REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT

AUGUSTA UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
    May 16-17, 2022

SITE VISIT TEAM:
    Amy Lee, MD, MPH, MBA, CPH—Chair
    Laura Biesiadecki, MSPH

SITE VISIT COORDINATOR:
    Galvin Jack, MPH

SITE VISIT OBSERVER:
    Kristen Varol, MPH, PMP, CHES

CRITERIA:
    Accreditation Criteria for Schools of Public Health & Public
    Health Programs, amended October 2016

Table of Contents

INTRODUCTION

The Medical College of Georgia (MCG) was founded on December 10, 1828. MCG was renamed Georgia Health Sciences University in 2011. In 2012, the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) approved the consolidation of Augusta State University and Georgia Health Sciences University to establish Georgia Regents University, with the Georgia Board of Regents formally ratifying the consolidation in January 2013. Georgia Regents University was then renamed Augusta University (AU) in 2015. AU incudes 10 colleges and schools, the AU Medical Center, the Children's Hospital of Georgia, and outpatient clinics. The university offers 60 bachelor's degrees, 44 master's degrees, 19 doctoral degrees, and 40 certificates. Fall 2020 enrollment included 9,565 students, with 5,675 undergraduate students (59%), 1,921 graduate students (20%), 1,326 professional students (14%), and 643 post-professional students (7%). The composition of the student body includes 64% female students and 72% full-time students. AU employs a total of 12,116 individuals, including 1,722 faculty.

In addition to CEPH, AU reports to over 20 specialized accrediting agencies in such areas as business, clinical laboratory science, computer science, education, nursing, and physical therapy. AU's organizational structure includes a senior leadership group of 12 officers who report to the university president. This group includes eight executive or senior vice presidents (academic affairs/provost, administration, finance, health affairs, legal affairs, medical affairs and integration, operations, strategic partnerships, and economic development) and four officers who oversee audits and compliance, athletics, information technology, and AU Medical Associates. The executive vice president for academic affairs and provost is responsible for the oversight of the 10 colleges and schools. The public health program is administratively located in the College of Allied Health Sciences.

The MPH degree was approved by the Board of Regents of the University System of Georgia in 2005, when the institution was known as the Medical College of Georgia and offered a single MPH in health informatics. After the program's initial accreditation in 2009, the program added concentrations in environmental health and health management. In 2015, the program developed the MD-MPH dual degree and MPH concentration in social and behavioral sciences. The MPH program is accountable to and has direct access to three senior institutional officials, i.e., the chair of the Department of Interdisciplinary Health Sciences, the dean of the College of Allied Health Sciences, and the dean of the Graduate School. The MPH program is accountable to the department chair for resource utilization and overall program quality, and the program reports to the Graduate School regarding student services and student learning outcomes. The Department of Interdisciplinary Health Sciences includes the MPH degree, an MS in allied health, a graduate certificate in public health, and a PhD in applied health sciences.

The MPH program director works with multiple self-governing committees and the AU Public Health Consortium to coordinate the program. Consortium leaders include faculty from the Institute of Public and Preventive Health (IPPH), the Medical College of Georgia, and the College of Allied Health Sciences, which houses the Department of Interdisciplinary Health Sciences. The consortium works with the MPH program director to support the MPH program in several ways such as identifying qualified faculty from different departments to teach required and elective MPH courses.

The program received initial accreditation from CEPH in 2009. Since the program's most recent full accreditation review in 2015, the Council has requested eight interim reports related to graduation rates and the didactic preparation and assessment of foundational competencies. The program had consultation visits with CEPH staff in March 2018, August 2019, August 2020, and October 2021 to address challenges in documenting compliance with the curricular components of CEPH's revised 2016 accreditation criteria. In December 2018, the program submitted substantive change notices to discontinue two of its MPH concentrations: environmental health and social and behavioral sciences due in part to reductions in faculty resources.

Instructional Matrix - Degrees and Concentrations					
Master's Degrees		**Academic**	**Professional**	**Campus-based**	**Distance-based**
Health Management			MPH	X	X
Health Informatics			MPH	X	X
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		**Academic**	**Professional**		
2nd Degree Area	**Public Health Concentration**				
Medicine	Either MPH concentration		MPH/MD	X	X

A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Designates appropriate committees or individuals for decision making, and implementation		Although the program's committees did not meet regularly during the COVID-19 pandemic, and the MPH faculty had limited meetings before June 2020, the program has established more consistent meetings in the last year. Concerns about the regular and ongoing collection and review of data by the program's committees is discussed in Criterion B5.

The program director serves as an administrator for the program and dedicates 0.10 FTE to the program; the remainder of his time is spent on activities outside of the MPH program. He does not teach program classes or advise program students as a regular part of his responsibilities. The current program director has served in the role for approximately two years; prior to that, the program had experienced turnover in the program director role, with five different individuals since 2015. Challenges in leadership continuity and communication have affected program activities, including evaluation and data review (discussed in Criterion B5), and making needed curricular updates to comply with current accreditation criteria. Current criteria were adopted in 2016, and compliance was required in 2018, but the program had still not completely integrated current curricular expectations at the time of the site visit, as noted in Criterion D7. | Click here to enter text. | The Council reviewed the self-study and team's report. Based on the totality of the evidence and the Council's independent assessment of the program's performance in this area, the Council acted to change the team's finding from met to partially met.

The concern relates to the program's lack of stable and effective administrative processes that are sufficient to conform to the conditions for accreditation. Specifically, the Council notes the extremely limited time and effort allocation to the program associated with the program director and the limited evidence of an established, functioning program-level governance structure. As noted in the team's report, there was a limited track record of program faculty meeting and limited evidence of faculty's regular engagement in decision making. |
| Faculty have opportunities for input in all of the following:
• degree requirements
• curriculum design
• student assessment policies & processes
• admissions policies & decisions
• faculty recruitment & promotion
• research & service activities | | | | |
| Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program | | | | |

Primary instructional faculty (PIF) and non-PIF participate on the following committees that have roles in policy making and program operations:

1) Capstone and Internship Committee – meets twice a year to develop, review, and establish the processes, guidelines, and deliverables for the internship and capstone courses; includes an MPH PIF and a student representative

2) Curriculum Committee – meets in the fall and spring to evaluate, recommend, and approve matters related to curriculum assessment, program improvement, and related policies; members consist of the MPH program director, one PIF, an MD/MPH faculty member, the educational program specialist, one ad-hoc faculty member, and a student representative

3) Student Engagement and Affairs Committee — meets twice a year in March and September to recommend policies, procedures, and events for MPH students to the program leadership; members consist of two PIF (co-chairs), the educational program specialist, and a student representative

PIF participate in decision making within the larger university. At the department level, public health faculty serve on the Promotion and Tenure Committee. At the college level, faculty serve on the Diversity, Equity, and Inclusion Initiative; Strategic Planning Team in Education; Promotion and Tenure Committee; and the Research Council. Public health faculty also serve on the AU Promotion and Tenure Committee, Senate Executive Committee, Well-being Committee, and the College of Nursing's Pre-Tenure Review Committee.

| | | Program faculty collaborate to establish degree requirements, curriculum design, and student assessment policies, adhering to university approval processes. Program faculty also determine MPH admissions and continuation criteria.

For faculty recruitment, the department chair and college dean appoint members of a search committee. The university's policies and procedures outline promotion and tenure guidelines.

PIF and non-PIF faculty interact with each other and with students, and this interaction is reflected in meeting minutes reviewed by the site visit team. During the site visit, faculty and students spoke of this interaction as well as more informal communication that occurs throughout the year. | | |

A2. MULTI-PARTNER SCHOOLS & PROGRAMS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

5

A3. STUDENT ENGAGEMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have formal methods to participate in policy making & decision making		Students have opportunities to participate in policy making and decision making through formal mechanisms, including the MPH Community Advisory Board, Curriculum Committee, Student Engagement and Affairs Committee, and the Health Promotion Student Association which is an MPH student club that is operated by students in the MPH program. Site visitors reviewed meeting minutes that verified attendance and input from students at committee meetings. The self-study states that the program conducts an annual student focus group each spring to collect additional feedback, and it was last convened in spring 2019.	Click here to enter text.	
Students engaged as members on decision-making bodies, where appropriate		During the site visit, students stated that they provide feedback to program faculty and participate in committee meetings. Students said that their input has resulted in changes, when needed. For example, one student stated that she expressed the desire to take courses in the summer to stay on track toward graduation, and the program created an independent study course for her to take in the summer.		

