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

REVIEW FOR ACCREDITATION

OF THE

MASTER OF PUBLIC HEALTH PROGRAM

AT

MOREHOUSE SCHOOL OF MEDICINE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
October 30-31, 2014

SITE VISIT TEAM:
Sylvia E. Furner, PhD, MPH, Chair
David T. Dyjack, DrPH

SITE VISIT COORDINATOR:
Brittney D. Lilly, MPH

Table of Contents

Characteristics of a Public Health Program

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

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

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

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

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

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

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

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

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

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

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 thati.7(7.5(y)11).9(3on8(v)-6.3(e)w3(e61d [7.5(o t)-2.3(i)-.4(r)-10.6( )]TJ)-6.2)]4-7.1n5(o t)-ce ag5(o t)-a.5( )-

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

1.3 Institutional Environment.

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

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

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

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

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

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

Academic policy recommendations are reviewed and approved by the university-wide Academic Policy

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

The SAPC appears to be the most robust committee, as meeting minutes reveal that the committee has met actively for the last year. The Curriculum Committee appears to be the newest committee and alse089 1(t)-1Tom81

Table 1. Sources of Funds and Expenditures by Major Category,

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

1.7 Faculty and Other Resources.

The program shall

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

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

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

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

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

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

Table 2 presents the program's degree offerings.

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

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

2.2 Program Length.

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

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

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

2.3 Public Health Core Knowledge.

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

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

biostatistics, epidemiology and health services administration contain learning objectives and competencies that display the knowledge and skills associated with the specific core content area. The environmental health sciences core course syllabus contains learning objectives but no competencies, and the social and behavioral sciences core course syllabus

Following a successful defense to the thesis committee, students are required to give a presentation that is open to the public.

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

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

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

During the site visit, reviewers were informed that competency self-assessments are conducted by students upon entering the program, at the end of their first year, prior to and subsequent to the summer field practicum and after all courses have been completed. However, data provided to the site visit team appear to indicate that the program is in its nascent stages of assessing student achievement of competencies, as self-assessment results for the mid- and post-assessments were not provided to the site team. Further, the pre-assessment results provided to the site team (taken by first year students in August 2013), reveal that students may not be thoughtfully assessing their knowledge of the program's competencies. For example, nearly 30% of incoming students

2.12

3.2 Service.

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

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

One of the program's distinguishing features is its emphasis on service to underserved communities, in support of a larger aim of creating a culture of lifelong personal and professional service among its graduates. This culture is cultivated through select academic courses and service-learning activities and is amplified by the SGA. The SGA reports recent service activities including clothing drives, organizing and overseeing community healt

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

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

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

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

The concern is that the program has not formalized its workforce development efforts to capture the extent of its involvement and impact in public health workforce development. As mentioned, reviewers did

All faculty members are appointed to one of five series at the time of initial appointment

The program began enrolling students in its generalist option in AY 2012-2013. In AY 2012-2013 and in AY 2013-2014, 56 and 60 students respectively applied to the generalist program, 26 and 28 were accepted, and 20 and 23 enrolled. The program attracts an applicant pool that is double the size of its intended enrollment numbers, which appears to allow the program

A formal academic grievance policy exists and is provided to students in writing. Responsibility for policy implementation is delegated to the program's education specialist. The program reports two academic grievances during the self-study period, both of which were satisfactorily resolved. The program provides

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

Alumni:
Raegan Tuff, PhD, MPH (2003)