REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT

JACKSON STATE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
October 10-11, 2013

SITE VISIT TEAM:
Cheryl C. Lackey, MPH, CHES, Chair
Michael Mink, PhD, MPA

SITE VISIT COORDINATOR:
Mollie Mulvanity, MPH

SITE VISIT OBSERVER:
Brittney D. Lilly, MPH
# Table of Contents

Introduction.................................................................................................................................................... 1

Characteristics of a Public Health Program.................................................................................................. 2

1.0 THE PUBLIC HEALTH PROGRAM. ....................................................................................................... 3

1.1 Mission. ............................................................................................................................................... 3

1.2 Evaluation and Planning...................................................................................................................... 5

1.3 Institutional Environment..................................................................................................................... 8

1.4 Organization and Administration ......................................................................................................... 9

1.5 Governance ....................................................................................................................................... 10

1.6 Fiscal Resources ............................................................................................................................... 11

1.7 Faculty and Other Resources. ........................................................................................................... 13

1.8 Diversity. ............................................................................................................................................ 14

2.0 INSTRUCTIONAL PROGRAMS. .......................................................................................................... 17

2.1 Degree Offerings ............................................................................................................................... 17

2.2 Program Length.................................................................................................................................... 18

2.3 Public Health Core Knowledge .......................................................................................................... 18

2.4 Practical Skills ................................................................................................................................... 19

2.5 Culminating Experience..................................................................................................................... 21

2.6 Required Competencies .................................................................................................................... 23

2.7 Assessment Procedures. .................................................................................................................. 25

2.8 Bachelor’s Degrees in Public Health. ................................................................................................ 27

2.9 Academic Degrees ............................................................................................................................ 28

2.10 Doctoral Degrees. ............................................................................................................................ 28

2.11 Joint Degrees .................................................................................................................................. 28

2.12 Distance Education or Executive Degree Programs ....................................................................... 28

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE. ............................................. 29

3.1 Research. .......................................................................................................................................... 29

3.2 Service ............................................................................................................................................... 30

3.3 Workforce Development.................................................................................................................... 30

4.0 FACULTY, STAFF AND STUDENTS. .................................................................................................. 31

4.1 Faculty Qualifications ........................................................................................................................ 31

4.2 Faculty Policies and Procedures ........................................................................................................ 32

4.3 Student Recruitment and Admissions ............................................................................................... 32

4.4 Advising and Career Counseling......................................................................................................... 34

Agenda ........................................................................................................................................................ 35
Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Jackson State University (JSU). The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2011. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in October 2013 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

JSU was founded as the Natchez (Baptist) Seminary in 1877, with the goal of providing moral, religious and intellectual support for “Christian Leaders of Color” from Mississippi and neighboring states. After more than 60 years as a private church school, the state of Mississippi assumed support for the institution in 1940 and transformed it to a state institution for training rural elementary school teachers. In 1979, the name changed to Jackson State University, after expansion of the curriculum and faculty complement. The university currently enrolls approximately 9,000 undergraduate and graduate students. The university is governed by the Mississippi Board of Trustees of the State Institutions of Higher Learning (IHL).

The program currently operates as one of two programs housed in the School of Health Sciences (SHS). The SHS also houses a program in communicative disorders. The SHS, which is headed by an executive director, is one of three schools located in the College of Public Service (CPS). The CPS is one of the university’s five colleges. JSU also houses colleges of liberal arts, business, education and human development and science, engineering and technology.

The program includes MPH and DrPH degree offerings in three areas of concentration: behavioral health promotion and education, epidemiology and biostatistics and health policy and management. The program began in 1999 as a department in the School of Allied Health Sciences, with the intention of expanding to become an accredited school of public health. JSU completed a self-study as a school of public health, and a CEPH site visit team reviewed the applicant school in 2005. After the site visit, the university made the decision that it could not at that time provide adequate resources to support a full school of public health and withdrew the application. JSU reapplied to CEPH and was granted accreditation as a public health program in 2008. The 2008 accreditation decision included a term of five years with interim reporting in 2009 and 2010. The Council accepted both interim reports. Based on substantive changes submitted to the Council and data reported in annual reporting, the Council also required interim reports in 2011 and 2012.
Characteristics of a Public Health Program

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

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

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

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

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

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

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

These characteristics are evident in the JSU public health program. The program is located in a regionally-accredited institution, and faculty and students have the same rights and privileges associated with other JSU graduate programs. The program is interdisciplinary both in terms of its faculty training and its activities, which are often conducted in collaboration with partners both internal and external to the university. The ecological perspective guides the program’s curriculum, and faculty members’ extensive activities in research, service and workforce development exemplify the program’s commitment to professional public health values. The program has adequate resources to attain its mission and to support its degree offerings. While the program’s evaluation and planning program could benefit from adjustments and updates, the program presents evidence that it listens and responds to needs identified by students and community partners.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The self-study document includes the following mission statement: “The mission of the Public Health Program is to provide quality education and leadership in community-based research and practice. Through collaborative efforts with communities, the program promotes health and seeks to prevent disease and disability with special emphasis on the under-served and at-risk populations in Mississippi, the nation, and the world.”

Public health practice, including the pursuit of social justice and the elimination of health disparities, is a particular emphasis of the program. The program faculty and leadership are committed to training public health leaders who can address and help reduce health disparities in under-served and at-risk populations. The faculty, leaders and students are reminded of this focus during planning and review of program components.

Discussions with faculty on site clarified that the program had developed its mission statement in 2006 during the planning for the initial accreditation process in 2008. The mission was reaffirmed during planning for the current reaccreditation.

The self-study document, however, also includes a different version of the mission statement, embedded in a chart that summarizes the program’s evaluation process: “To produce, through instruction, research and service, a cadre of public health professionals with the knowledge and leadership abilities to identify and implement measures to prevent disease and disability among the under-served and at-risk populations of Mississippi, the nation, and the world.” Faculty who met with site visitors could not identify when or how this second statement was developed, and faculty confirmed that it was placed in the self-study document in error and is not used by the program. Additional minor confusion arises from the fact that the School of Health Sciences (SHS) website provides the program’s mission as the mission of the school, substituting only “school” for “program” in the text. Faculty confirmed that the school and program share the mission statement believing that it accurately reflects the direction of both the SHS and the public health program.

Quality, collaboration and social justice have been adopted as the values of both the SHS and the public health program. These values are reflected in the mission, goals and objectives of the program. The program also noted that one of the six JSU core values supported by the program, accountability, has helped focus program efforts on quality and excellence in scholarly activities. The self-study document
described several specific programs and activities to illustrate how the values are reflected and implemented in the program’s instructional, research and service work.

The self-study document includes one goal each in the instruction, research and service areas. Measureable objectives are provided for each of the three areas – six for the instructional goal, three for research and six for service. Based on feedback from the 2008 CEPH accreditation site visit as well as strategic planning and changes within JSU, a committee consisting of the CPS dean and the associate dean, the SHS executive director, the public health program director, faculty, students and professional and administrative staff worked with a consultant to develop the current set of measureable objectives. These were submitted in an interim report to and approved by CEPH in 2009. Those objectives are included in the current self-study document and continue to be used by the program. The self-study provides a listing for each objective of the activities, targets and measures.