A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

B1. GUIDING STATEMENTS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		The program's mission is *"to study major challenges of contemporary public health and to prepare health professionals, scientists, and leaders for proficient application of interdisciplinary knowledge and skills of disease prevention, health care improvement, scientific research, and health promotion in diverse communities."*	Click here to enter text.	
Taken as a whole, guiding statements address instruction, scholarship, service				
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success		The program embraces seven values that guide its efforts toward its mission: collegiality, compassion, excellence, health and wellness, inclusivity, integrity, and leadership.		
Guiding statements reflect aspirations & respond to needs of intended service area(s)		The program outlines four goals that address 1) the preparation of graduates to tackle public health challenges, 2) engagement in the scientific study of major public health issues, 3) the recruitment of new students, including working professionals and minorities, and 4) support for professional and lay audiences, including the implementation of community-based projects.		
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes				

		Taken as a whole, site visitors determined that the statements define plans to advance the field of public health and promote student success.		

B2. GRADUATION RATES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & accurately presents graduation rate data for each public health degree offered Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees		The program tracks and reports graduation rates that exceed this criterion's threshold. MPH students are followed in a cohort from their first semester of enrollment until graduation or withdrawal from the program. Students are allowed five years to complete the program; many students enroll part-time. Based on the five years of data reported, of the 30 students who entered in 2017-18, four withdrew during the first year in the program, and four were still enrolled at the time of the site visit for a graduation rate of 73%. The remaining cohorts have not yet reached their maximum allowable time to graduate; however, enough students remain enrolled to meet or exceed the 70% threshold. The 2018-19 and 2019-20 cohorts have current graduation rates of 62% and 88%, respectively.	Click here to enter text.	

B3. POST-GRADUATION OUTCOMES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates' employment or enrollment in further education post-graduation for each public health degree offered		The program achieves high post-graduation placement rates and minimizes the number of unknown outcomes. Among the 22 graduates in 2019, 19 reported being employed, and three had unknown outcomes. For the 20 graduates in 2020, 16 reported being employed, and three reported not seeking employment or additional education by choice; one graduate had an unknown outcome.	Click here to enter text.	
Chooses methods explicitly designed to minimize number of students with unknown outcomes				
Achieves rates of at least 80% employment or enrollment in further education for each public health degree		The MPH program conducts a post-graduation survey each year to ask about the outcomes of its graduates. In addition to the annual survey, the program gathers alumni employment information through informal conversations between alumni and faculty/staff.		

B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		The program has administered an annual alumni survey each year since the last site visit. Response rates for the alumni survey fluctuated between 2016 and 2020 with the highest rate in 2017 (50%).	In response to CEPH's concerns about the AU MPH Program's ability to provide meaningful and valuable information on alumni perception of	The Council acknowledges the program's plans to collect useful data on alumni perceptions of the

Documents & regularly examines its methodology & outcomes to ensure useful data		In 2021, the program launched a new alumni survey to assess graduates' perceived impact of the education they received in the program based on their careers one to five years post-graduation. Data collection was completed over six weeks during July and August, and the program plans to maintain this schedule.	the curriculum, the program has revised the MPH Alumni Survey (see Attachment A).	curriculum and looks forward to reviewing the results.
Data address alumni perceptions of success in achieving competencies			We added to the open-ended questions to allow graduates to provide additional comments on the strengths and weaknesses of the program in enhancing student learning and success, and any recommendations they may have for improving the MPH program's curricular effectiveness.	
Data address alumni perceptions of usefulness of defined competencies in post-graduation placements		Alumni were asked to self-report on their perceived attainment of competencies and their ability to apply these competencies in a work setting; the survey focused on the 10 competencies used by the program prior to the program's adoption of the current foundational and concentration competencies required by these criteria.		

Using the online survey tool Qualtrics, the link to the survey was sent to alumni's email addresses and to LinkedIn, Facebook, and Twitter accounts with the alumni contact information the program had on file. The 2021 survey was distributed to 90 individuals and received 39 responses.

We gauge our graduates' perceptions of their preparation in the program through three (3) questions with write-in options.
a.   Skills that are most useful and applicable in post-graduation settings.
b.   Areas in which graduates feel best prepared.
c.   Areas in which graduates would have liked more training/preparation while in the MPH program.

More than half of the respondents agreed that they were able to retain knowledge and skills and use them in the workforce. All competencies were rated between 4.08 and 4.33 on a 5-point scale.

The concern relates to the program's inability to provide meaningful, useful information on alumni perceptions of the curriculum. The Likert-type questions do not provide sufficiently specific feedback to inform the program about areas of strength or opportunities for further emphasis, and the only two open-ended questions ask about 1) advice alumni would give to current job-seeking

We included 22 foundational competencies and five (5) concentration competencies in the quantitative section.

	■	students and 2) any general suggestions for the program (curricular or otherwise). Site visitors' review of the data affirmed that these open-ended questions were not sufficient to elicit specific information that could be used to improve the curriculum. Faculty explained that they plan to revise the survey to focus on current competencies and plan to continue to limit the competency items to 10; faculty could not articulate how they planned to prioritize or group the current foundational and concentration competencies to reach 10 items for the survey. During the site visit, faculty stated that informal conversations are held with alumni through face-to-face interactions and on social media sites such as LinkedIn, but those conversations have not been recorded or discussed at meetings.	We ask our graduates to assess their confidence in applying the foundational and concentration competencies in a post-graduation job setting. We use a 5-point scale ranging from (1) not confident at all, (2) slightly confident, (3) somewhat confident, (4) reasonably confident, to (5) completely confident. Finally, we created a shared folder within the program to collect documentation for any informal conversations between faculty and staff with alumni during social or professional events.	

B5. DEFINING EVALUATION PRACTICES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success	■	Based on information in the self-study and site visit meetings, reviewers determined that the program engages in limited program improvement. The program defines two to four evaluation measures for each goal and identifies data sources and parties responsible for review of the data. Meeting summaries indicate that faculty discussions occur related to reports, evaluations, and completed surveys. However, the program has qualitative	To address CEPH's first concern, we revised the evaluation plan by describing measures and methods sections for each goal (see Attachment B). The methods section includes the frequency, timing of data collection, and the responsible party for data collection and summarization. Then, findings are	The Council appreciates the program's response and notes the progress made in developing and implementing an evaluation plan. The Council looks forward to reviewing more complete evidence of data collection, review, and discussion.
Defines plan that is ongoing, systematic & well-documented.	■			

Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined responsible parties & cycles for review		and quantitative information compiled that is representative of some, but not all, of its data sources. The program identifies evaluation measures related to student success through learning outcomes, the internship, and student perceptions of program quality. Faculty and student scholarship is measured through numbers of publications and numbers of students participating in meetings. Access to education is measured by reviewing student demographic data and admissions data. Service is measured through a community partner list and faculty participation in extramural service activities. The program's data sources include student performance (based on MPH program student learning outcomes reports); faculty performance evaluations; student, exit, and alumni surveys; internship preceptor evaluations; and admission information. The program director, faculty, and department chair review most of the data when it is available. The first concern relates to the incomplete development of the evaluation plan. Although the program has the framework of an evaluation plan that aligns with its mission and goals, data are not collected and reviewed for some of the measures. For example, faculty effectiveness is measured through regular reviews of productivity, currency, instructional technique, and program-level outcomes; however, the program does not track data on a systematic basis. The program acknowledged that the lack of committee meetings, such as those for the Community Advisory Board, during the pandemic and the limited	discussed along with recommended actionable measures to improve instructional materials of the program in the respective self-governing committee. Finally, the recommendations are reviewed in the MPH Faculty Meeting, and resolutions are adopted for the Program Director to make the final decision. We update and follow the process for each measure systematically. The updated program evaluation methods will allow the MPH Program to routinely and systematically collect, analyze and track our data measures. As a testament to the positive impact of the updated program evaluation plan, several examples of improvements are included in the September 27 faculty meeting minutes. See Attachment C. To address the concern about paucity of data, we adopted the following additional information: 1. For measure 2 of goal 1, the MPH program started capturing students' status by adding part/full-time status, active/non-active	

| | | faculty meetings before June 2020 have made it challenging to maintain an ongoing process.

The second concern relates to the paucity of data related to many of the program's efforts and activities. The self-study identifies indicators that the program would like to track related to faculty instructional effectiveness, (Criterion E3), extramural service (Criterion E5), and diversity (Criterion G1) but notes that associated data would start to be tracked in spring 2022 or later. Additionally, the program's self-defined indicators include student success, scholarly research, access to education, and community service; however, at the time of the site visit, which occurred at the end of the spring semester, no progress had yet been made on these data collection efforts. Site visitors raised this concern with program and university leaders; the team was informed that data collection would be addressed in the future as part of the program's planned transition to a college of public health. | student, and reasons for withdrawing from the program.
2. The program updated the MPH Alumni and Employer Surveys (see Attachments A and D, respectively) to address CEPH's comments on the Likert scale. The current version will collect in-depth students' views qualitatively. We will implement the updated version of the Alumni and Employer Surveys immediately.
3. The Program Director collects data for the faculty effectiveness measures (annually during the July-August period) from the Annual Faculty Performance records through regular reviews of productivity, currency, instructional technique, and program-level outcomes using structured data | |

	 		collection tools (detailed in method section). 4. We revised data collection tools for E3, E5, and G1 and established guidelines for data collection, analysis, review, and actionable recommendations on these criteria.	

