USM Diversity Strategic Plan, the program identifies African Americans, Asian Americans, Hispanics, Latinos, Pacific Islanders, Native Americans and multiracial individuals as the most underrepresented among its faculty, staff and student populations. The program also focuses its attention on the proportion of male students, who have, historically, been outnumbered by their female counterparts. The program has adopted the university's goals to 1) increase the enrollment and graduation rate of underrepresented groups, 2) increase the employment of underrepresented groups in administrative, faculty and staff positions and 3) enhance the overall curriculum by infusion of content that enhances multicultural awareness and understanding. The program identifies four related objectives. Developed by the USM Diversity Committee, the university's Diversity Strategic Plan outlines specific action items to achieve these goals. In consultation with the Diversity Committee and the college deans,

the university's Affirmative Action /Equal Employment Opportunity (AA/EEO) director reviews the Diversity Strategic Plan on an annual basis to ensure its continued relevance. In consultation with faculty and the Community Advisory Board, the Curriculum Committee, the practicum coordinator, the graduate coordinator and the EMPH program manager oversee the implementation of the Diversity Strategic Plan and monitor the program's progress toward each goal.

An estimated 35% of MPH students are male, and 54% are members of a racial or ethnic minority group. Of those who were admitted in 2013-2014, 36% were male, 36% were African American, 13% were Asian and 5% were multiracial. The Office of International Student and Scholars Services disseminates information about the program to foreign schools, embassies and nonprofit international organizations such as the Institute for International Education. The McNair Scholars Program encourages and prepares undergraduate minorities and first-generation college students to pursue graduate education.

Forty-three percent and 67% of faculty and staff, respectively, identify themselves as non-white. More specifically, 13% of faculty are African American, 27% are Asian American and 7% are multiracial. Approximately 67% of staff are African American. Search committees consult with and must gain approval from the university's AA/EEO officer in each step of the faculty and staff recruitment process, from drafting the job description to selecting candidates to interview. Members of each committee receive training on the university's equal employment opportunity policies. Open positions are posted on various websites, including HigherEdJobs and InsideHigherEdJobs, to attract a diverse set of applicants. Additional diversity recruitment resources are available on the AA/EEO Office website.

The program complies with university policies that prohibit discrimination and sexual harassment, promote equal employment opportunity, ensure equity and transparency in the recruitment and promotion process and provide reasonable accommodations for individuals with disabilities. The program also follows the university's procedures for reporting violations and addressing related complaints. Information about these policies is published in the faculty handbook and posted on the AA/EEO Office website.

As outlined in the Diversity Strategic Plan, the program seeks to build competency in multicultural awareness and understanding. The Curriculum Committee is responsible for ensuring that diversity-related content is integrated into course syllabi. A number of core and elective courses incorporate diversity and cultural considerations. The program also offers courses in health disparities, rural health and women's health. Guest speakers are drawn from diverse backgrounds and work with diverse populations. The practice experience further exposes students to diverse communities and workplace environments. The Office of Multicultural Programs and Services hosts the Armstrong-Branch lecture series, which commemorates the integration of the university in September 1965. Faculty, staff, students and community members are invited to attend the event.

The commentary relates to the program’s student recruitment efforts, which appear largely passive. Efforts to recruit minority students through the McNair Scholars Program and the Office of International Student and Scholars Services are organized at the university level. One graduate assistant told the team that he has taken the initiative to encourage his male peers to consider enrolling in the program. The graduate coordinator, however, acknowledged that the program does not currently spearhead minority- or male-specific outreach activities and identified the need to more rigorously pursue such activities.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. As illustrated in Table 2, the program offers MPH degrees in health policy and administration, health education and biostatistics and epidemiology. The health policy and administration program is offered in both traditional and executive formats. The program also offers joint degrees in anthropology and business administration.

Table 2. Instructional Matrix		
	Academic	Professional
Master’s Degrees		
Epidemiology and Biostatistics		MPH
Health Education		MPH
Health Policy and Administration		MPH or EMPH*
Joint Degrees		
Business Administration		
Health Policy and Administration		MBA/MPH
Anthropology		
Health Education		MA/MPH
Epidemiology and Biostatistics		MA/MPH

*Executive format

2.2 Program Length.

An MPH degree program or equivalent professional public health master’s degree must be at least 42 semester-credit units in length.

This criterion is met. All traditional MPH students are expected to complete a minimum of 45 semester-credit hours, and the executive program requires 42 credit hours. One semester credit is defined as 12.5 hours of classroom instruction.