The public health program continuously plans, monitors, evaluates and, as necessary, revises its mission, goals and objectives. These processes take place through faculty retreats, program and Executive Council meetings, annual faculty evaluation meetings, review of program annual reports and student course evaluations. Program constituents also participated in the recent (2009 – 2012) university-level strategic planning process. It resulted in a major reorganization of the CPS, including reorganization of the public health program, and development of a university level strategic plan for 2013-2017. Short-range planning that relates to more limited program operations (e.g., curriculum or concentration updates) occurs during the monthly faculty and regular committee meetings. The SHS advisory council, alumni, practitioners and policy makers are also given opportunities to provide input into the program’s review and planning processes.

The mission statement and goals are included in the Graduate Catalog with general information about the public health field. The public health program mission statement as well as the program goals and values are included in the MPH and DrPH student handbooks provided to enrolled students. The mission statement is included on the website of the SHS (as the school’s mission statement). The online booklets containing the MPH and DrPH application procedures and forms also include the mission and values within the documents.

The site visit team observed the difficulty for the public or potential students of locating the public health program’s mission statement on the website. The concentrations are listed individually as degree options, but there is no description of program as a whole or statement of the program’s mission, values and goals. The website requires opening the student handbooks or application forms to see the mission statement. Except for descriptive text about public health in the graduate catalog, it would be difficult for someone not familiar with the field to get a good sense of what public health might have to offer as a
career choice. Subsequent to the site team’s visit, a link was added to the SHS webpage to enable interested parties to more easily access the mission statement.

1.2 Evaluation and Planning.

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

This criterion is partially met. The public health program uses a number of methods for measuring program effectiveness and progress against the goals and objectives identified in the self-study document. The Curriculum Committee monitors and evaluates the curriculum and forwards any recommendations for changes to the program and school directors, faculty, students and staff, as applicable. Periodically, the program uses faculty retreats as well as work by standing committees to conduct planning, synthesizing information from a variety of sources. Faculty, students and staff may make recommendations directly to the public health program director and the SHS executive director for discussion and approval. The program draws on a number of existing processes and data sources, including the following: annual reports to the Office of Academic Affairs, faculty annual evaluations, Student Instructional Rating System (SIRS) data, promotion and tenure review outcomes and data relating to objectives set forth by the Division of Institutional Research. The self-study identifies six evaluation activities to be tracked at the program level and who will be conducting the assessment.

Historically, each concentration has had to gather its own data. In the 2012 administrative reorganization of the CPS, the function of data collection was centralized. The CPS’ data collector is assisted by the field placement coordinator, the recruiter/publicist, the interim graduate program director and the faculty. Data are gathered on instruction, research, service, preceptor evaluations, student exit interviews, alumni and employer surveys and SIRS results and provided to the executive director and public health program director and shared, as appropriate, with the various relevant committees and the CPS dean.

The self-study document notes that the public health program participates in university-wide strategic planning periodically and includes in the resource files a copy of the JSU strategic plan for 2013 – 2017 that is currently in place. It also notes that the program began development of a strategic planning effort in 2002 that focused on building capacity to meet CEPH accreditation requirements. The plan was revised, expanded and implemented as the program’s strategic plan for 2008 – 2013, which the program has been following.

Site visitors inquired about the availability of a current public health program strategic plan that extends beyond 2013. The program provided a report titled College of Public Service Review of Ayers Supported
Programs, developed in September 2011 as a response. This report includes data on a variety of measures for the years 2006 – 2011 and projections for 2011 – 2016 for all programs within the CPS, including public health program. The report presents the program’s data by concentration area rather than as summary data for the program as a whole (or for the MPH or DrPH as a whole). One of the faculty groups with whom the team met indicated they were aware of the JSU strategic plan but were not aware that the Ayers report is considered to be the program’s strategic plan.

The self-study document includes a listing of several specific changes in the instructional, research and service areas that have been made in the program during the past several years to address specific evaluation data which highlighted an issue or area of concern.

The self-study document includes three tables; each presents data on objectives related to instruction, research and service, respectively. Each table lists objectives for the goal with activities to be undertaken, targets, and performance against the targets for each of the past four years.

The site visit team observed issues of alignment of the objectives, activities and measures. The evaluation system presented in the self-study defines “activities” as the steps that lead to accomplishing the goals and “targets” that are specific to each activity. Site visitors noted the evaluation system does not consistently define what is being measured, and the reported data does not consistently allow reviewers to determine whether targets truly are being met. In some instances, activities are not well defined and are difficult or impossible to measure, using terms such as “regular” (“Provide regular advisement”) that are not further quantified. When the program does provide specific targets (“80% of students report two helpful advisement sessions”) it does not define a time period—are students reporting on their experience per year, or are the two advisement sessions over the course of the student’s enrollment? Since data for this indicator are drawn from an exit survey, either possibility is plausible, and the program could not clarify this or other similarly ambiguous statements, suggesting that the complexity of the evaluation system may not be matched with equally detailed data collection and analysis processes. The self-study also uses the same indicator (“80% of students report two helpful advisement sessions”) as a measure for two separate objectives: “To provide regular student advisement” and “To provide effective student advisement.” (emphasis added) In these cases, the program was unable to explain how the same, generalized (and not time-defined) measure can address two disparate components with appropriate sensitivity.

The site visit team also observed that some objectives contain vague or undefined measures. For example, the program uses “2 per annum” as a target for an objective relating to educating elected officials about public health but presents no noun to indicate what specific activity or event should be conducted twice per year. A number of targets are consistently not met; while the program is welcome to
establish challenging measures, it may be appropriate to either revise the measures or to identify specific steps and strategies to improve performance.

Since the site team’s visit, the Accreditation Committee has revised several objectives and targets that will enable a more precise reflection of program outcomes. The team noted similar, consistent problems with outcome measures throughout the document. Very few were worded in a way that allowed for evaluation of the program’s progress, many were poorly defined, and the self-study often presented data in a format that does not match the targeted outcome. The program’s response to the site visit team’s report noted several steps that have been taken to improve target attainment on the DrPH comprehensive exam including providing individualized instruction and introducing an elective course specifically addressing exam content.

The concern relates to the program’s ability to effectively use evaluation information. The site visit team noted that a number of faculty, when presented with the self-study tables, were not familiar with the information and indicated that the objectives, activities and targets presented in the self-study were not something they had previously reviewed or used in evaluating their work within the program. To be most useful as program level objectives, all faculty should be familiar with the objectives and measures and how their work fits into the whole, even if a specific committee or other group is tasked to manage oversight of the program assessment process. As noted in the JSU response to the site team’s report, the program intends to hire a data assessment manager in Fall 2014 to more systematically collect and disseminate information to faculty, alumni, students and the SHS Advisory Board.

The public health program formed a CEPH Accreditation Task Force when it began preparing its application for initial accreditation in 2006. The task force, consisting of some faculty members, former department chairs, administrative staff, the associate dean, assistant dean and dean, reconstituted in summer 2011 to prepare for developing the self-study to submit for reaccreditation in 2013. A consultant familiar with CEPH criteria conducted a two day workshop for the task force as they began drafting the self-study. Faculty and others were divided into four groups, with each writing one of the criterion sections of the document while other faculty and staff assisted in preparing the resource files and appendices. Progress on the documents was reviewed at a series of retreats. Drafts were shared for comment with the faculty, students, alumni, preceptors and the Advisory Council, as well as college and university administrators. Students, alumni, preceptors and Advisory Council members reported that their input was both solicited and appreciated by the program. The task force leader and support staff combined the four criterion sections into the final self-study document. The document addresses the CEPH criteria and provides the required information about the public health program at JSU. Each criterion includes an assessment of the strengths and challenges of the program as well as an “action plan” statement describing one action that will be undertaken to improve the program in that particular area.
The public health program has had a number of leadership changes over the past few years as monitoring and planning for the program has continued. The site visit team learned that a permanent program director was appointed by the dean approximately two months before the site visit. Although the program director is currently serving as the interim executive director of the SHS, the search for a new faculty member to fill that position is expected to begin this fall. Having permanent leadership solely for the program is an important step moving forward and should assist the program in streamlining and solidifying its evaluation processes.