B6. USE OF EVALUATION DATA

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages in regular, substantive review of all evaluation findings, including strategic discussions.	 	The program reviews the limited evaluation findings that it has and uses this information to inform program improvements, as documented in the self-study and recent faculty meeting minutes. Faculty, administrators, students, alumni, and external stakeholders contribute to the evaluation process. The self-study provides examples that demonstrate that the program reviews its processes and operations and makes substantive changes, when needed. For example, after reviewing data on student times to complete the program and reasons for student withdrawal, faculty recommended that the maximum time to graduate be	Click here to enter text.	
Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.)	 			

| | | increased from four to five years; the university approved this recommendation in 2019.

During the site visit, faculty discussed additional examples of programmatic changes. For example, MPH students provided feedback that the internship was too long for students with other professional and personal commitments; the program responded by seeking additional input from preceptors to ensure that the experience would not be compromised and then reducing the number of contact hours from 125 to 75. | | |

C1. FISCAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings Financial support appears sufficiently stable at time of site visit		The program has adequate financial resources to meet its mission and goals. Funding for primary faculty salaries and operational costs are obtained through state appropriations and/or tuition. The University System of Georgia collects and manages student tuition and has oversight of student fees. Tuition is returned to the university in two ways: directly as tuition and as state appropriations. State appropriations and tuition together typically approximate the total funding that the program receives. The program defines operational costs as costs other than travel, such as accreditation fees, supplies, etc. Funds for faculty development are obtained by submitting a financial support request form to the dean of the College	Click here to enter text.	

		of Allied Health Sciences. The department chair and faculty indicated that most of these requests are approved. The College of Allied Health Sciences budget covers all PIF salaries in full. Non-PIF (who are full-time employees of the university) are paid by their departments through an agreement with the Public Health Consortium of AU. Additional faculty resources may be obtained through the AU Resource Alignment Hearing or by direct request to the provost. The Resource Alignment Hearing provides the dean with an opportunity to present and request new resources for the college. Faculty are encouraged to seek external research funding, but it is not a requirement, and there is currently no funding from extramural grants and contracts.		

C2. FACULTY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
School employs at least 21 PIF; or program employs at least 3 PIF		At the time of the site visit, the program did not have a sufficient number of faculty to provide instruction and to fulfill its stated mission and goals. During the visit, the program had three PIF, each listed in the self-study with a 1.0 FTE; reviewers learned that at least one PIF has teaching responsibilities in a degree program outside of the MPH program, which means that this individual's actual FTE to the program is lower than 1.0. In addition, the program has two non-PIF, each with a 0.12 FTE.	After the relocation of the program to the IPPH, the program has added three additional PIFs, five non-PIFs, a full-time program coordinator, and a full-time education specialist to support education and students' community involvement. See Attachments E through L for newly added faculty CVs, and Attachment M for an updated C2-1 table.	The Council reviewed the team's report and information in the program's response. Based on the program's response, the Council acted to change the team's finding of partially met to a finding of met, as the program's updated faculty resources meet this criterion's defined threshold.
3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable				
Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable				

Ratios for general advising & career counseling are appropriate for degree level & type		The self-study lists two PIF and one non-PIF for each concentration; however, one of the four individuals listed as a PIF left the university at the end of the spring 2022 semester.		
Ratios for MPH ILE are appropriate for degree level & nature of assignment		Each PIF's FTE is calculated based on 60% teaching effort, 30% research effort, and 10% service effort. The two non-PIF are full-time AU faculty who spend a majority of their		
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable	N/A	time in other degree programs, and the 12.5% teaching effort equals a three-credit course taught in the program per semester.		
Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable	N/A	The concern relates to the program's failure to meet this criterion's minimum requirement for PIF based on the concentrations offered. This criterion requires at least two PIF and one, additional qualified faculty member per concentration. As noted in the introduction to this report, the program discontinued two of its four concentrations since the last review due to faculty resource constraints; after the discontinuations, the program demonstrated the minimum level for its remaining MPH concentrations.		
Students' perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)				
Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)		With the departure of one PIF in 2022, the program falls below that minimum and cannot demonstrate compliance with this aspect of the criterion.

During the site visit, faculty indicated that they would begin the hiring process for a new PIF in fall 2022 but noted that the process would take at least a year. Until a new PIF is hired, teaching and advising responsibilities have been distributed among the three remaining PIF, all of whom already have a full workload.

At the time of the site visit, the program had 70 students. Among those, 32 were new students who were admitted | | |

in fall 2021 or spring 2022. The average student-faculty ratio for advising is 17:1, with a minimum of 13 students and a maximum of 20 students. The average capstone student-faculty ratio is 4:1, with the minimum being two students and the maximum being five.

The program conducts the current student survey in fall and spring semesters to all enrolled students; the most recent survey was administered in October 2021. Students were asked to rate the following statements: "The MPH program class size was conducive to my learning" and "In general, the faculty provide adequate support and are available to provide assistance with work including meeting outside of scheduled class times." Of the 65 students enrolled in the program at the time, 18 responded for a 28% response rate. Among respondents, levels of agreement were the same for both questions: 28% strongly agreed with each statement, 61% agreed, and 11% neither agreed nor disagreed.

The current student survey also includes open-ended questions that allow students to provide qualitative responses about their experiences. For example, students have shared that "class sizes are good" and there is a "very engaged faculty" that is approachable and willing to help. Students also responded that they would appreciate more interaction with faculty outside of online classes, that they would like to feel more connected with peers and faculty, and that it sometimes takes too long to receive grades on assignments.

Despite the limited faculty resources, students spoke positively about faculty accessibility and responsiveness. Students also indicated a strong interest in having the

		program director available to teach courses and advise MPH students.		

C3. STAFF AND OTHER PERSONNEL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Staff & other personnel are currently adequate to fulfill the stated mission & goals Staff & other personnel resources appear sufficiently stable		The program is supported by an educational program specialist who dedicates 0.33 FTE to the MPH program. He is also responsible for the two other programs in the department. The educational program specialist is responsible for updating the MPH program website and handbook; coordinating admissions, orientation, student advising, and graduation; attending recruiting events; preparing, distributing, collecting, and reporting program surveys; maintaining student records; and preparing annual reports and maintaining program files. The concern relates to the insufficient staff support available to the MPH program. The self-study acknowledges this deficiency and states that the program seeks to have a 1.0 FTE program coordinator and a 1.0 FTE educational program specialist to support students and faculty and to improve programmatic activities. Students and faculty said that additional staff support is needed to guide student's professional development opportunities, conduct student recruitment, and organize in-person student events.	The existing educational program specialist who dedicates 0.33 FTE to the MPH program continues to support the MPH program. In addition, we have added a 1.0 FTE program coordinator and are in the process of hiring a 1.0 FTE educational program specialist. See Attachment N for the updated C3-1 table and Attachment O for the job description, which is in the process of being posted.	The Council reviewed the team's report and information in the program's response. Based on the program's response, the Council acted to change the team's finding of partially met to a finding of met.

		Despite the program's limited staff resources, students spoke highly of the educational program specialist and said that he was extremely responsive and collegial. While program faculty told site visitors that plans were in place to increase staff support (through the planned establishment of a college of public health), the college dean told site visitors that he considers current staffing adequate to meet the needs of the program noting that other programs within the college are similarly staffed.		

C4. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs		The program's physical resources are sufficient to meet its instructional, research, and service needs. The program shares space across the AU Health Sciences campus. As most classes are conducted online, dedicated classroom space is not required. When space is needed, it can be reserved in the Jennings Building or the adjacent Health Sciences Building on AU's Health Sciences Campus. Faculty and the educational program specialist have dedicated office space.	Click here to enter text.	
Physical resources appear sufficiently stable				

C5. INFORMATION AND TECHNOLOGY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
Adequate library resources, including personnel, for students & faculty		Information and technology resources are adequate for public health faculty, students, and staff. Library services, including access to full-text scientific articles, are available by logging into the library's website. Physical library resources are accessed through the Robert B. Greenblatt, MD Library.

Students and faculty can retrieve and access software through the Information Technology unit. Information technology support is available by email, phone, or request form.

Faculty who met with site visitors indicated high satisfaction with the level of support provided by the IT department. They said that IT staff are available to orient faculty on the online instructional platform, Desire to Learn, including thorough one-on-one training and 24/7 technical support. | Click here to enter text. | |
| Adequate IT resources, including tech assistance for students & faculty | | | | |
| Library & IT resources appear sufficiently stable | | | | |

D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)		The program addresses the 12 foundational knowledge areas through six courses required of all MPH students. These courses provide graduate-level introductions to health promotion, environmental health, biostatistics, epidemiology, quantitative methods, and health policy and management.	Click here to enter text.	

		Site visitors confirmed that MPH students are grounded in public health foundational knowledge, as shown in the D1 worksheet.		