In addition to coursework in the five core public health knowledge areas (15 to 21 credits), all MPH students complete fieldwork, a culminating experience and 18 to 21 credits of concentration-specific

coursework, depending on the program of study. With the exception of the health education program, in which students may substitute three credits of appropriate electives for the DPH 620 Chronic Disease Epidemiology course, electives are not incorporated into the curricula. Over the last three years, the program has not awarded an MPH degree to a student with fewer than 42 credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. All students must complete coursework that allows them to attain knowledge about the five core areas of public health. This expectation is achieved through the successful completion of the courses identified in Table 3.

Core Knowledge Area	Course Number and Title	Credits
Biostatistics	DPH 623 Biostatistics	3
Epidemiology	DPH 622 Epidemiology	3
Environmental Health Sciences	DPH 655 Environmental Health	3
Social and Behavioral Sciences	DPH 656 Social and Behavioral Aspects of Health	3
Health Services Administration	DPH 625 Health Administration	3
	OR	
	DPH 626 Introduction to Health Systems	3
	DPH 627 Health Policy	3
	DPH 737 Health Care Organizational Behavior and Human Resources	3

Health education and biostatistics and epidemiology students are required to take the DPH 625 Health Administration course, while health policy and administration students take DPH 626 Introduction to Health Systems, DPH 627 Health Policy and DPH 737 Health Care Organizational Behavior and Human Resources. All of the syllabi associated with the core courses explicitly list the competencies and/or learning objectives associated with each course and reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas. Waivers are not permitted.

2.4 Practical Skills.

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

This criterion is met. Traditional MPH students complete a minimum of 400 hours of fieldwork, in the form of an internship, during their final semester. EMPH students complete a minimum of 200 hours (typically 200 to 400 hours) of fieldwork during their final semester and as part of an integrated capstone project. Both models are designed to 1) provide an opportunity for students to practice and apply their acquired

knowledge and skills to a specific public health project and 2) extend students' learning experiences beyond the classroom and into a professional environment.

Traditional MPH students select their placement sites and preceptors in consultation with their faculty advisors and the practicum coordinator. Although the onus is on EMPH students to select and secure their placement sites and preceptors, they must still receive approval from the program director and the EMPH program manager. Regardless of the model, each proposal must align with the student's career goals and learning objectives. Preferred preceptor qualifications include a master's or doctoral degree and/or three or more years of public health practice experience. Each traditional MPH student consults his or her preceptor and faculty advisor to outline the specific competencies that the internship is expected to reinforce. Strong relationships have been forged with state and local health departments, hospitals, clinics and nonprofit community health organizations for the purpose of facilitating internships. Faculty identified the need to secure placement sites that offer biostatistics and epidemiology students more exposure to data collection, entry and analysis.

The practicum coordinator, the preceptor and the assigned faculty advisor supervise traditional MPH students throughout the experience. Similarly, the program director and the EMPH program manager supervise students enrolled in the executive degree program. As indicated in the self-study and confirmed in on-site discussions with preceptors, the practicum coordinator maintains communication with preceptors of traditional MPH students and conducts a mid-term conference call to assess their progress toward competency attainment and discuss any necessary adjustments or extensions of their original work plans.

Traditional MPH students prepare an oral presentation of their learning experiences after the conclusion of the internship. Deliverables include the presentation slides, a time sheet, a written summary of the experience and a final evaluation form, through which students rate their satisfaction with the preceptor and placement site. The results are used to determine the appropriateness of the preceptor and field placement for future internship opportunities. Similar evaluation forms provide preceptors with an opportunity to evaluate each student's overall performance and demonstration of general professional skills. Preceptors who met with the site visit team were more than pleased with students' level and scope of knowledge and skills.

Students with at least three years of related work experience may apply for a waiver of the internship or practicum requirement. Students have applied for waivers, but at the time of the site visit, none had been granted. Faculty confirmed that such requests are considered on a case-by-case basis and go through a stringent review process prior to approval. If a waiver is granted, students must substitute the internship or practicum credits with additional coursework.

2.5 Culminating Experience.

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

This criterion is met. Traditional MPH students register for a comprehensive examination during their final semester, while EMPH students complete an integrated capstone project.

The comprehensive exam is designed to 1) assess and ensure students' ability to integrate and synthesize the knowledge and skills they acquired throughout their coursework and 2) verify that graduating students are prepared for professional practice within the field. Completed over the course of two days and proctored by the graduate coordinator and a designated faculty member, the exam is divided into five core exams (in epidemiology, biostatistics, health administration, social and behavioral health and environmental health) and one concentration-specific exam. Exam questions consist of essay and problem-solving questions. The number of concentration-specific exam questions (four to ten multi-part questions) varies by specialization.