1.3 Institutional Environment.

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

This criterion is met. JSU is accredited by the Southern Association of Colleges and Schools, and its most recent review and affirmation of accreditation took place in 2012. A number of programs respond to specialized accrediting bodies, including the American Psychological Association, the Association to Advance Collegiate Schools of Business and the Council on Social Work Education.

JSU was founded as the Natchez (Baptist) Seminary in 1877, with the goal of providing moral, religious and intellectual support for “Christian Leaders of Color” from Mississippi and neighboring states. After more than 60 years as a private church school, the state of Mississippi assumed support for the institution in 1940 and transformed it to a state institution for training rural elementary school teachers. In 1979, the name changed to Jackson State University, after expansion of the curriculum and faculty complement. The university currently enrolls approximately 9,000 undergraduate and graduate students.

The university is governed by the Mississippi Board of Trustees of the State Institutions of Higher Learning (IHL). IHL members are appointed by the governor. The JSU president reports to the IHL.

All academic units are under the leadership of the provost and vice president for academic affairs (provost). Deans, including the dean of the College of Public Service (which houses the program), report to the provost. The College of Public Service includes three schools: the School of Social Work, the School of Policy and Planning and the School of Health Sciences (SHS). The SHS houses the public health program. An executive director leads the SHS and reports to the college dean. In addition to the degree programs that comprise the CEPH-accredited public health program, the SHS includes an undergraduate degree in health policy and management and bachelor’s and master’s degree programs in communicative disorders.

The SHS executive director functions in a manner roughly equivalent to a department chair. He administers fiscal resources, assists with faculty development, advises students, evaluates faculty and
staff, prepares class schedules, reviews course evaluations, supervises research and scholarly activities, leads program committees and meetings and teaches classes.

This current organizational structure is a relatively new one and is the legacy of changes undertaken under a now-departed university president. Currently, the dean has a proposal under review with the president that reflects faculty members’ wishes to return to a more familiar structure with department chairs and program directors.

Deans negotiate directly with the provost to determine how the funds allocated to JSU’s academic units will be shared among the five colleges. Deans are responsible for allocating the funds that they receive through this process, so the program’s budget process is defined by the dean, but the program director has discretion to move any non-personnel funds from one category to another.

Faculty search processes originate at the program level with vacancies or requests, and the school’s executive director initiates faculty searches, after obtaining approval from the dean and provost. The dean and provost must also approve each staff-level hire, though program leaders may conduct the bulk of the review process and make recommendations on hiring. Promotion and tenure processes begin at the program committee level and proceed through the executive director, college-level Promotion and Tenure Committee, dean, university Promotion and Tenure Committee and provost.

The program has discretion to control its curriculum and academic standards, though approvals for changes must go through college and university channels, and all graduate programs must satisfy the requirements established by the university-wide Graduate Council.

1.4 Organization and Administration.

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

This criterion is met. A program director leads the public health program and also provides leadership for the bachelor’s degree in health policy and management, which is not included in the unit of accreditation. The current public health program director is also serving as the interim executive director for the SHS. As of fall 2013, searches were underway to permanently fill all “interim” positions in the college. College and school leaders hope to have searches concluded and new hires made by the end of the 2013-2014 academic year.

The program exists in an environment that fosters interdisciplinary work in instruction, research and service. Regular program meetings draw faculty from multiple disciplines for discussion, as do the college
meetings held every semester. Public health faculty have provided guest lectures for students and faculty in a variety of other academic disciplines, both within JSU and at other universities in the region and around the world. Faculty are active in the Mississippi Public Health Association. Faculty regularly invite experts from the state health department and legislature to provide expertise in public health classes. The Institute of Epidemiology and the Center of Excellence in Minority Health, both of which involve program faculty, serve as primary centers for cooperation and collaboration in the areas of research and service.

1.5 Governance.

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

This criterion is met. New policies and procedures or revision of existing policies and procedures may be initiated at any time, upon request by a faculty member or committee. The institutional governance structure indicates that the program only takes action on such requests with the executive director’s approval.

The program’s governance primarily occurs through the standing Curriculum Committee and Admissions Committee. The program also has recently convened ad hoc committees on promotion and tenure, promotion and tenure appeals, accreditation, research and strategic planning.

Additionally, the college-level Executive Council handles many policy-level and planning decisions that relate to the program’s daily operations. The Executive Council includes the dean, all school executive directors, the college’s associate dean, the college’s assistant dean for research, the field coordinator, the recruiter/publicist and the librarian. The Executive Council meets at least once a semester to identify and recommend policies and procedures for fiscal management, student advisement, data collection, day-to-day operations and implementation of improvements.

The program’s Curriculum Committee includes faculty representatives from each specialization plus one MPH student and one DrPH student, and the Admissions Committee includes representatives from each specialization. Other committees include faculty, staff and students, as appropriate, and each committee seeks representation from all of the disciplines and degree programs.

The Curriculum Committee meets monthly or as needed and approves all syllabi for public health classes. It reviews proposals for new courses, examines existing courses, recommends student advising procedures and recommends programmatic academic policies and procedures to the faculty. The Curriculum Committee has led recent curricular changes including mapping competencies to required courses and redesigning the comprehensive examinations.
The program also receives guidance from its Advisory Council. The Advisory Council provides a connection to the wider community and shares its professional expertise and knowledge to inform strategic and curricular decisions. The Advisory Council meets twice a year, and the executive director refers recommendations to other program committees, as appropriate. The current Advisory Council includes students and alumni, local attorneys, local faith-community leaders, representatives from health departments and health providers, as well as a state legislator. Members of the Advisory Council who met with site visitors indicated that they have, at times, provided specific feedback to the program on its intended competencies and curriculum as components of a discussion about how the program can best prepare its students for the workforce. Advisory Council members who met with site visitors also were extremely enthusiastic in their support for the program and spoke highly of the program's and university's stature in and connection to local and statewide communities.

Finally, program faculty members serve on the college-level Promotion and Tenure (and Promotion and Tenure Appeals) Committee and on university-level committees including the Grievance Committee, Faculty Senate, Institutional Review Board, Library Committee and Faculty Personnel Committee.

The program has public health student associations at the MPH and DrPH levels, and the associations often cooperate to conduct activities. The associations meet monthly and serve as a liaison to faculty and administrators. During the current academic year, the MPH student association met with the dean to request healthier options in the building's vending machines and to present a proposal to allow students to type, rather than hand-write their comprehensive examinations. The first matter has already been completed, and students expect that the second matter will be soon. The MPH Student Association has conducted service activities, such as a Toys for Tots campaign and a poster contest for middle school students on the theme of healthy communities/healthy schools. The DrPH Student Association has sponsored a community health education forum and a public viewing and discussion session of the film “Unnatural Causes.” The associations elect representatives for the following program committees: Accreditation, Curriculum, Admissions and Advisory Council.