D1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (e.g., One Health)	Yes

D2. MPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		The program maps competencies to a set of eight courses. Some courses, such as STAT 7010, STAT 7130, and MPHC 8600, are mapped to both foundational knowledge (Criterion D1) and foundational competencies. Students enrolled in the MPH/MD program complete all of these courses. Reviewers determined that the program assesses	Competencies 2, 3, and 4 are covered by MPHM 8280 Advanced Research Methods in Public Health, a course required for all MPH students. See Attachment P for the updated syllabus.	The Council reviewed the team's report and program's response, including attachments. The program's response addresses the team's identified concerns; therefore, the Council acted to

		all MPH students on their ability to demonstrate most of the foundational competencies, as shown in the D2 worksheet.

The concern relates to the assessment of three of the 22 foundational competencies, specifically, competencies 2, 3, and 4. Although the program provided documentation such as course syllabi and assignment guidelines, and attempted to clarify during discussions with the site visit team, reviewers were unable to validate that students are adequately assessed on each of these competencies.

For competency 2, the assignment is for students to select the most appropriate data analysis approach (statistical tests or regression methods) to analyze data. Students also select and apply the most appropriate statistical tests; however, the assignment does not include the selection of qualitative data collection methods.

Competency 3 is mapped to two courses: STAT 7010: Biostatistics I and MPHM 8280: Research Methods in Public Health. MPHM 8280 appropriately assesses qualitative research. An assignment from STAT 7010 is labeled "qualitative (binary) data analysis," but site visitors determined that the assignment does not require students to demonstrate qualitative analysis techniques. Students use a numerical and categorical data set to develop a regression model that predicts whether someone has diabetes based on various socio-economic and health factors.

For competency 4, quiz questions in STAT 7130 ask students to calculate epidemiologic measures and discuss epidemiological concepts but do not cover interpretation | In MPHM 8280, a special online discussion board is titled "How do you choose from various quantitative and qualitative data collection methods in your project? List the options and show reasoning." (Comp 3).

Two other discussion boards focus on interpretation of results (Comp 4). Both discussion boards are scored. In addition, both section paper 2 and section paper 3 of this course requires demonstration of competencies in interpretation of data analysis for public health research, policy, or practice. The section papers also require students to demonstrate skills in analyzing quantitative and qualitative data, respectively.

STAT 7010 indeed does not require students to demonstrate qualitative analysis techniques. Such skills must be demonstrated in paper 2 assignment of the MPHM 8280 course.

We revised the EPID 7130 (formerly STAT 7130) syllabus to add four assignments focused on the interpretations of results of data | change the team's finding of partially met to a finding of met. |

of data analysis for public health research, policy, or practice.	analysis for public health research, policy, and practice. See Attachment Q for updated EPID 7130 syllabus and Attachment R for a description of the four assignments.	

D2 Worksheet

MPH Foundational Competencies	Health Informatics Yes/CNV	Health Management Yes/CNV
1. Apply epidemiological methods to the breadth of settings & situations in public health practice	Yes	Yes
2. Select quantitative & qualitative data collection methods appropriate for a given public health context	Yes	Yes
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate	Yes	Yes
4. Interpret results of data analysis for public health research, policy or practice	Yes	Yes
5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings	Yes	Yes
6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & societal levels	Yes	Yes
7. Assess population needs, assets & capacities that affect communities' health	Yes	Yes
8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs	Yes	Yes
9. Design a population-based policy, program, project or intervention	Yes	Yes
10. Explain basic principles & tools of budget & resource management	Yes	Yes
11. Select methods to evaluate public health programs	Yes	Yes
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence	Yes	Yes
13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes	Yes	Yes
14. Advocate for political, social or economic policies & programs that will improve health in diverse populations	Yes	Yes
15. Evaluate policies for their impact on public health & health equity	Yes	Yes
16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making	Yes	Yes
17. Apply negotiation & mediation skills to address organizational or community challenges	Yes	Yes
18. Select communication strategies for different audiences & sectors	Yes	Yes

19. Communicate audience-appropriate public health content, both in writing & through oral presentation			Yes	Yes
20. Describe the importance of cultural competence in communicating public health content			Yes	Yes
21. Perform effectively on interprofessional teams			Yes	Yes
22. Apply systems thinking tools to a public health issue			Yes	Yes

D3. DRPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D4. MPH & DRPH CONCENTRATION COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		The program defines at least five distinct competencies for each concentration and assesses all students at least once on their ability to demonstrate each concentration competency, as shown in the D4 worksheet. Each concentration maps its competencies to a set of three courses. The set of courses differ for each concentration. Students in the MPH-MD program complete all required concentration courses.	Click here to enter text.	
Assesses all students at least once on their ability to demonstrate each concentration competency		For the health management concentration, reviewers were unable to validate the didactic preparation of two of the five competencies (competencies 2 and 3) using information from the self-study. During the site visit, however, reviewers gained a better understanding of the didactic methods used in the courses mapped to the		
If applicable, covers & assesses defined competencies for a specific credential (e.g., CHES, MCHES)				

| | competencies and determined that the instruction is sufficient.

Similarly, the self-study did not provide adequate information about assessments in courses mapped to the health informatics concentration; however, the program provided additional documentation such as quiz questions and assignment guidelines during the visit that allowed reviewers to validate the competency set. | | |
|---|---|---|---|

D4 Worksheet

Health Management Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Integrate knowledge of employee relations, including risk management, health and safety issues, employee rights and discipline, and basic laws and regulations.	Yes	Yes
2. Explain the role of financial management within healthcare organizations; the role of accounting within financial management; and the use of electronic spreadsheets in financial accounting.	Yes	Yes
3. Use professional practices of financial management in healthcare organizations, including key accounting concepts, key financial statements, valuation of assets and equities, recording financial information, and input from outside auditor.	Yes	Yes
4. Apply principles of strategic planning and management in public health and health care administration.	Yes	Yes
5. Assess short term and long-term consequences of service continuity and major strategic decisions in management.	Yes	Yes

Health Informatics Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Assess key characteristics, functionalities, and infrastructures of health information systems and technology to improve health care and population health.	Yes	Yes
2. Discuss the role and applications of public health informatics in advancing public health practice and improve health outcomes.	Yes	Yes
3. Analyze secondary survey data to research and address a public health question.	Yes	Yes
4. Design statistical analyses to answer major public health questions using publicly available data sources.	Yes	Yes
5. Design data management processes to collect, organize, analyze, and interpret public health data.	Yes	Yes

D5. MPH APPLIED PRACTICE EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
All MPH students produce at least two work products that are meaningful to an organization in appropriate applied practice settings		The program's applied practice experience (APE) is a five-credit course that requires a minimum of 125 contact hours. The program has revised the APE, to be implemented in summer 2022, to be a two-credit course that requires a minimum of 75 contact hours. Faculty explained that the length was reduced in response to feedback from students; many are employed full time and found the number of required hours burdensome.	Click here to enter text.	
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
All students demonstrate at least five competencies, at least three of which are foundational		All MPH students are required to attend an annual internship/capstone orientation in preparation for the internship. The MPH internship coordinator (a rotating PIF) supervises the internship in consultation with a qualified preceptor at the internship site and the student's academic advisor. Academic advisors work with students to identify learning objectives and five competencies for the internship. At the end of the experience, following preceptor approval, products are reviewed by the student's academic advisor and the internship coordinator to confirm achievement of the selected competencies.

Examples of products developed by students include laboratory training handbooks, implementation plans, public health campaigns, research protocols, and data analysis plans.

To support students' search for a practical experience, the program maintains a list of possible internship | | |

		opportunities such as the local health department or other health departments in the region. Additional opportunities can be identified through faculty contacts, career/community fairs, or the AU Career Center. Representatives from stakeholder groups complimented the experience they had with student interns. For example, a representative of the regional AHEC had two interns and was applying for funds to extend the length of their service at the time of the site visit.		