A student who receives a "low pass" grade must participate in further oral examination to demonstrate his or her competence in the subject matter. Such students are permitted to review their written answers and faculty comments prior to the oral examination. Students who fail one or more areas of the comprehensive exam are given the opportunity to revisit and respond to related questions during the next regularly scheduled comprehensive exam. If rewritten answers are marginal, oral examinations may be scheduled. If a student fails the rewrite, faculty may recommend remedial coursework. Failure of the majority of the comprehensive exam, in the absence of compelling extenuating circumstances, will result in a recommendation of termination from the program to the Office of Graduate Studies.

EMPH students complete a capstone project during the DPH 767 Cases Studies in Health Services Administration course. They are expected to develop, present and defend a strategic plan for a healthcare organization under the mentorship of a high-level administrator. The final written report must include a description of the mission statement, organizational objectives, external and industry analyses, a problem statement, alternative strategies and recommendations, an implementation plan and a budget. The corresponding presentation and oral defense of the case study are made before a panel of faculty members.

Site visitors reviewed a sample of graded comprehensive exams and capstone papers and verified that the assessments are integrative and provide an adequate level of rigor to evaluate students' scope of knowledge and skills in the core and relevant concentration areas.

2.6 Required Competencies.

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

This criterion is partially met. The MPH program is framed around 10 core competencies. Each concentration subscribes to seven or eight competencies. The EMPH competencies are identical to those assigned to the traditional program.

Site visitors noted a slight disconnect between the competencies and the curriculum. According to the matrices with which the program monitors the implementation and delivery of the competencies, many are systematically and strategically mapped to two or more required courses that either introduce or reinforce multiple competencies. Most core competencies, however, are only introduced and not reinforced in any required course. The same is true for three epidemiology and biostatistics competencies.

Faculty developed competencies based on their expertise in each subject area and circulated them across the department for review and comment. It was clear to site visitors that faculty invested significant effort in the development process. Final drafts of the competencies were shared with students and the Community Advisory Board for discussion and feedback. The competencies were also influenced by feedback from preceptors and alumni. The current set of competencies was adopted in August 2014 and is scheduled to be revisited annually.

The concern relates to the manner in which the competencies are communicated and made available to students. The competencies are introduced to students during orientation and published on the DPH website and in the student handbook. Most course syllabi also outline the relevant competencies and/or learning objectives that are highlighted in each course. Students who met with site visitors were familiar with the competencies and confirmed their integration throughout the curriculum. Site visitors discovered discrepancies, however, between the sets of competencies presented in program documents. Several core course syllabi, for example, list apparently outdated competencies. The same is true for many concentration-specific syllabi. The program plans to update all of these documents by spring 2015.

2.7 Assessment Procedures.

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

This criterion is partially met. Aside from general course assignments, grades and grade point averages (GPAs), the program monitors and evaluates student progress in achieving the expected competencies

through internships, comprehensive exams, capstone projects, graduation rates, job placement data, alumni surveys and feedback from graduating students and employers.

The internship is designed around specific concentration-specific competencies. Traditional MPH students are expected to describe and demonstrate how each internship activity reinforces each competency. Evaluation forms provide preceptors an opportunity to evaluate students' skills and performance. Faculty and students are invited to attend the oral presentations and question each intern on his or her knowledge and skills.

The first concern relates to the lack of integration of the competencies in the EMPH practice experience. While student proposals must outline the learning objectives of their fieldwork activities, the documentation provided to students fails to map the relationship between individual learning objectives and programmatic competencies. Site visitors could not identify a clear process for linking the objectives to the competencies. Furthermore, preceptors are not required to evaluate students. Conversations with the program director and other faculty revealed that many preceptors provide feedback voluntarily, but their assessments are not competency-based.

Upon completion of their coursework, traditional MPH students are required to pass a comprehensive examination that covers core and concentration-specific competencies. The comprehensive exam is designed to assess and ensure students' ability to integrate and synthesize the knowledge and skills they acquired throughout their coursework. EMPH students complete an integrated capstone project during their final semester. As described in Criterion 2.5, they are expected to develop, present and defend a strategic plan for a healthcare organization. The final component of the capstone involves the preparation of a thorough written report and an oral defense of a case study, which demonstrate and allow faculty to assess students' mastery of core and concentration-specific competencies.

MPH students are allowed up to five years to graduate. The 2009-2010 cohort achieved a graduation rate of over 87% within this time frame, and 82% and 90% of the following two cohorts graduated within four and three years, respectively.

The program uses a variety of methods to collect employment information: annual alumni surveys, informal discussions with graduating students and internet searches. Inquiries of 2012-2013 graduates received a total response rate of 74%, and all respondents reported being employed or pursuing additional education within 12 months of graduation. The same is true for 92% of those who responded to the previous year's assessments. Beginning with the fall 2014 graduating cohort, the program plans to administer an exit survey to supplement this data.