1.6 Fiscal Resources.

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

This criterion is met. The self-study reports five consecutive years of revenue and expense data for the program, and Table 1 presents the budget as reported in the self-study document. Revenue for the first two years originated from state appropriations, mainly as the result of a major lawsuit settlement in the state of Mississippi (the Ayers case). Starting in the third year, the primary annual revenue source shifted to “education and general funding” from the university, suggesting an institutional commitment to the long-
term health of the program. Annual revenues are supplemented with significant contributions from grants and contracts, ranging from $1.3 million to $2.2 million annually, and student fees. Although the shift from state appropriations to university funds marked a decrease of about $1 million (from $3.8-$3.9 million before to $2.6-$2.8 million after), annual revenues generally are enough to cover annual costs.

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2008-2013

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Year 1 (2008-09)</th>
<th>Year 2 (2009-10)</th>
<th>Year 3 (2010-11)</th>
<th>Year 4 (2011-12)</th>
<th>Year 5 (2012-13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees*</td>
<td>$3,835,316</td>
<td>$3,904,033</td>
<td>$2,651,333</td>
<td>$2,756,986</td>
<td>$2,833,717</td>
</tr>
<tr>
<td>State Appropriations**</td>
<td>$3,835,316</td>
<td>$3,904,033</td>
<td>$2,651,333</td>
<td>$2,756,986</td>
<td>$2,833,717</td>
</tr>
<tr>
<td>University Funds**</td>
<td>$2,237,849</td>
<td>$1,673,706</td>
<td>$1,427,362</td>
<td>$2,407,823</td>
<td>$1,357,620</td>
</tr>
<tr>
<td>Grants/Contracts***</td>
<td>$2,237,849</td>
<td>$1,673,706</td>
<td>$1,427,362</td>
<td>$2,407,823</td>
<td>$1,357,620</td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
<td>$25,000</td>
<td>(absorbed by main library budget)</td>
<td>(absorbed by main library budget)</td>
<td>(absorbed by main library budget)</td>
<td></td>
</tr>
<tr>
<td>Endowment****</td>
<td>$46,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gifts*****</td>
<td>$2,614</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Library)</td>
<td>$25,000</td>
<td>(absorbed by main library budget)</td>
<td>(absorbed by main library budget)</td>
<td>(absorbed by main library budget)</td>
<td></td>
</tr>
<tr>
<td>Total Revenues</td>
<td>$6,073,165</td>
<td>$5,602,739</td>
<td>$4,078,695</td>
<td>$5,164,809</td>
<td>$4,239,951</td>
</tr>
</tbody>
</table>

Expenditures

| Faculty Salaries and Benefits   | $1,451,407       | $2,033,230       | $1,854,868       | $2,023,251       | $562,996.08      |
| Staff Salaries and Benefits     | $221,579         | $221,579         | $414,088         | $414,700         | $159,102.91      |
| Operations                      | $1,400,892       | $1,839,560       | $686,400         | $375,457         | $168,601.01      |
| Travel                          | $53,834          | $75,108          | $55,578          | $87,886          | $86,007.87       |
| Student Support******           |                 | $7,450           |                 |                 | $24,544.92       |
| Other (Library)                 | $123,698         | $71,738          | $35,343          | -0-              |                  |
| Other (Tuition and Fees)        | $189,785         | $113,042         | $320,859         | $376,702         | $326,819         |
| Other (Research)                | $933,800         | $1,238,109       | $758,905         | $1,710,000       | $1,469,000       |
| Other (Research – Student Assistant) | $84,668.50   | $86,358.50       | $36,551          | $71,164.40       | $70,000          |
| Total Expenditures              | $4,459,663.50    | $5,680,724.50    | $4,162,592       | $5,066,610.40    | $2,867,071.79    |

*Tuition and Fees are State appropriated University funds.
** State-appropriated and University funds (Ayers funds) are the same.
*** Research funds received through the Institute of Epidemiology and Health Services Research and Center of Excellence in Minority Health and health Disparities
****Endowment from the Jackson Medical Mall Foundation for the initial installment of the Endowed Chair of Health Disparities.
*****New funding received through the College Gala and gifts.
Student Support
****** Includes student international travel to Kenya and South Africa and domestic travel to conferences.
The self-study noted a 25% decrease in expenditures for faculty salaries and a 62% decrease in staff salaries from 2011-2012 to 2012-2013. During the site visit, program leaders explained that this decline resulted from a major reorganization that collapsed three departments into a single Department of Public Health and eliminated several administrative and staff positions. The new amount is a closer projection for salary-related costs over the next several years. Since there is no expected change in revenues, this decrease in expenditures suggests a stronger financial position for the program moving forward. The administrative team also noted that public health is a funding priority area for the university, in response to meeting the workforce needs of the state.

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The program maintains three areas of concentration, and all three areas offer both master’s and doctoral degrees. The program meets the minimum requirement of five primary faculty members per concentration area, with five to six primary faculty members per concentration area. The student-faculty ratios (SFRs) reported in the self-study were not calculated properly. Recalculated SFRs with 2012-2013 data produce SFRs of 10:1 for behavioral health, 9:1 for epidemiology and biostatistics, and 11:1 for health policy and management.

The program provides students with ample access to three computer labs on campus, which are equipped with modern capabilities, software programs and printers. The university supports a main library and three auxiliary libraries, one of which is the Health Sciences Library. Housed in the Public Health Complex, the Health Sciences Library holds 275 journals, 2,000 reference titles, 2,000 circulating titles, 400 e-books and 1,500 full-text e-journal subscriptions. The main library is substantially larger, with 500,000 volumes, 60,000 bound journals, 2,300 media sources, 90,000 e-book titles, and 80,000 electronic journals.

The program is housed at the Medical Mall, which is a reclaimed retail mall space, redesigned to co-locate state and county health services with the CPS. This facility provides ample space for faculty and staff offices, classrooms, the Health Sciences Library, student meeting space and administrative offices. The program has regular access to a dozen classrooms that will hold 30 or more students and are stocked with standard learning technology: computers, white/blackboards, projectors, and screen. The program was very proud of its investment in innovative learning and collaboration technologies. It has outfitted two classrooms and two student meeting rooms with more advanced technologies for integrated collaboration and remote access learning.
The commentary relates to the program’s somewhat tenuous resource situation. First, the program is operating at or near the bare minimum number of primary faculty for each concentration, which has also produced SFRs at maximum levels. The program must consider ways to enhance the faculty resources to ensure long-term educational quality. Second, the program’s self-defined objectives for resources target future funding levels at no lower than 10% less than baseline. (emphasis added) Given that the program’s faculty complement likely needs to grow, these targets do not seem congruent with the program’s needs. To address this comment, the program plans to hire three new faculty beginning in the 2014-2015 academic year. In addition, the university has committed to providing financial support of expected increases in the number of faculty that will improve faculty student ratios.

1.8 Diversity.

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

This criterion is met with commentary. JSU is an HBCU in Mississippi with a student body of over 9,000, of whom ninety percent are African American, sixty percent female and forty percent male. Non-African Americans make up about twenty percent of the total faculty at JSU. In the public health program, the faculty is more diverse than the university, with 65% of faculty male and 35% female. Forty-eight percent of faculty is African-American, 34% are international and the others are Caucasian and Asian. Public health students are 70% female. The program notes that female faculty, male students, Latinos and Native Americans are under-represented within the public health program and will be the focus of future recruiting efforts.