D6. DRPH APPLIED PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		The integrative learning experience (ILE) is a required three-credit capstone, which entails a research-oriented project. Students must take the capstone course in the last semester of the program and are eligible to register after completing the internship (MPHC 8722). Students complete a full proposal submission, a monthly progress presentation, a research day presentation, and a written report. Students formulate a research question,	We have revised the evaluation criteria and process of the Capstone project in two ways, which will be implemented starting Spring 2023. One is by adding a student's written assessment in the monthly progress report. In addition to reporting the current status of completed and planned activities, students will be	The Council reviewed the self-study document, team's report, and information in the program's response, including attachments. Based on the program's response, the Council acted to change the team's finding of partially met to a finding of met, as the program's updated grading guidelines require
Project occurs at or near end of program of study				
Students produce a high-quality written product				

28

Faculty reviews student project & validates demonstration & synthesis of specific competencies		conduct a literature review, collect and analyze data, and present findings. Student are expected to incorporate three foundational competencies and one concentration competency into their ILE. A review of student samples from both concentrations from fall 2020 to fall 2021 indicated that students produce written products that are of high quality. For example, health informatics student products included a secondary analysis of Behavioral Risk Factors Surveillance System data, secondary analysis of the Midlife Development in the United States data, and collection and analysis of electronic health record alerts in a health system. Health management student products included a secondary data analysis of CDC Wonder data, a secondary data analysis of 2018 Health Information National Trends Survey, and secondary data analysis of the 2018 National Health Interview Survey. Forms for each project provided to reviewers indicate that assessment, to date, has been conducted based on the program's prior competency model, rather than current competencies. Faculty indicate with a check mark that students addressed competencies based on the student's description of how they completed the requisite number of domain competencies, cross-cutting competencies, and concentration competencies. The revised spring 2022 evaluation form asks students to select three foundational competencies and one concentration competency. The evaluation form requires that students reflect on how they achieved each	required to provide a self-assessment of their progress. This revised progress report would allow the project advisor to monitor students' mastery of the required competencies, but also serving as the basis for timely and effective feedback for students. See Attachment R. At the end of the semester, the project advisor will complete open-ended feedback (narrative assessment), detailing their evaluation of the student's overall performance on how successfully they demonstrated the mastery of competencies chosen at the beginning of the project. See Attachment S. At the end of each semester, the Program Director will review capstone assessments in the Faculty Meeting to ensure completeness and quality of the review.	faculty assessment of the integrative learning experience with regard to students' demonstration of the selected competencies.

competency, and faculty mark whether the student has met the criteria.

During the site visit, an alumna described her capstone experience, expressing satisfaction with the process. She said that she thought she was able to integrate her competencies into her final products.

The concern relates to faculty not evaluating final products for synthesis of specific foundational and concentration-specific competencies, as required by this criterion. All existing samples included a grading rubric that requires students to reflect on how they demonstrated types of competencies (core, cross-cutting, etc.) and for faculty to assess that this reflection "does not meet," "meets," or "exceeds" expectations. While there is space on the form for faculty to provide open-ended feedback, reviewers did not see any examples of comments based on the student samples provided.

D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D14. MPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
MPH requires at least 42 semester credits or equivalent		The MPH degree requires a minimum of 45 semester credits. MD/MPH students can transfer six credits or two courses from the MD curriculum into their MPH portion to fulfill six elective credit requirements. MD students can transfer credits from courses such as Introduction to Public Health, Introduction to Study Designs, Medical Informatics, and Introduction to Global Health. One semester credit equals one hour of direct instruction (a class hour is defined as 50 minutes) and a minimum of 100 minutes of out-of-class work/student academic engagement activities each week during the standard semester (15 weeks).	Click here to enter text.	

D15. DRPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D16. BACHELOR'S DEGREE PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D19. ALL REMAINING DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D20. DISTANCE EDUCATION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Instructional methods support regular & substantive interaction between & among students & the instructor		Students can complete either MPH concentration in a fully distance-based format. The program advertises itself as 90% online and 10% on campus; students must attend, at a minimum, three single-day campus seminars in person.	Click here to enter text.	

Curriculum is guided by clearly articulated learning outcomes that are rigorously evaluated		The program delivers online content through the Desire2Learn learning management system. AU has used this software since early 2013 and is making an effort across campus to offer more technology-infused curricula, when appropriate. Students receive an orientation to the system when they receive their student ID upon matriculation. The MPH student handbook includes phone numbers and contact information for instructional support if there are any technical difficulties using the system. The program records lectures using Echo360 and conducts web conferences through Microsoft Teams and/or Zoom. The AU Instructional Systems & Services team provides support to faculty in all aspects of academic technology. The program verifies student identify through unique usernames and passwords. In addition, all students come to campus at least occasionally to attend lectures and meet with faculty. Courses include group projects, video conferences, and discussion boards, which allow faculty and students to get to know each other. During the site visit, faculty stated that there is frequent communication with students through email and phone calls. Faculty also explained that they require students to use webcams during synchronous class meetings, discussions, and group assignments. Students who met with site visitors said that they appreciated the asynchronous format for most courses, which allows them to maintain other responsibilities such as full-time work.
Curriculum is subject to the same quality control processes as other degree programs in the university		
Curriculum includes planned & evaluated learning experiences that are responsive to the needs of online learners		
Provides necessary administrative, information technology & student/faculty support services		
Ongoing effort to evaluate academic effectiveness & make program improvements		
Processes in place to confirm student identity & to notify students of privacy rights and of any projected charges associated with identity verification		

		Distance-based courses follow the same quality control processes as traditional, campus-based courses. The MPH Curriculum Committee is responsible for evaluating current and proposed courses. The college's Curriculum Committee must approve new courses, and the dean of the Graduate School gives final approval.		

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience		The program's faculty are well qualified to teach and supervise MPH students. One primary faculty member has a doctoral degree in public health leadership and administration; a second primary faculty member has a doctoral degree in biomedical informatics; and the third primary faculty member has a doctoral degree in public health informatics. Faculty member education and employment history demonstrate experience in administration, teaching, and research.	Click here to enter text.	
Faculty education & experience is appropriate for the degree level (e.g., bachelor's, master's) & nature of program (e.g., research, practice)		Faculty and staff turnover and the discontinuation of two concentrations from the program have caused a decline in the faculty complement's range of disciplinary training and experience. Students who met with site visitors noted that the reduced concentration offerings constrain their exposure to the breadth of public health disciplines but praised faculty members' preparation in the disciplinary areas where they provide instruction.		

E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice		The program integrates perspectives from the field of practice in a variety of ways. Among the faculty is an assistant professor who participates in local health department disaster drills and an associate professor who works with state and local health departments in Georgia. Faculty convert these interactions into opportunities for field experiences and guest lectures.	Click here to enter text.	
Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels		The program encourages practice links to other clinical disciplines including nursing, dentistry, and pharmacy within the Health Science campus. The program also supports links and connections to community and regional healthcare organizations. Examples of direct engagement with state and local health departments were less prevalent.		
Regularly involves practitioners in instruction through variety of methods & types of affiliation		The program identifies opportunities for healthcare and public health stakeholders to participate as guest lecturers. For example, one faculty member has invited practitioners from the VA Medical Center, the emergency preparedness team of the Georgia East Central Health District, and the Georgia Department of Public Health to deliver guest lectures. During the site visit, faculty stated that the program has not used adjunct faculty since the start of the pandemic, but the program does plan to incorporate more adjunct faculty once COVID-19 concerns are less salient.		

E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Systems in place to document that all faculty are current in areas of instructional responsibility		The program has systems in place to ensure that faculty are current and skilled in their teaching. The college's faculty handbook describes faculty responsibilities and policies regarding teaching, scholarship, and service. It also outlines promotion and tenure guidelines and processes. The department chair reviews each faculty member through the annual faculty evaluation process. All faculty undergo an annual performance evaluation with the department chair in which they identify their own goals for teaching, research, and service, and identify strategies for achieving the goals. Faculty in the department are reviewed with the expectations of 70-80% teaching, 10-20% scholarship, and 10% service. The program director receives faculty evaluation documentation and provides feedback on non-PIF to their respective department chairs. Additional opportunities for evaluation are available throughout the year, including student course evaluations, which are centrally managed through the university; these evaluations are reviewed by the program director, department chair, and dean. Course evaluations are also considered in the tenure and promotion process. The program provides primary faculty with financial support for traveling to meetings, seminars, and	Click here to enter text.	
Systems in place to document that all faculty are current in pedagogical methods				
Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction				
Supports professional development & advancement in instructional effectiveness for all faculty				

37

		conferences. The college also provides financial support for instructional and scholarship efforts. The university offers several resources for faculty development, including educational conferences, seminars, and training. The AU Office of Instruction and Innovation also offers resources. During the site visit, faculty discussed a university training seminar on how to use online software such as D2L. The program director stated that the IT department will create demo courses to help train faculty on using the online software. The university also holds seminars for new faculty for technical and instructional support. The program has selected three indicators to demonstrate its instructional effectiveness efforts: 1) faculty currency, 2) faculty instructional technique, and 3) program-level outcomes. However, the program did not provide any data or reflection on these measures, and faculty said that data would be collected in the future. This lack of data is discussed in Criterion B5. During the site visit, it was evident to reviewers that all faculty maintain currency in their fields through conferences, networking with colleagues, and literature reviews. The program director and faculty review course evaluations and ask students about their satisfaction with teaching. In addition, students who met with site visitors were complimentary of faculty members' teaching abilities, and external stakeholders said that they were pleased with the quality of students and the knowledge and skills they possessed.		