The employer survey, which was first disseminated in October 2014, collects information on employer perceptions of graduates' preparation and ability to perform competencies in the workplace. Only nine out of 48 employers and internship sponsors, however, responded over a two-week period, resulting in a 19% response rate. On average, respondents rated the core knowledge and skills of the program's graduates and interns 4.18 out of a possible score of 5.0. The program plans to implement this survey on an annual basis and meet with the Community Advisory Board to gain additional feedback. On-site discussions with employers reflected a similarly high level of satisfaction with graduates' quality of work and the level of knowledge and skill with which they enter the workforce. Others suggested that the program provide more opportunities for elective coursework, increase exposure to the business side of public health and place greater emphasis on the importance of Federally Qualified Health Centers (FQHCs), the Affordable Care Act and other health systems.

The second concern relates to the lack of data on alumni perceptions of their ability to perform competencies in the workplace. Alumni who met with the site visit team confirmed that they felt very well prepared for their current positions. One alumna, in particular, stated that she continues to use all of the skills she developed as an MPH student. The first and most recent alumni survey, however, received a response rate of only 11%. Rather than directly assess their performance of the competencies, the survey asks graduates to identify the courses that they feel best prepared them for their current career path. Respondents expressed particular satisfaction with the applicability of the strategic planning, finance and social marketing courses. Others suggested that the program provide more networking opportunities for students.

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

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

include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is partially met. In partnership with the colleges of business and arts and letters, the program offers two joint degree programs that expose students to various public health perspectives and promote students' cross-disciplinary understanding of the field. MBA/MPH students may specialize in health policy and administration. MA/MPH students may enroll in either health education or epidemiology and biostatistics.

Joint degree students complete the exact same curriculum, including the field and culminating experiences and all core and concentration-specific coursework, as standalone MPH students. Efficiency is achieved with the substitution of three MPH courses for elective credit toward the MBA and MA degrees.

The concern relates to the discrepancies found between program documents, the DPH student handbook and the university catalog, in terms of the curricular requirements for each joint degree program. Both the university catalog and the student handbook indicate that MBA/MPH students, for example, complete the DPH 738 Ethics for Healthcare Managers course, rather than the DPH 716 Healthcare Economics course that is expected of standalone health policy and administration students and indicated as such on the DPH website and in the plans of study provided on site. The catalog and the student handbook also suggest that MA/MPH students in epidemiology and biostatistics do not take the DPH 793 Advanced Biostatistical Methods for Public Health course, which is reflected as a requirement for standalone epidemiology and biostatistics students on the DPH website and plans of study. Similarly, the DPH 786

Statistical Analysis in Epidemiology course is listed as a requirement in the student handbook, but not in the university catalog. While the university catalog states that MA/MPH students in epidemiology and biostatistics complete only 36 credits of MPH coursework, the student handbook suggests that all MA/MPH students take 39 credits of MPH coursework; both listings fall short of the standard 45-credit requirement that is clearly stated in the self-study and other program documents. Ultimately, the misrepresentation of degree requirements could cause confusion among and have significant consequences for current and prospective students. Conversations with faculty reassured site visitors that the MPH component of each joint degree program is identical to the corresponding standalone MPH program. The program director indicated that he has submitted requests to the university to update the catalog to reflect the current curricula, but that such changes have yet to be made.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is met. The health policy and administration program is offered in an executive format designed to accommodate full-time healthcare professionals seeking to advance their training in healthcare management and leadership. Those enrolled are public health educators, hospital administrators, physicians, nurses, pharmacists, financial officers, military health administrators, health care managers and social workers.

The program incorporates both on-campus and online coursework, including a total of 16 hours of face-to-face lectures on Fridays and Saturdays. Some hybrid courses are taken by both executive and traditional MPH students. Blackboard 9.1, the electronic course delivery system, allows faculty to distribute course materials, post course announcements and host discussion threads. It also allows for chat enabled communication, course content to be streamed live and assignments to be turned in via email. Each student registered for an online course receives a unique, secure username and password that verifies his or her identity. The Learning Enhancement Center (LEC) offers exam proctoring, instructional design assistance, classroom technology support, training workshops and other resources to support Blackboard users and online and traditional courses.

The EMPH program manager and the program director oversee all aspects of the executive program, including recruitment and admissions, maintenance of student records, student advising and monitoring student progress. Advisement tends to focus more on career planning and the evaluation of career options. A graduate assistant provides additional support.

Applicants must meet the same admissions criteria as those interested in the traditional program. Greater weight, however, is applied to the applicant's GPA, letters of recommendation and statement of purpose. Each qualified applicant is also required to have a minimum of three years' healthcare experience and participate in an interview with program faculty and staff.