JSU has a Division of International Studies whose goal is to enable “faculty, students and staff to participate fully in global society…” and help the institution to “develop programs with a global outlook” and an emphasis on the study of different cultures and social systems. The Division of International Studies monitors adherence to diversity policies and how programs are implementing efforts. This helps to encourage international projects and collaboration by faculty, students and administrators who have an opportunity to work in diverse cultural settings. The self-study notes that having faculty who are non-African American helps in recruiting and retaining a more diverse student body. The public health program supports the university’s efforts and has worked to provide and expand collaboration with international partners to give students and faculty hands-on experience with diverse cultures. The president has also consistently stated that one of the priorities of her administration is to hire female faculty – a goal that aligns with that of the public health program.

The self-study document notes that three criteria are used in part to measure and evaluate success in demographic diversity. These include the following:
• the racial and gender composition of the program, with the expectation that the numbers will increase every year for the under-represented categories;
• the number of majority "other race" faculty teaching in the public health program; and
• the number of male and female students and the proportion admitted.

The state and the IHL have requested that all state institutions increase diversity on their campuses. The university has as a goal in its current strategic plan (2013 – 2017) to increase multi-cultural learning and diversity among its students, faculty and staff. The public health program adheres to policies and practices of the university on non-discrimination, equal opportunity and affirmative action. The policies and standards on non-discrimination can be found in the graduate catalog, position advertisements, departmental and school brochures and the university’s Personnel Policies and Procedures Manual. University officials also reiterate these standards as they work with faculty, staff, students and other constituents.

One of the goals established by the university and the Ayers Settlement is to have 10% “other” (non-African American) racial and ethnic groups in the student and faculty population, and JSU also seeks to increase the number of female faculty members. The public health program hopes to have at least 30% of new faculty in these two categories. The self-study’s table of summary demographic information for faculty shows that 65% of faculty is male, and 42% is Caucasian or international. Of the 35% female faculty, 88% are African American and 12% are Asian. In addition to racial and ethnic diversity, faculty also brings multidisciplinary backgrounds, which enrich the program.

The self-study includes a table, “Summary Diversity Data for Faculty, Students, and Staff, 2009-2013,” which shows groups, data sources, targets and measures over the past four years. Groups include faculty, staff and students. With some variation, the data show that the percentages of the groups in each category (eg, female faculty) have generally remained constant over the years.

The first area of commentary has to do with the target measures reflected in the self-study. Although the program noted that increasing Latino participation in the program was a diversity goal, the program could not provide a target or data. Also, seven of the ten target measures are noted as “not specified” with four having “ideally 50%” added to the text. The “other race” target for faculty, students and staff also is noted as the university’s target of 10%. Text included the objective of 10% “other” and more female faculty among new hires from the university’s objectives, as well as more male students, Latinos and Native Americans. Those numbers are not translated into targets to be reached, creating a challenge in gauging the success of the program’s existing efforts. With small exceptions in two years/categories (one year for students, another year for staff), the program’s percentages are markedly higher than the few targets that are defined, suggesting that those targets that exist may not present appropriately challenging measures.
The data presented in the self-study would be more meaningful as a measure if program-specific targets were developed and tracked.

The program has been successful in attracting and retaining faculty across all demographic categories. Faculty retention is supported through opportunities to participate in personal and professional development. This includes release time, university funding for small projects, teaching and other awards, merit pay and professional development funding from the college. Faculty also receive travel support to participate in national and international conferences to share research findings and network with colleagues and peers. These efforts have resulted in the retention of virtually all faculty recruited into the program within the self-study period. The program has recently filled one of two vacant faculty positions. The new faculty member (a Caucasian female) has begun employment, and the search to fill the second position is expected to begin later this fall. The program advertises vacancies in a number of locations that attract diverse applicants, including national public health professional organizations and other media such as the Nation’s Health, the Journal of the American Public Health Association, Diversity Issues in Higher Education, the Association of University Programs in the Health Administration (AUPHA) newsletter, and the Chronicle of Higher Education. Vacancy announcements include the statement “majority candidates are encouraged to apply” to encourage a broad range of candidates. Diversity of staff has been more difficult because of the small number of staff members and because vacancies are many times filled from among those already employed by the university. However, the current administration was able to raise staff salaries to make them more competitive in the region.

Information on staff diversity over the past four years shows that 93% of staff is female and 80% to 87% are African American. The self-study also compares the public health program with JSU overall, other Mississippi HBCUs and all Mississippi public universities. This comparison shows that the program’s staff has a higher percentage of female and African American staff than any of the other units of comparison.

The public health program has been successful in moving toward its racial/ethnic diversity goal in its student body.

The public health program maintains partnerships with majority and international institutions as a way to bring diversity into the experiences available to students and faculty. The self-study document includes a list of MOUs with partnering organizations. Domestic examples include the University of Tennessee and Western Kentucky University. Internationally, partners include Shiraz University of Medical Sciences in Iran and the Peoples Educational Institutions for Research and Medical Sciences in Bangalore, India.

In addition, MPH and DrPH students are exposed to cultural and racial understanding in required courses, many of which identify activities and learning objectives that relate to cultural competency on the
syllabus. One of the DrPH core competencies indicates that students “demonstrate the ability to communicate effectively orally and in writing” including designing communications for varied audiences. The MPH requirement is even more explicit on the issue of diversity with competencies that include recognizing the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability, and delivery of public health services; responding to diverse needs that are the result of cultural differences; and (a) describing and (b) explaining the dynamic forces that contribute to cultural diversity. These competencies are included in seven of the required program courses. The program also tries to ensure that MPH and DrPH students spend their internship (400 hours) or practicum (405 hours) in organizations that are culturally and racially diverse.

The diversity policies followed by the program were not specifically conceived or initiated by the faculty. They are a result of university, state and other guidance such as diversity requirements on use of federal funds that have been adopted over the years. However, taken as a whole, faculty feels that the program’s efforts reflect the values of the public health disciplines and provide important guidance. The self-study document notes that faculty believes that diverse settings provide the most realistic learning environment for students.

Additional commentary has to do with the lack of a written diversity plan for the program. One of the required documentation points in the CEPH accreditation criteria includes a diversity plan with “four objectives, at least two of which relate to race/ethnicity.” Information in the self-study document indicates that diversity is a central issue addressed in looking at faculty, staff and students as well as the instructional, service and research areas. Policies are noted at the university level that are applicable in the program and a “plan on policies” is referred to. The self-study document and resource materials do not, however, provide a cohesive plan to guide the program’s efforts.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. Table 2 presents the program’s degree offerings. The program offers the MPH and the DrPH in three areas of specialization: behavioral health promotion and education, epidemiology and biostatistics and health policy and management. The program defines a curriculum for each degree that includes core courses, specialization courses, elective courses, a practice experience and a culminating experience. The curriculum is appropriately defined with depth in each concentration area.
<table>
<thead>
<tr>
<th>Master’s Degree</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Promotion and Education</td>
<td>MPH</td>
<td></td>
</tr>
<tr>
<td>Epidemiology and Biostatistics</td>
<td>MPH</td>
<td></td>
</tr>
<tr>
<td>Health Policy and Management</td>
<td>MPH</td>
<td></td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Promotion and Education</td>
<td>DrPH</td>
<td></td>
</tr>
<tr>
<td>Epidemiology and Biostatistics</td>
<td>DrPH</td>
<td></td>
</tr>
<tr>
<td>Health Policy and Management</td>
<td>DrPH</td>
<td></td>
</tr>
</tbody>
</table>

### 2.2 Program Length

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

This criterion is met. The MPH degree requires 45 semester-credit hours for completion. The IHL defines a credit hour as 750 minutes of instruction. Enrollment for a three credit-hour course requires 45 hours of instruction over the length of a semester. No degrees have been awarded for less than 42 credit hours.