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Policies & practices in place to support faculty involvement in scholarly activities		AU is a teaching-focused university and faculty have 10-20% FTE dedicated to research. Faculty have access to university-level professional development funds to attend trainings, workshops, and conferences. The Department of Sponsored Program Administration supports grant writing and the acquisition and administration of federal, state, and non-profit funds. The College of Allied Health Sciences also provides limited funding for faculty to support scholarly projects. The Intramural Grants Program assists and encourages faculty to develop research programs that can successfully compete for extramural funding, encourages collaborations, and provides bridge funds, when applicable. Applications are accepted three times per calendar year. During the site visit, the team learned that two faculty members in the program had recently received intramural funds for research and were currently looking for student assistants. Review of faculty CVs indicate that faculty are currently or have been involved in scholarly activities in recent years. For example, a faculty member has been approved for a grant and starts his research on productivity and expansion in biomedical research in September 2022. Another faculty member published an article in 2021 about local health departments' engagement in activities to address opioid use and abuse; she also contributed to	``	
Faculty are involved in research & scholarly activity, whether funded or unfunded				
Type & extent of faculty research aligns with mission & types of degrees offered				
Faculty integrate their own experiences with scholarly activities into instructional activities				
Students have opportunities for involvement in faculty research & scholarly activities				

		another article in 2021 on community characteristics and COVID-19 outcomes. Faculty incorporate their research activities into the instruction of MPH students in a variety of ways. For example, one faculty member added her article on public health informatics during the COVID-19 pandemic as a required reading in MPHI 8100: Healthcare Information Content, Standards, and Structure. During the site visit, faculty gave additional examples, such as talking about their research related to data mining in the capstone course. Faculty also involve MPH students in research by engaging them as non-compensated graduate research assistants. During the site visit, faculty shared examples of current research efforts, including an NIH grant on investigating public health success stories; the lead faculty member said that he will be seeking an MPH student to assist. Another faculty member described a research project on the immigrant health paradox, and an MPH student is assisting with this work. During the site visit, students stated that they receive email solicitations on research opportunities on a regular basis. The self-study lists three indicators to measure faculty research and scholarly activities: 1) number of students advised (target of 12 each year), 2) number of articles published in peer-reviewed journals (target of 10 each year), and 3) presentations at professional meetings (target of four each year). The self-study indicates that the program has met its targets except for the number of		

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding
		presentations at professional meetings, only meeting the target once in the last three years.

However, discussion during the visit suggests some challenges with interpreting the self-study data on the other two indicators to assess the program's success in faculty scholarship. It appears that the indicator of "number of students advised" relates to general advising of MPH students, rather than advising related to research activities. Site visitors learned that the published articles indicator includes abstracts submitted by faculty members, which may or may not have reached publication. |
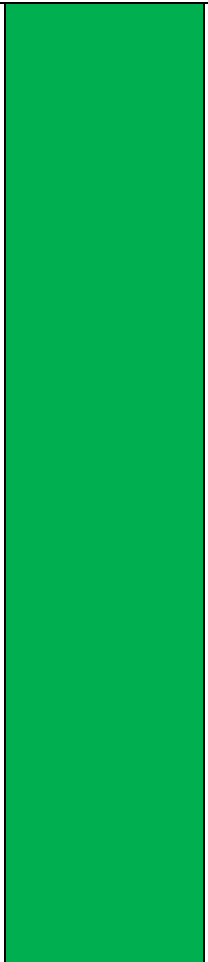
E5. FACULTY EXTRAMURAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines expectations for faculty extramural service		Faculty service is defined as applying a faculty member's knowledge, skills and expertise as an educator, a member of a discipline or profession, to benefit students, the university, the discipline, or profession and the community in a manner consistent with the mission of the university and the campus. Service is considered for tenure and promotion purposes.

Examples of faculty extramural service include organizing community health fairs, engaging in Department of Health and Human Services federal review panels, and serving on editorial boards. | Click here to enter text. | |
| Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means | | | | |

| | | Similar to Criterion E3, the program has selected indicators related to its extramural service efforts (i.e., percent of faculty participating in practice activities, number of faculty-student service collaborations, and number of community-based service projects); however, the self-study states that these measures will start to be considered in spring 2022. During the site visit, program and university leaders said that as the program pursues its planned transition to a college of public health, additional resources will make data collection and review more manageable. | | |

F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences		The program has a Community Advisory Board whose members consist of academic administrators, practicing public health professionals, researchers, and a student representative. The program engages this Community Advisory Board to understand the needs of the public health workforce and essential skills for MPH students. The program gathers feedback from public health organizations through these meetings.

Meeting minutes show that the program discussed its guiding statements with the Community Advisory Board at its June 2021 meeting. This meeting identified action items such as the need to develop a vision statement and a shorter, more focused mission statement. The program also has an ad hoc Self-Study and Accreditation | Employer information is collected in the annual Alumni Survey. See Attachment A. The questions are mostly open ended and will solicit input regarding the relevance and completeness of their employee's public health professional skills. The newly graduated alumni will recommend the employer representative/supervisor to be contacted for the employer survey. See Attachment D. | The Council reviewed the program's response to the team's report and looks forward to reviewing evidence that the program has collected useful information from graduates' employers. The Council notes that most units with successful employer data systems do not rely solely on surveys, though this approach can comply with criteria if the program receives sufficient responses to constitute useful data. |
| Ensures that constituents provide regular feedback on all of these:
• student outcomes
• curriculum
• overall planning processes
• self-study process | | | | |
| Defines methods designed to provide useful information & regularly examines methods | | | | |

| Regularly reviews findings from constituent feedback | | Committee that includes external partners from the Community Advisory Board and AU's Institute of Public and Preventive Health; this committee supported the program's self-study process.

The most recent meeting during the time of the site visit was held on April 1, 2022. In the meeting, the program discussed program updates and competencies related to the public health workforce. Other topics such as recruitment strategies, program priorities, and student involvement are also discussed at CAB meetings.

The concern relates to the program's ad hoc process of collecting feedback from employers of its MPH graduates. Although faculty have conversations with employers, such as when attending state conferences, there are no methods in place to document these conversations or to ensure that this feedback supports decision making related to the curriculum. Faculty who met with site visitors could not provide any notes related to these discussions, describe a consistent process of sharing this feedback with other program representatives, or give examples of feedback received. The program must ensure that it regularly collects information from employers that addresses areas in which MPH graduates are well prepared and areas that would benefit from greater focus in the MPH curriculum. | | |

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Makes community & professional service opportunities available to all students		Students are introduced and encouraged to participate in service activities through the program's orientation, MPH courses that use community-engaged learning strategies, the Health Promotion Student Association, College of Allied Health Communication Channel, and AU's news outlet: *JagWire.*	Click here to enter text.	
Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field		Site visitors were able to obtain examples of student engagement in professional and community service that occurred over the past three years. For example, students attend weekly seminars and lectures with public health leaders as part of the Institute of Public and Preventive Health Summer Public Health Scholars Program. The institute's faculty members mentor interns and expose them to the breadth of public health. Students work closely with faculty members on existing or planned research on a specific public health issue.

MPH students also joined COVID-19 Contact Tracing Teams, hosted by the Georgia Public Health Department.

The School of Nursing, College of Allied Health, Institute of Public and Preventive Health, and McCorkle Nurseries, Inc. collaborated to sponsor a health fair to provide health screenings for full-time employees and migrant workers who come annually from Mexico through the H2A Visa Program. MPH students who are members of the Health Promotion Student Association were able to learn about | | |

		how to plan this type of health fair by talking with organizers and attending the event.		

F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Periodically assesses, formally and/or informally, the professional development needs of individuals in priority community or communities		The program identifies its professional communities, for which it can support ongoing professional development, as follows: the Georgia East Central Health District, the Georgia Statewide AHEC Network, and faculty colleagues from other schools and departments who provide direct patient care through AU's hospitals and clinics.

In 2015, the program deployed a survey for employees of the local health department to assess their interest in a graduate certificate in public health. Among respondents, 79% (n=76) said that they were somewhat to extremely interested, and the program subsequently developed a certificate. When the program developed the survey in 2015, it planned to administer it every five years; however, due to COVID-19 and increased faculty workloads, a second administration of the survey had not yet happened at the time of the site visit.

In addition to the formal survey developed by the program, faculty also use their professional relationships to collect information about continuing education and training opportunities in which the program can participate. During the visit, faculty provided the following example: faculty of the School of Dentistry and the School of Nursing expressed a need for training on the evaluation | | The Council reviewed the self-study and team's report. Based on the totality of the evidence, the Council acted to changes the team's finding from met to met with commentary.

The commentary relates to the irregularity of assessment of professional development needs and the program's apparent past focus on serving faculty colleagues rather than public health practitioners. |

		of health screenings and how to use data from those screenings in research projects. Training faculty colleagues in evaluation skills is minimally within this criterion's intent. Because the training need involved public health-relevant areas of screening and program evaluation, and because these individuals intend to apply the skills in community and patient-care settings, there is some connection to professional development; however, this criterion intends to focus on the public health workforce, broadly defined, rather than university faculty.		