With the exception of the practice and culminating experiences and the overall mode of delivery, the EMPH curriculum is identical to that of the traditional version. As stated in Criterion 2.4, EMPH students complete a minimum of 200 hours of fieldwork during their final semester and as part of an integrated capstone project. The number of hours expected of EMPH students is less than that required of traditional students because they enter the program with practice experience. As stated in Criterion 2.5, EMPH students are expected to develop, present and defend a strategic plan for a healthcare organization under the mentorship of a high-level administrator. Graduates of the program expressed high levels of satisfaction with their educational experience.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. As reflected in its mission and goal statements, the program is committed to promoting high-quality research, scholarly activity and the generation and dissemination of new knowledge.

USM is recognized by the Carnegie Foundation for the Advancement of Teaching as a comprehensive research-intensive university. In 2012-2013, the university received a total of \$63.3 million in external research funding from 21 federal agencies, nine state agencies, eight corporations and 35 private foundations.

The College of Health offers a number of resources that incentivize faculty research and leverage their competitiveness for grants and contracts. The Research Support Committee reviews research proposals and monitors funding trends and support for ongoing research projects. The associate dean, the

associate dean for research and the director of research support faculty in the development of proposals, budgeting and monitoring and technical assistance and guide them through the university's internal approval process. At the university level, the new Office of Research Administration assists faculty in soliciting external research support and administering post-award grants and contracts. The Office of Research Integrity oversees the university's Responsible Conduct of Research (RCR) training program, revises and disseminates research-related policies and manages the Institutional Review Board. All graduate-level faculty and students are required to complete training on responsible research conduct; such workshops address issues such as plagiarism, scholarly misconduct, intellectual property rights and financial conflicts of interest. The Mentorship Task Force provides guidance to mentors and junior faculty. Faculty who met with the site visit team acknowledged the availability of support, but identified the need for a more coordinated research infrastructure to support their activities.

Many research projects are undertaken in collaboration with local, state, national and international health agencies and community-based organizations. Over 95% of all externally-funded research projects conducted over the last three years were community-based. Partners and sponsors include the Mississippi Department of Public Health, the Mississippi National Guard Joint Task Force, the Delta Health Alliance, the National Institute on Minority Health and Health Disparities, the US Department of Transportation and the Chinese University of Hong Kong.

Extramural research funding declined substantially over the last three years, from over \$1.5 million in 2011-2012 to \$280,000 in 2013-2014, after the retirement of several senior-level faculty members. Between 70% and 80% of faculty published and presented their research during each of the last three years. At the time of the site visit, a large proportion of faculty were newly hired and in need of more time to develop their research portfolios. As a result, the program appears to rely on a small number of research-active faculty. The program director is committed to developing a culture of scholarship and rebuilding the program's research enterprise.

The DPH incentivizes student participation in research through various graduate assistantships and research grants. The program, however, lacks a formal mechanism to capture information on student research projects. Over the last three years, 48% of all externally-funded faculty-led research projects involved students. Over 25% of faculty-student research collaborations associated with the DPH 784 Qualitative Research Methods for Public Health course resulted in the publication of manuscripts in peer-reviewed journals. Other students are developing poster presentations for the upcoming Mississippi Public Health Association conference.

3.2 Service.

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

This criterion is met. The program encourages faculty and student participation in professional and community service, as reflected in its mission and goal statements.

USM has received the Carnegie Community Engagement Classification, with service as a core function, and encourages faculty and students to participate in programs that serve individuals, groups and communities across Mississippi and throughout the larger environment.

The program exhibits a culture that values service to the public health profession and views it as essential to the advancement of scientific knowledge, the academic and professional development of students and the improvement of health outcomes. The Community Advisory Board provides insight on community needs and facilitates potential service opportunities. The program has been and is currently engaged in a number of activities that serve the people of Mississippi. Faculty also collaborate with national agencies such as the American Public Health Association, the Centers for Disease Control and Prevention, the Health Resources and Services Administration and the National Institutes of Health. Although on-site discussions revealed that the majority of faculty participate in service, documentation provided to site visitors underrepresents their contributions. Those who met with the site visit team also identified the need to better quantify and capture this information.

The program's commitment to serving the community is evident in its documentation of faculty participation in various unfunded service projects. Participation (70% at the time of the site visit) has remained relatively consistent over the last three years and often involves reviewing manuscripts for peer-reviewed journals and assuming leadership positions on external professional boards.