### 2.3 Public Health Core Knowledge.

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

This criterion is met. The self-study document includes a table that provides a list of the core courses required of all MPH students. Courses addressing the five core areas of public health PHS 501 (Public Health and Behavioral Demography), PHS 502 (Public Health Policy and Management), PHS 503 (Biostatistics and Computer Applications), PHS 504 (Environmental and Occupational Health) and PHS 505 (Principles of Epidemiology). The program also considers PHS 506 (Research and Qualitative Methods) to be a core course and requires completion of a total of 18 hours of core coursework by all students regardless of their concentration area.

The table also lists the core courses for DrPH that cover the five core knowledge areas. They include PHS 701 (Advanced Biostatistics and Computer Science Applications), PHS 702 (Disease Pathogenesis and Behavioral Risk Factors), PHS 703 (Designing Research Studies on Minorities and Special Populations), PHS 704 (Survey and Qualitative Research Methods), PHS 705 (Advocacy and Public Health Policies), PHS 706 (Principles of Environmental & Occupational Health) and PHS 711-713 (Advanced Biostatistics Laboratory I-III). A total of 21 hours of core coursework is required.

Site visitors reviewed the syllabi and affirmed that they cover an appropriate breadth and depth of core public health knowledge in each core area.
2.4 Practical Skills.

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

This criterion is met. The MPH program requires a public health field experience for both MPH and DrPH students. The program’s field placement coordinator works with students, faculty and preceptors to help arrange, support and monitor the field placements. The MPH internship, PHS 508, is 400 hours of on-site work, preferably completed within one semester. Placement organizations and preceptors are asked to involve the students in meaningful work that exposes them to as many aspects of the organization as possible (e.g., clients, staff, administrators, etc.). Students must complete all coursework and develop an internship plan in consultation with the academic advisor, field placement coordinator and site preceptor prior to beginning the placement. An overview of the internship is included in the MPH Student Handbook. The Graduate Field Internship Manual contains detailed policies, procedures and forms to be completed by the student, agency, preceptor, field placement coordinator and faculty advisor. Internship sites are usually chosen based on the recommendation of a faculty member familiar with the site. Once a site has been selected, the field placement coordinator meets with the student and preceptor to review the proposed internship contract and assure that all paperwork has been completed. The coordinator will also meet on-site at least once with the preceptor during the internship. All materials generated as part of the internship are sent by the student to the preceptor for review and sign-off prior to forwarding to the field placement coordinator and faculty advisor. At the end of the internship, the student evaluates the site and preceptor, and the preceptor evaluates the student. This helps determine the student’s final grade and assists in placing future students appropriately.

The program’s Public Health Internship Task Force meets to develop specific internship processes. Examples of decisions include defining who can be a preceptor. Each placement site must have a preceptor who has (1) a master’s degree, preferably in public health or a related field; (2) a minimum of two years of experience in the field; (3) a commitment to lifelong learning, and (4) an interest in and time for guiding, teaching and assessing a graduate student intern. Additionally, if the placement is in the student’s regular worksite, an alternate preceptor with public health experience is required to assure completion of the internship.

The DrPH community research practicum (PHS 750) is a field placement requiring a total of 405 hours at a site. The hours are completed in 135 hour blocks of on-site work per semester for three consecutive semesters. The exercise is intended to provide in-depth experience at mid- to upper- administrative levels in public health. The practicum is a specific undertaking, designed to provide broad, practical and new experiences in an area relevant to the student's future career. Students are expected to begin the practicum at the second semester of their enrollment and complete it in three consecutive semesters. The
preceptor or student can negotiate for a longer assignment if needed to complete a project. The DrPH Research Practicum Instructional Manual provides detailed information, contacts and forms to be completed for the practicum.

The academic advisor plays an active role in selecting the DrPH practicum site. A formalized letter of agreement among the student, the advisor, the field placement coordinator, and the agency is required prior to the placement. In addition to an oral presentation at a research colloquium at the end of the practicum, the student is required to prepare a paper that, with assistance from the advisor, is suitable for submission to a refereed journal. A report is also due at the end of each semester of the practicum and is submitted through the preceptor and the field placement coordinator. The preceptor submits a report with an “in progress” grade at the end of each semester and a grade recommendation at the end of the practicum. The advisor assigns the final grade. The self-study document provides specific lists of student and preceptor responsibilities. The self-study document noted that continuing to find and keep well qualified preceptors is an ongoing challenge for the faculty and the field placement coordinator.

Lists of agencies and preceptors used in both the MPH internships and the DrPH practicums are included in the appendices of the self-study document. The organizations indicate broad array of potential sites in public health agencies as well as related organizations. The great majority of preceptors listed have public health academic training. Those who have no public health academic training have other specialized areas of expertise, for example a state legislator who works with health policy and management students.

No waivers are granted by the program for either the internship or the practicum.

The site visit team observed issues with some of the internship sites. In discussions with faculty as well as students and alumni, it appears that some of the internships are performed primarily as projects within the CPS centers and institutes established to promote and support research. The self-study document notes that many faculty research grants and projects provide opportunities for student involvement as research assistants or other paid or non-paid workers in research projects. To comply with this criterion, the program must ensure that the placement allows students to work in a public health practice setting with a preceptor who is not primarily employed as an academic faculty member. Working on a research project as part of the internship assignment is appropriate only if the student is able to gain experience working in or with a public health organization outside the university for a significant portion of the internship assignment. In response to the site team’s report, the program has discontinued permitting students to work with faculty for their practice experiences beginning Fall 2014.
2.5 Culminating Experience.

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

This criterion is partially met. All MPH and DrPH students complete a two-part culminating experience. In each case, the experience includes a comprehensive examination and a final written paper (dissertation for DrPH students, capstone for MPH students). Both MPH and DrPH students prepare and deliver an oral report of the written paper component and take questions from faculty, peers and invited community members. During the capstone process, students also attend a mandatory enrichment seminar of four to six sessions. The seminar covers topics that cross specializations, such as creating logic models, as well as topics requested by students, such as grantsmanship.

The comprehensive examination for MPH students includes five questions, one on each core course. Core course instructors write the questions and serve as primary graders. Students must achieve a minimum score of 80% to pass the exam. The program targets a 90% pass rate each year, but it has met that target during only one of the four years reported in the self-study document. 2010 to 2013 pass rates were as follow: 90%, 69%, 83% and 70%. Students who do not pass are offered the opportunity to retake the exam during its next offering.

All DrPH students complete a two-part comprehensive exam (GACE) after completing all required core and specialization courses. The exam addresses both core and specialization content, and the program, led by the Curriculum Committee, has invested significant recent effort in moving the GACE from a “course-based” exam to a “competency-based” exam. Faculty sat together to collaboratively write questions that require integration of knowledge, and faculty grade the exam in teams: one team for the core and one team for each doctoral specialization. Students must achieve a minimum score of 80% to pass the exam. The program targets an 80% pass rate during each offering of the exam. For the past three years, 0% (1/1), 83% and 63% of students have passed the exam on their first try. Like the MPH exam, students may retake the exam during the next semester or year.

Some faculty indicated that DrPH students had experienced some difficulty transitioning to and responding to a competency-based exam, since questions required more integration of knowledge across topics and were sometimes perceived as more challenging.