F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Provides activities that address professional development needs & are based on assessment results described in Criterion F3		Based on discussions during the site visit, reviewers were not able to confirm that the program currently provides activities that address professional development needs for the community. After the program reviewed the results of the survey that was administered to the health department in 2015, individuals in the community requested that the program offer a certificate; in response, the program developed its Public Health Certificate, which includes five core courses (15 credits total). At the time of the site visit, three students were earning the certificate. Additionally, the MPH program provided training in December 2021 to the School of Dentistry on how to format, distribute, and analyze surveys used in dental screenings. The program has provided similar training in	Click here to enter text.	The Council reviewed the self-study and team's report. Based on the totality of the evidence and the Council's assessment of the severity of the issue, the Council acted to change the team's finding from met to partially met. The concern relates to the fact that the program has not provided any professional development for the public health workforce community since the 2015 development of the certificate program, as confirmed by faculty and community partners. Education for faculty colleagues in clinical health sciences is not within

46

	■	program evaluation to faculty from the School of Nursing. As noted in Criterion F3, these activities minimally align with this criterion's intent. During the site visit, reviewers asked community partners about how the program responds to their professional development needs; meeting attendees were not familiar with the program's efforts in this area and could only address how the program trains matriculated MPH students.		the Council's intended scope for professional development; these individuals may incidentally benefit from education designed for the public health workforce, but faculty colleagues are not within this criterion's intended scope.

G1. DIVERSITY & CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Defines appropriate priority population(s)		The program defines its priority populations as students, faculty, and staff who are veterans; persons with a disability; Black, Indigenous, People of Color (BIPOC); and residents of rural Georgia. The program specifies goals that align with AU's Office of Diversity and Inclusion goals: 1) create an environment that is welcoming of diversity, equity, and inclusion; 2) increase diversity of students, faculty, and staff within the MPH program; and 3) provide ongoing training/education to support DEI. To recruit diverse students, the program established a program-level Diversity, Equity, and Inclusion Committee, which includes faculty, staff, and student representatives. The committee has a list of actions for each of the goals,	In response to your comment on quantitative or qualitative data, we updated our data collection tool known as the MPH DEI Survey. See Attachment U. The MPH Program works directly with the Augusta University Office of Diversity and Inclusion to increase inclusivity, promote equity, and cultivate a welcoming environment for all students, faculty, and staff across campus. The ODI has expert personnel and strategies to collaborate in joint efforts with the Graduate School for targeted recruitment events each semester.	The Council reviewed the program's response to the team's report. While the planned efforts appear positioned to potentially collect data on currently-enrolled students each term, the response acknowledges no immediate efforts to track faculty diversity. Additionally, the response does not identify any additional strategies to address identified priority populations other than BIPOC individuals. The Council looks forward to reviewing future reporting that demonstrates compliance with this criterion's expectations.
Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals				
Learning environment prepares students with broad competencies regarding diversity & cultural competence				
Identifies strategies and actions that create and maintain a culturally competent environment				
Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)				

Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s)	🟩	which include creating interview guides for student and faculty group discussions, proposing a faculty mentoring program meant to recruit and retain faculty, recommending diversity training courses for faculty, promoting diverse guest lecturers, and organizing a diversity social event. The program also intends to recruit and maintain students through admissions strategies, such as working with high schools and undergraduate programs to promote health professions degrees and developing recruitment materials meant for diverse audiences as well as establishing scholarships. Although the program does not track all priority populations, it does track data on BIPOC.	We plan to adopt a similar approach to track faculty and staff diversity when the program transforms into a School of Public Health. In the meantime, the MPH program will implement the following steps:
Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies	🟥		
Perceptions of climate regarding diversity & cultural competence are positive	🟨	The self-study explains that the program intends to identity best practices to recruit and maintain diverse faculty. For example, faculty are encouraged to attend diversity trainings and apply for small grants. To maintain a culturally competent environment, university initiatives include the Diversity and Inclusion Summit 2020 and 2021 and the University System of Georgia's African American Male Initiative that is meant to increase the number of African American males who complete post-secondary education. The self-study also lists three assignments from three courses that include elements of diversity, such as the Fundamentals of Health Promotion reflection paper that discusses incorporating cultural values in an intervention. To illustrate its successes in increasing representation, the program presents data showing that over 50% of accepted	1. The Educational Specialist (EDS) will collect student demographic data for each admission cohort after the withdrawal date of the semester utilizing information from the AU Registrar's Office records. 2. EDS will send the MPH DEI Survey using Qualtrics during the midterm week of each semester to the newly enrolled students. 3. EDS will generate a report for the Program Director at the end of each fall and spring semester. 4. The Program Director (PD) will review both reports with faculty in the December MPH Faculty Meeting. 5. The PD will share summary data with the ODI

| | | students were BIPOC for the last four years. In 2018, 57% (13/23) were BIPOC students, of which 4/13 were Black or African American. In 2019, 61% (11/18) were BIPOC; in 2020, 67% (10/15) were BIPOC; and in 2021, 52% (24/46) were BIPOC. Similarly, more than 75% of the faculty are from non-white groups (all Asian).

The program assessed student perceptions of the climate regarding diversity and cultural competence using a modified university survey. Answers ranged from 53% feeling a sense of belonging to 100% feeling safe among other students expressing views and opinions in online discussion forums and interactions. Statements on agreement that the program fosters a safe and welcoming environment and that courses actively foster an appreciation for diversity were in the 65-82% range. Faculty were not surveyed, but they told site visitors that they are collegial and meet on a regular basis.

During the site visit, students indicated that they thought the environment and faculty are welcoming and that their classmates are diverse. Students said that some faculty include ice breaker sessions in classes so that everyone can get to know each other better. Some of the students remarked that they were impressed with the program's culture.

The concern relates to the fact that the program has no identified strategies and no quantitative or qualitative data to inform its efforts with identified priority populations other than BIPOC individuals. No data are available on students, faculty, or staff who are veterans, persons with a disability, or residents of rural Georgia. Without information about the program's success in recruiting and | to strategically plan for the next recruitment cycle. | |

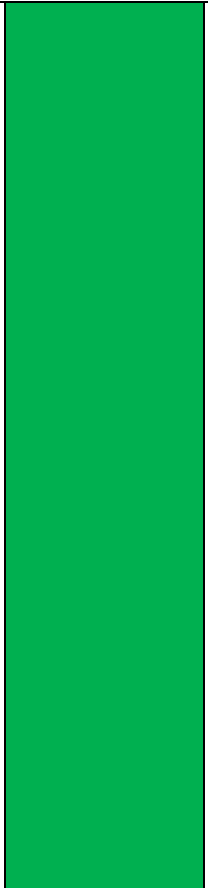|		admitting these students or hiring and retaining these faculty and staff, the program cannot regularly review these data to inform its strategic initiatives.		

H1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have ready access to advisors from the time of enrollment		All MPH students are assigned a faculty advisor, who is a PIF, at the time of enrollment. In the first semester, faculty advisors contact their assigned students, and students are also encouraged to contact their academic advisors at least once a semester. Faculty provide advisement on coursework, research, internships, community service, and career counseling. Students can meet with faculty during posted office hours or schedule appointments anytime throughout the year.

The educational program specialist assigns faculty advisors, according to the student's chosen concentration and balancing advisees among the faculty. During the site visit, faculty stated that they advise 12 to 20 students, which includes students who were previously advised by the PIF who left at the end of the spring 2022 term. Students are free to change advisors, although site visitors were told that this rarely occurs. Faculty use concentration track advisement sheets to help students monitor their progress through the plan of study.

The orientation process is a mandatory session at which students meet with the educational program specialist and faculty, who welcome students to the program. The | Click here to enter text. | |
Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study				
Qualified individuals monitor student progress & identify and support those who may experience difficulty				
Orientation, including written guidance, is provided to all entering students				

		program provides students with information on registration and program requirements, as well as the student handbook, internship manual, and capstone manual. The program assesses student satisfaction with advising every semester with the question "I am satisfied with academic advisement from the MPH program." While 39% of students' feelings were neutral about this statement, about 56% of students agreed or strongly agreed. During the site visit, faculty agreed that they were trained in orientation and advising procedures. Students and alumni present during the site visit expressed satisfaction with orientation and advising, although some stated that they would have liked their advisor to contact them at the beginning of the program, rather than later in the first semester because they had questions about course registration and other initial processes.		

H2. CAREER ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice		Students receive career advising at both the program and university levels. The AU Office of Career Services consultant assigned to the MPH program assists with career planning and development, including networking and resume review. Program faculty provide information about job and internship opportunities through emails and the program's website and write letters of	Click here to enter text.	
Variety of resources & services are available to current students				

| Variety of resources & services are available to alumni | | recommendation. Faculty also refer students to the public health job market, career sites, and job opportunities from personal contacts. The MPH internship course also provides career advising through student conversations with the internship coordinator.

The self-study includes examples of students using formal career advising services provided by AU's Office of Career Services. For example, eight MPH students received resume reviews in 2021, and seven students met with Career Services staff.