Students are encouraged to engage in service, above and beyond their internship and practicum activities. The program offers several courses that involve community-based service-learning and other hands-on components. During each of the last three years, 70% to 80% of all faculty-led service projects involved students. Eta Sigma Gamma and the Health Administration Student Association are major driving forces behind student participation in extracurricular community service. Examples of student activities include participation in the Making Strides against Breast Cancer Campaign, the Relay for Life Campaign and National Public Health Week. More recently, health education students worked with Head Start organizations in surrounding areas to develop a plan to engage children in health related activities. Students involved in the Health is Golden campaign helped organize health fairs, coordinate needs assessments and promote healthy lifestyles among faculty, staff and students.

3.3 Workforce Development.

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

This criterion is met. The program is actively engaged in workforce development through a variety of continuing education programs.

Faculty are encouraged to lead and support workforce development efforts to leverage their individual professional development and the development of the public health profession. The Community Advisory Board plays an instrumental role in designing, implementing and promoting workforce development opportunities. With assistance from the College of Health and the Office of Professional Development and Educational Outreach, the Alumni Association disseminates an annual survey to assess the educational needs of alumni and other members of the public health workforce. The 2014 survey highlighted the need to address clinician shortages, Affordable Care Act provisions, specific health concerns (eg, dyslexia and attention deficit hyperactivity disorder) and other mental health issues. In response to these results, the program is currently planning a new series of related Health Spring Forums to be launched in 2015.

Planned and initiated as a result of the data collected from workforce needs assessments, the program hosts annual Health Spring Forums, which provide an opportunity for facilitated dialog and open discussion on current topics relevant to health professionals. Local experts are invited to give related presentations. Attendance at each forum typically ranges from 100 to 150 professionals. The Health Summit, an invitation-only conference, joins health professionals and legislators in workgroup discussions on current issues, action plan development, and the implementation of activities to better the health and lives of Mississippians. Findings and suggestions are shared with participants, public health and social service agencies and health care leaders. Topics of recent discussion include supporting community health workers, eliminating food deserts, reducing teen pregnancy and decreasing health disparities. A program faculty member serves as the director of the Center for Sustainable Health Outreach (CSHO), which hosts the Unity Conference for community health workers, educators, program managers and coordinators. Conference themes and topics are informed by quantitative surveys of former attendees and the American Public Health Association's Community Health Worker Section. Post-evaluations are used to assess the impact and appropriateness of topics, speakers, locations and formats.

Faculty serve as evaluators and trainers in the Mississippi State Department of Health's Community Research Fellows Training Program, which aims to enhance the community's 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. Faculty and staff also gave presentations to over 130 healthcare professionals on "Improving Care for Veterans Facing Illness and

Death.” Others spoke about cultural diversity to a group of 160 health educators, mental health therapists, health administrators, social workers, peer support specialists and nursing home administrators.

The DPH does not offer any certificate programs. Community representatives who met with the site visit team appreciate the program’s continuing education offerings and agree that the college is responsive to their needs. Some identified their need for additional training in performance management and improvement and evidence-based practice. While the demand for workforce development and continuing education continues to grow, the self-study notes that the decline in the number of funding opportunities may limit the program’s ability to respond to their needs in the future.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. Faculty are individually and collectively well-qualified, offer a wealth of experience and are recognized as experts in the field. These qualifications are augmented by an array of peer-reviewed publications, research grants and presentations and professional and community service activities.

Primary and secondary faculty are drawn from a variety of disciplines such as applied statistics and epidemiology, administration, health education, law and policy, social and behavioral sciences, strategic planning and marketing and health economics. All hold terminal degrees in public health or a related field (eg, law, applied statistics, administration, political science or economics), and 50% hold professional practice (MHA, MPH or DrPH) degrees, indicating that they are not only academically trained, but also proficient practitioners of public health. Research interests include infectious diseases, health disparities, obesity, women’s health, diabetes, depression, school health and health policy and finance. Adjunct faculty hold primary teaching appointments at Tulane University School of Public Health and Tropical Medicine, the University of Florida, Clayton State University and the University of Texas.

Faculty integrate perspectives from the field of practice through collaborations with and joint positions in a variety of public health agencies. One faculty member is the founder of a nonprofit organization. Many instructors are also members of important community health boards, committees and task forces, such as those associated with the Mississippi Rural Health Association. Others serve as consultants for the Mississippi Department of Health, the Louisiana Public Health Institute, the Mississippi Office of Highway Safety and several private sector healthcare organizations, including the Methodist Rehabilitation Center and Forrest General Hospital.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The program observes the university's policies for faculty recruitment, appointment, promotion and tenure. Faculty are governed by institutional faculty rights and responsibilities, as stated in the faculty handbook.

Hiring occurs at the departmental level. Faculty are employed through a contract system that is usually nine months for faculty and one year for faculty with administrative rank. Annual employment contracts of non-tenured faculty are renewable entirely at the discretion of the board upon the recommendation of the university president.