Faculty discussed their concerns about suboptimal pass rates for both levels of comprehensive exams. Faculty have begun to identify and implement measures to support student learning and, they hope, to improve comprehensive exam pass rates: seminars, preparatory sessions and individualized tutoring are now available specifically in preparation for the comprehensive exams.
For the second half of their culminating experience, DrPH students also complete a doctoral dissertation, which must provide a thorough examination of the candidate’s contribution to public health knowledge or practice. Defense of the dissertation is also required. The dissertation process appears to be well structured and rigorous and, like the GACE, requires students to demonstrate competencies from both core and specialization knowledge.

The concern relates to the capstone project, which serves as the second component of the culminating experience for MPH students. Students produce a written product or report, which may take the form of a portfolio or of a more traditional scholarly paper and make a presentation to a colloquia of faculty, peers and community representatives. The capstone project, however, is so tightly woven with the practice experience that the final product is sometimes indistinguishable from a portfolio outlining the practice experience. To address this concern following receipt of the team’s report, the capstone projects and internship guidelines have been revised to make expectations for each clearly distinct. For MPH students, 200 hours of practical skill hours are required as well as a significant public health project. For DrPH students, passing a faculty-designed comprehensive exam and a doctoral dissertation are required. These changes were initially communicated to students in Spring 2014 and will continue in Fall 2014.

Site visitors reviewed sample capstone projects and spoke with students, alumni, faculty and preceptors. One student noted that her capstone was simply a compilation of all of the work that she had done for her practice experience: logs of activities, descriptions of meetings, a literature review that was requested by the preceptor and documents describing the practice site as an organization, as well as copies of standard forms associated with the practice experience. Aside from the PowerPoint presentation, which is a summary of the activities conducted in the field, no freestanding paper or work is produced, nor is the portfolio organized in a way that demonstrates thoughtful attention to the competencies. Site visitors did review at least one capstone project that contained a scholarly paper produced for the practice site. While it was of high quality and seems to have been valuable to the student and/or preceptor, there was no evidence of a competency-based framework that structured the activity, nor was there evidence of integrative skills. Many other projects appeared to be high-quality and valuable as well.

Site visitors’ review of documentation and interviews with stakeholders suggest that, in many cases, the capstone project functions as more of a summary of the practice experience. The practice experience is typically quite well-planned, structured and implemented, and it requires students to identify specific objectives. The objectives are not related, in any way, to programmatic competencies—they act to structure a student’s activities in a practice site so that the activity will be beneficial to the student and the site. During meetings with faculty and students, individuals often could not reply to a question about the capstone without describing the practice experience. They refer to both activities by their course number “508,” and students complete the two activities during a single semester. While it is certainly acceptable
to have a practice experience and culminating experience that relate to and build from one another, the
different aims of each activity must be sufficiently distinct to ensure that each student is getting a
competency-based opportunity to practice public health with mentorship and an opportunity to complete a
structured, rigorous, competency-based project that requires students to integrate knowledge and skills
across the curriculum.

2.6 Required Competencies.

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

This criterion is partially met. The program has developed an extensive set of competencies that students
are expected to master, for both the MPH degree and DrPH degree options. Core competencies for the
MPH program were adapted from those developed by the Council on Linkages Between Academia and
Public Health Practice. These cover eight competency areas, each of which contain between five and 20
specific competencies. The self-study lists every competency by area and indicates the core courses in
which each competency reaches varying levels of mastery: awareness, knowledge, and proficiency. This
system appears to cover important public health areas and provides adequate guidance for the delivery of
learning activities to support the achievement of these competencies.

The site visit team noted potential confusion created by the program’s selection and presentation of
competencies from the Council on Linkages list. Because the program selected both Tier 1 and Tier 2
competencies and printed all chosen competencies verbatim, there are many duplicate entries in every
list and crosswalk of competencies; these arise from areas in which the Council on Linkages identifies the
same competency in a given area for both Tier 1 and Tier 2. Also, faculty were not able to explain a
rationale for selecting competencies from these two tiers and not from Tier 3. Given that the tiers were
intended to roughly match to entry-level, middle management, and leadership roles in practice, a more
thoughtful approach to this selection might consider the desired level of skill or knowledge in each area
and would produce a more appropriate set of competencies without duplicate entries.

The site visit team also noted that the MPH concentration competencies, as presented in the self-study
document, were selected from the ASPH competency system. This system, however, was explicitly
designed to reflect core knowledge expected of all MPH students and is not appropriate to characterize
the deeper knowledge expected of students specializing in a given area. Also, the program has not
matched these competencies to the intended level of mastery (awareness, knowledge, proficiency), like
the core competencies were. Consistency in the mapping process and documentation of the relationship
between competencies and courses will facilitate curricular implementation and communication to students and faculty.

The program’s response to the site visit team’s report indicates that the program has developed a set of MPH core and concentration competencies, since the time of the site visit, that address the site visit team’s observations.

The first area of concern relates to the DrPH core competencies. Specific competencies in each area do not seem adequately advanced enough to reflect doctoral level mastery. Also, tables presented in the self-study indicate that all six doctoral competencies are addressed in nearly every core course. Site visitors could not find evidence to verify this crosswalk—the self-study and site visit did not indicate a thoughtful analysis or accurate reflection of how, specifically, a given course related to the associated competencies. Also, as with MPH concentration competencies, a consistent mapping system that indicates the level of mastery for each competency would assist in communicating the program’s competency system to all stakeholders.

The second concern relates to the DrPH concentration competencies, which are too sparse to encompass the range of mastery expected at the doctoral level. Graduates from a doctoral degree program are considered experts in their chosen field of study, and competencies should reflect a level of mastery that demonstrates achievement of expertise.

The final concern relates to the manner in which the competency system was developed and communicated to stakeholders. The self-study presents a work plan that includes insight from multiple stakeholder groups and sources of expertise. However, neither the work plan nor information gathered during the on-site visit articulates a process through which changes to the competency system are updated and re-mapped to specific courses, learning objectives, and levels of mastery. Site visitors also could not identify a plan to communicate updates to students, applicants and potential employers.

Site visitors noted that very few syllabi for required courses contained any mention of competencies. Some syllabi contained learning objectives or course objectives, but site visitors were not able to readily connect these statements to the competencies they were intended to develop.
2.7 Assessment Procedures.

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

This criterion is partially met. Core and specialization courses for both the MPH and DrPH are mapped, at least to some degree, to competencies, so required coursework serves as a reasonable opportunity, in some cases, for competency assessment.

The first area of concern relates to the lack of assessment opportunities for MPH students, beyond tracking their completion of courses. Neither the internship nor the capstone project is sufficiently, consistently linked to any specific set of program competencies. The comprehensive exam may demonstrate students’ attainment of core competencies, but the capstone experience is not consistently structured to ensure that students are assessed on specialization competencies, which are not covered on the comprehensive exam. The self-study indicates that some competencies are embedded in the practicum across the board and suggests that the internship objectives, which students write and faculty advisors, the field supervisor and the preceptor approve, may link to specialization competencies. There is no evidence of a mechanism to ensure that this is true, and the samples reviewed by site visitors did not suggest an easy translation between the project-specific objectives defined in the 508 portfolio and the program’s defined competencies.