The most recent student survey indicated that faculty assist students with job-related decisions. One student indicated that Career Services did a good job addressing their needs.

During the site visit, students and alumni stated that faculty were responsive and helpful related to their career development and in identifying job opportunities. Site visitors learned that alumni did not believe they have continued access university-level career services; however, they still maintain relationships with program faculty and receive guidance about their career development and progression. | | |

H3. STUDENT COMPLAINT PROCEDURES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern formal student complaints & grievances		The program has policies and procedures to govern student complaints and grievances. The policies are applied to all students and are available to students in online materials, including the student handbook.

Formal complaints and academic appeals are filed according to university policy. The steps include 1) filing a formal complaint to the MPH director; 2) appealing decisions to the dean of the Graduate School; 3) review by the Appeals Committee, including oral and written testimony; and 4) possible further appeal of the decision to the university president.

There have been no formal complaints or grievances issued against the program and/or its faculty in the last three years. Students indicated awareness that grievance procedures are available in the student handbook. | Click here to enter text. | |
Procedures are clearly articulated & communicated to students				
Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel				
Designated administrators are charged with reviewing & resolving formal complaints				
All complaints are processed & documented				

H4. STUDENT RECRUITMENT & ADMISSIONS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study &		Student recruitment strategies include distribution of MPH information (program flyers and application instructions), participation in career fairs (such as the annual Graduate School Fair), and the program's website.	Click here to enter text.	

developing competence for public health careers		Marketing materials are generalized to allied health professions and not specific to public health. Faculty and staff who met with site visitors explained that participating in recruitment activities has been a low priority given the limited personnel available to the program.		
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers		Admission guidelines are developed by faculty. The program director and two faculty members make admissions recommendations to the Graduate School, who makes the final decision. The inclusion of an applicant's prior work experience and references, in addition to GPA and GRE scores, allows the program to identify students with the capacity for and interest in a career path in public health. During the site visit, reviewers learned that since the beginning of the pandemic, the program no longer requires GRE scores for admission. The program also modified its GPA admissions standards during the pandemic to broaden the applicant pool. Alumni and stakeholders who met with site visitors expressed a strong appreciation for the quality of the program and graduates' skills. As a result, they wanted to see more staff and financial resources devoted to student recruitment to expand the program and to raise the visibility of the importance of public health throughout the state.		

H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		All catalogs and bulletins used to describe educational offerings are publicly available on the program's website. Documents related to public health degrees are located on the College of Allied Health Sciences webpage. Site visitors found the student handbook to be comprehensive, and the program's limited promotional and recruitment materials contain accurate information for prospective students.	Click here to enter text.	
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements				
Advertising, promotional & recruitment materials contain accurate information				

Sunday, May 15, 2022

5:00 pm   **Site Visit Team Executive Session 1**

Monday, May 16, 2022

8:00 am   **Site Visit Team Hotel Pickup**

8:20 am   **Team Setup on Campus**

8:30 am   **Program Evaluation**

Participants	Topics on which participants are prepared to answer team questions
Andrew Balas, MD, PhD; MPH Program PIF *Monirul Islam, MD/MBBS, MPH, PhD; MPH Program Director*	*Guiding statements – process of development and review?*
Tran Nguyen, DRPH, MPH, MT(ASCP)SCCMP; MPH Program PIF *Yoon Ho Seol, PhD; MPH Program PIF*	*Evaluation processes – how does program collect and use input/data?*
Raymond Chong, PhD; Department Chair *Monirul Islam, MD/MBBS, MPH, PhD; MPH Program Director*	*Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?*
Raymond Chong, PhD; Department Chair *Monirul Islam, MD/MBBS, MPH, PhD; MPH Program Director*	*Budget – who develops and makes decisions?*
Total participants: 5	

9:30 am   **Break**

9:45 am   **Curriculum 1**

Participants	Topics on which participants are prepared to answer team questions
Tran Nguyen, DRPH, MPH, MT(ASCP)SCCMP; MPH Program PIF and Andrew Balas, MD, PhD; MPH Program PIF	*Foundational knowledge*
Tran Nguyen, DRPH, MPH, MT(ASCP)SCCMP; MPH Program PIF *Andrew Balas, MD, PhD; MPH Program PIF* *Monirul Islam, MD/MBBS, MPH, PhD; MPH Program Director*	*Foundational competencies – didactic coverage and assessment*
Andrew Balas, MD, PhD; MPH Program PIF	*Concentration competencies – development, didactic coverage, and assessment*

Yoon Ho Seol, PhD; MPH Program PIF	
Total participants: 4	

11:00 am   **Break**

11:15 am   **Curriculum 2**

Participants	Topics on which participants are prepared to answer team questions
Tran Nguyen, DRPH, MPH, MT(ASCP)SCCMP; MPH Program PIF Yoon Ho Seol, PhD; MPH Program PIF Phillip McCants, Education Specialist for MPH Program	Applied practice experiences
Tran Nguyen, DRPH, MPH, MT(ASCP)SCCMP; MPH Program PIF Yoon Ho Seol, PhD; MPH Program PIF Andrew Balas, MD, PhD; MPH Program PIF Phillip McCants, Education Specialist for MPH Program	Integrative learning experiences
Total participants: 5	

12:15 pm   **Break & Lunch in Executive Session**

1:00 pm   **Instructional Effectiveness**

Participants	Topics on which participants are prepared to answer team questions
Tran Nguyen, DRPH, MPH, MT(ASCP)SCCMP; MPH Program PIF	Currency in areas of instruction & pedagogical methods
Yoon Ho Seol, PhD; MPH Program PIF	Scholarship and integration in instruction
Andrew Balas, MD, PhD; MPH Program PIF	Extramural service and integration in instruction
Raymond Chong, PhD; Department Chair	Integration of practice perspectives
Phillip McCants, Education Specialist for MPH Program	Professional development of community
Total participants: 5	

2:00 pm   **Break**

2:15 pm   **Transport to Hotel**

3:00 pm　　　　**Students via Zoom**

Participants	Topics on which participants are prepared to answer team questions
April Parham (HGMT) Ryan Bloomquist (HGMT, Chelsea Paulding (HGMT) Daniel Nguyen (HGMT) Jason Lanham (HGMT) Leanna Corcoran (HINF) Nadine Odo (HINF) Adrienne Munitz (HINF) Zahid Shaikh	Student engagement in program operations Curriculum Resources (physical, faculty/staff, IT) Involvement in scholarship and service Academic and career advising Diversity and cultural competence Complaint procedures
Total participants: 9	

4:00 pm　　　　**Break**

4:15 pm　　　　**Stakeholder/ Alumni Feedback & Input via Zoom**

Participants	Topics on which participants are prepared to answer team questions
Denise Kornegay, MSW, Associate Dean and Executive Program Director of Georgia Statewide AHEC Network	Involvement in program evaluation & assessment
Jen Jaremski, MPA, Research Associate, Augusta University Institute of Public and Preventive Health,	Perceptions of current students & program graduates
Dean Seehusen, Chair of MCG Department of Family Medicine	Perceptions of curricular effectiveness
Stephen Goggans, Georgia Department of Health District Health Director; Aronica Gloster,	Applied practice experiences
Coordinator of Health Services, Richmond County School System	Integration of practice perspectives
Marcel D'Eon, PhD, MED, Dir Educational Innovation Ins, MCG - Academic Affairs	Program delivery of professional development opportunities
Henry Zaiden	
Jessica Stewart	
Ben Ansa	
Total participants: 9	

5:15 pm　　　　**Meeting with Provost Neil MacKinnon via Zoom**

5:45 pm　　　　**Site Visit Team Executive Session 3**

6:00 pm　　　　**Adjourn**

Tuesday, May 17, 2022

8:30 am   **University Leaders via Zoom**

Participants	Topics on which participants are prepared to answer team questions
Lester Pretlow, PhD, Dean, CAHS, *Jennifer Sullivan, PhD, FAHA, Dean, Graduate School Patricia Cameron, PhD, Vice Dean, Graduate School Judith Stallings, PhD, Associate Dean of Academic, CAHS* *Brittany Cipollone, Senior P&A Coordinator, Division of Institutional Effectiveness* *Razel Foster, Program Coordinator, Division of Institutional Effectiveness*	*Program's position within larger institution*
Lester Pretlow PhD, Dean, CAHS *Raymond Chong, PhD, Chair, IDHS*	*Provision of program-level resources*
Lester Pretlow, PhD, Dean, CAHS *Raymond Chong, Ph, Chair, IDHS* *Doug Miller, MDCM, MBA, Vice Dean, MCG* *Aaron Johnson, PhD, Director, IPPH*	*Institutional priorities*
Total participants: 9	

9:00 am   **Break & Check Out of Hotel**

9:30 am   **Site Visit Team Hotel Pickup: Transport to Campus**

10:00 am   **Site Visit Team Executive Session 4**

12:00 pm   **Site Visit Team Working Lunch**

1:00 pm   **Exit Briefing**