All faculty, regardless of tenure, are evaluated annually on their performance. This two-step review process requires faculty to submit an activity report, their curriculum vitae and any supporting materials to the department chair. All tenure-track faculty are expected to participate in research and service. While there are no requirements for service outside participation on departmental or college committees, faculty who met with the site visit team described the culture of community service exhibited by the program. Workforce development activities are also accepted in fulfillment of this requirement. As chair, the program director provides feedback on each faculty member's performance and, if deficiencies are identified, helps prepare faculty development plans.

Faculty development is provided at the departmental, college and university levels in support of teaching, research/scholarship and service excellence. New faculty hires attend a series of orientation sessions and are encouraged to participate in the Faculty First Year Experience program organized by the provost and the university Learning Enhancement Center. The experience consists of a series of seminars designed to familiarize new faculty with university processes. The LEC provides support to all faculty to assist with instructional design, the use of multimedia and other instructional technology, means to motivate students, the development of syllabi and handouts, etc. The Office of Research Administration and the Office of Research Support provide support for all elements involved in conducting research. Various forms of academic leaves of absence are available for faculty who qualify for them and salary stipends are available for summer session work.

Junior faculty who met with site visitors said they are largely satisfied with the support they received in the early years of their career. The program director recognized the limited number of senior-level faculty members available to assume mentoring roles. As stated in Criterion 3.1, he remains committed to hiring more senior research faculty who can serve in that capacity and replace those who recently retired.

The quality and effectiveness of faculty instruction is evaluated through student course evaluations and chair reviews. Students complete course evaluations at the end of each semester. Summary results become a component of annual faculty evaluations and are considered in decisions regarding promotion and tenure.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program employs a variety of methods to identify and attract highly-qualified student applicants.

The EMPH program manager and the graduate coordinator assume primary responsibility for student recruitment. University recruitment materials, program-specific printed materials and the DPH website are used to recruit MPH students. Though most recruitment activities are conducted at the college level, the department occasionally engages in program-specific recruitment activities. Such activities include information sessions at various health-related events at the Mississippi Public Health Association, the MS Nurses Association Annual Convention and the University Biannual Career Fair. The department also hosts open house activities coordinated by the Recruitment Committee.

Admissions criteria are clearly stated and easily accessible on the DPH website. Requirements include a minimum GPA of 2.75 in the last 60 hours of coursework. Applicants are asked to submit a personal statement, official transcripts, scores from a recent Graduate Record Examination (GRE) and three letters of recommendation, among other items. Applications may be submitted for consideration for the fall and spring terms.

The program engages in a competitive admissions process to identify students who are well-qualified and motivated to succeed. The graduate coordinator and the EMPH program manager review and process each application prior to the review of the Graduate Admissions Committee. The committee then makes its recommendation to the program director for final departmental approval. All applicants are approved for admission based upon their academic abilities and their interest in public health.

Nearly 87% of applicants who applied to the program in fall 2014 qualified for admission; 60% of those who were accepted followed through with enrollment. Although only 23 traditional MPH students and 13 EMPH students were enrolled in the program in fall 2014, the total student headcount for the most recently completed academic year, 2013-2014, was 122. The 2013-2014 headcount is consistent with the last three years of data and more accurately represents the annual student headcount, as the majority of

students enroll in the spring. The demand for the EMPH program, in particular, has steadily increased over the last three years (from 28 to 41 students per year) and is expected to continue to accelerate. The program director informed the team that no students were enrolled in any of the joint degree programs at the time of the site visit.

4.4 Advising and Career Counseling.

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

This criterion is met with commentary. A variety of academic advising and career counseling services are accessible to students, from the time of enrollment to graduation.

The graduate coordinator and the EMPH program manager serve as general advisors. Upon admission to the program, each student is assigned a faculty advisor. Students are encouraged to meet with their faculty advisors on a regular basis to discuss the curriculum, their career goals and future employment opportunities, and all students are required to attend priority advisement week each semester. During orientation, new students are informed about the curriculum, the course schedule and program competencies. The student handbook is also reviewed during discussions about program expectations, academic integrity, responsible conduct of research and requirements for degree completion.

Students access career counseling services through the university's Career Counseling Center. Southern Miss Career Services connects students with alumni, employers and a team of professionals with access to related resources, services and opportunities. Students receive personalized, one-on-one counseling, support with resume' and cover letter development, practice interviews and preparation for internships. Students and alumni also participate in career fairs and workshops.

Although there are no program-specific career counseling services, students are made aware of university-wide support systems via the USM website and the DPH listserv is used to advertise program-specific internship and job opportunities. Students who met with the site visit team were satisfied with these services and their professors' open-door policies.

USM enforces a clear set of procedures that govern student grievances and are articulated on the university website and in the student handbook. The Academic Integrity Committee assumes primary responsibility for reviewing and resolving student complaints. No formal complaints were filed in the last three years.

The commentary pertains to the fact that the program does not collect student feedback on academic advising and career counseling. USM administers a graduate exit survey that collects this information university-wide, but program-specific data is not available. The site visit team was presented with a copy

of the DPH exit survey that the program plans to disseminate to its fall 2014 graduates, but the instrument had not been implemented at the time of the site visit.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Southern Mississippi Master of Public Health Program

December 11-12, 2014

Thursday, December 11, 2014

- 8:30 am Request for Additional Documents
Susan Dobson, Instructor, and Undergraduate Coordinator, MPH
- 8:45 am Executive Session
- 9:45 am Meeting with Program and Department Administration
Amy Arrington, JD, Assistant Professor
Ala Cibotarica, MPH, Program Manager, EMPH, Adjunct Instructor
Winston Choi, PhD, Assistant Professor
Susan Dobson, MPH, Instructor, Undergraduate Coordinator
Danielle Fastring, PhD, Assistant Professor
Gina Fiorentini-Wright, Instructor, Practicum Coordinator
Susan Johnson, PhD, Visiting Assistant Professor
James McGuire, PhD, Associate Professor
Ray Newman, PhD, Chair and Professor
Vickie Reed, MPH, Graduate Coordinator, Adjunct Instructor
Yue Xie, PhD, Assistant Professor
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Amy Arrington, JD, Assistant Professor
Ala Cibotarica, MPH, Program Manager, EMPH, Adjunct Instructor
Winston Choi, PhD, Assistant Professor
Susan Dobson, MPH, Instructor, Undergraduate Coordinator
Danielle Fastring, PhD, Assistant Professor
Gina Fiorentini-Wright, Instructor, Practicum Coordinator
Susan Johnson, PhD, Visiting Assistant Professor
James McGuire, PhD, Associate Professor
Ray Newman, PhD, Chair and Professor
Vickie Reed, MPH, Graduate Coordinator, Adjunct Instructor
Yue Xie, PhD, Assistant Professor
- 12:00 pm Break
- 12:15 pm Lunch with Students
Najeem AlBalushi, Health Policy & Administration
Mike Connor, Epidemiology/Biostatistics
Wesley Dodd, Health Policy & Administration
Joyee Esters, Health Education
Brittany Howell, Health Education
Aaron Martin, Health Policy & Administration
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Amy Arrington, JD, Assistant Professor
Ala Cibotarica, MPH, Program Manager, EMPH, Adjunct Instructor
Winston Choi, PhD, Assistant Professor
Susan Dobson, MPH, Instructor, Undergraduate Coordinator
Danielle Fastring, PhD, Assistant Professor
Gina Fiorentini-Wright, Instructor, Practicum Coordinator
Susan Johnson, PhD, Visiting Assistant Professor
James McGuire, PhD, Associate Professor

Vickie Reed, MPH, Graduate Coordinator, Adjunct Instructor
Yue Xie, PhD, Assistant Professor

2:30 pm Executive Session

4:00 pm Meeting with Alumni, Community Representatives and Preceptors

Troy Daniels, Chief Officer of Human Resources, Forrest General Hospital, Preceptor
Dorah Moreno, MPH, Mississippi Department of Health, Preceptor
Ryan Kelly, MS, Executive Director, Mississippi Rural Health Association, Preceptor
Paxton Lowery, MPH (2012), Business Officer Coordinator of Work Well, VA, and Wesley EAP, Wesley Hospital
Marshae McNeal, MPH (2008), Prevention Coordinator, Pine Belt Mental Healthcare Resources, Hattiesburg, Mississippi
David A. Muns, MPH (2008), FACHE, Vice President System Development, Memorial Hospital of Gulfport, MS
Janice Robinson, MPH (2009), Southeast Mississippi Rural Health Institute, Preceptor
G. Edward Tucker, Jr., CPA, CMC, Chief Operating Officer, Mississippi Baptist Health Systems, Jackson, MS
James M. Turner DO, FCOFP, FCOEP, MPH (2014), Dean and Associate Professor of Medicine, William Carey University College of Osteopathic Medicine
David A. Williams CPA, MPH, FHFMA, MPH (2012), Partner, Horne LLP, CPAs and Business Advisors

5:00 pm Adjourn

Friday, December 12, 2014

8:00 am Meeting with Academic Leadership
Denis Weisenburg, PhD, Provost
William Powell, PhD, Associate Provost
Michael Forster, PhD, Dean College of Health

8:45 am Break

9:00 am Executive Session and Report Preparation

12:45 pm Exit Interview