The program tracks graduation rates, based on a maximum time to graduation of eight years for MPH students and 10 years for DrPH students. The self-study did not present data in a format that would allow site visitors to identify graduation rates for MPH students who had recently reached the maximum time to graduation (ie, students who first enrolled in 2005, the program’s initial year). Other evidence and on-site discussions suggest that there were significant completion deficits for early cohorts. The self-study did provide graduation data for MPH students entering in 2009 and later. The 2009 cohort has already reached zero enrollment—all students have either graduated or withdrawn—with a completion rate of 63%. However, the next two cohorts, students who entered in 2010 and 2011, have already surpassed CEPH’s graduation rate threshold. The 2010 cohort has an 83% graduation rate after three years, and the 2011 cohort has an 86% graduation rate after only two years.

Faculty indicated a number of explanations for these trends—the program’s enrollment profile has been changing to include more students who attend immediately after graduation from a bachelor’s program and are able to attend full-time, often without significant work or family obligations. The program has also improved the regularity of course offerings, ensuring that all core courses are offered every semester.
DrPH graduation rates are more challenging to assess. Because of the ten-year permissible time to graduation and the fact that the first students enrolled in 2004, no cohort has yet reached the maximum time to graduation. There are a number of doctoral graduates, some of whom met with site visitors. Of the doctoral students who entered in 2009, 2010 and 2011, there has already been attrition of 20%, 28% and 15%, respectively. These cohorts may attain acceptable graduation rates, but only if there is little to no additional attrition over the next six to eight years. If measured by the school’s target of DrPH graduation within six years, graduation rates are 10% or lower for the past three years.

Data indicate that over 80% of MPH graduates are employed or enrolled in another educational program within one year of graduation, and the program has very high response rates. All (100%) of the five individuals who graduated from the doctoral program reported employment within one year of graduation.

The program identifies additional outcome measures for assessing student achievement. These include comprehensive examination pass rates and student self-evaluations of competence during alumni surveys and exit interviews. Other methods include preceptor assessments of student competence, as well as several process measures: tracking whether faculty regularly review syllabi and regularly hold advising sessions. For process measures and results of general survey questions about satisfaction of students and preceptors, the program meets or exceeds its target. For the few measures that do not fall into one of the two categories mentioned above, the program’s performance is consistently below target levels.

The program has collected employer and alumni survey data and has compiled it, along with student exit survey data, to present information on students’ preparation. In the first year of the administration of this most recent form of the alumni survey, the program received a 100% response rate (22/22). Subsequent survey administrations have had extremely low response rates (12% and 16%).

The next area of concern relates to the fact that all of the data collected from preceptors/employers is general in nature, rather than specific to the program’s competencies. For example, the program tracks preceptors’ responses to the following questions: If your organization had a position available, would you consider this student?” (100% have answered “yes” for each of the past three years,) and “In your opinion… how would you rate the academic preparation and knowledge base of this student?” (95-100% have responded good to excellent in the past three years.) While some of these surveys and measures do collect useful information, the information is not specific enough to serve as an adequate assessment of student competence. Advisory Council members who met with site visitors described their discussions with faculty on topics of importance in local and state public health practice as well as perceptions of the program’s strengths and challenges in preparing students. These discussions appear to be the type of specific, rich data sources that the program would benefit from systematically collecting and discussing.
Although much of the alumni survey data was positive, some responses provided in the self-study document suggest areas of substantive concern. For example, only 53% of alumni responded “useful” or “very useful” to the question “How useful has your degree been to your career advancement? Sixty-three percent indicated that their education was useful or very useful to their first job. Faculty indicated that some of these responses may be specific to the student population—some students may have unrealistic expectations for the relationship of their education to their job, and other students may have perceived themselves as well-prepared for their jobs before completing the graduate program. Other substantive issues that may warrant attention arose from open-ended questions. One alumnus identified “lack of contact with faculty who had practical experience during their careers” as a weakness. Several other open-ended responses listed weaknesses that related to students’ preparation for a practice setting and the challenge in translating classroom learning to an employment setting. Faculty could not articulate a specific strategy that they have employed to address these concerns but they did seem aware and open to developing strategies to better expose students to practice settings and issues.

2.8 Bachelor’s Degrees in Public Health.

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

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

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

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

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor’s degree at the parent university. The experience may be tailored to students’ expected post-baccalaureate goals (e.g., graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is not applicable.
2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is met. The program offers a DrPH degree option in three concentration areas. The doctoral degree requires completion of a core set of seven core courses, a practicum, five concentration courses, three electives and a dissertation.

The practicum, which is split across three consecutive semesters, requires students to complete a community-based research project and submit a publishable paper on the topic. The design of this requirement provides students with valuable experience in the research and publishing process. The required core courses and concentration courses all appear appropriate for the area and level of doctoral study.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. JSU is a comprehensive state university that engages in generation and dissemination of scientific research. Program faculty members are expected to maintain active research agendas, which constitutes 30% of the annual faculty evaluation rating. Promotion to associate professor requires at least four peer-reviewed publications, and promotion to full professor requires at least eight additional peer-reviewed publications. These requirements help ensure steady engagement in scholarship for all full-time faculty members.

Because faculty members maintain a teaching load of three courses per term, JSU and the program make available a number of supports to facilitate and encourage faculty research. Examples include funding for graduate research assistants, relationships with three research centers housed in the school, travel funds, library resources, release time and sabbaticals. The Center for University Scholars matches junior faculty with external mentors, and the Office of Sponsored Programs assists with grants and contracts.

Faculty productivity over the last several years is extensive. They have secured several large-scale, multi-year grants from a variety of national funding sources, such as the National Institutes for Health, the Department of Health and Human Services, the Robert Wood Johnson Foundation, Office of Minority Health and the US Department of Defense. These awards have totaled more than $17 million over the last four years. Almost all of these projects are community-based and involve student participation. During the period from 2009-2013, faculty have published 63 peer-reviewed articles, 14 books and four other technical papers and have made 142 presentations at professional meetings.

The program sponsors an annual conference on Eliminating Health Disparities in Mississippi, which draws attendance from around the region and provides another opportunity for faculty and students to showcase their research. The program also maintains a number of community-based research collaborations with agencies and institutions such as the Mississippi State Department of Health, Tougaloo College, the American Red Cross, University of Alabama at Birmingham, Creighton University, the University of Tennessee, Western Kentucky University, the University of Pittsburgh’s Center of Excellence in Minority Health, and the University of Michigan.
3.2 Service.

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

This criterion is met. Service is one of three major responsibilities for faculty in the public health program. The university’s Faculty Personnel Policies and Procedures consistently stresses the importance of faculty participation in service. Each full-time tenured or tenure track faculty member is expected to contribute 15% of his/her time to service activities. University policies include service to the institution, the college, the department or program, the community and the profession in calculating the 15%. The program follows the university policies on service and does not have separate policy in the area. Student service is offered primarily through internship and practicum participation, but additional activities are periodically undertaken through individual, class or other avenues.

Service to the professions is supported for faculty. Many faculty members serve on state and national organization committees and boards, as reviewers for professional journals and other publications and as expert witnesses or consultants in their fields. The self-study provides a detailed listing of service rendered by program faculty at the local, regional, national and international levels. Faculty members are clearly involved in appropriate professional and community service relevant to the public health program.

Students are encouraged to engage in service to the community. The self-study lists activities sponsored by the two student public health associations (MPH and DrPH) and other activities in which students were involved as a group, such as helping to host students from Iran on campus to inaugurate the Global Community Training Center.

3.3 Workforce Development.

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

This criterion is met. The program follows the university's overall mission of providing continuing education opportunities, programs and activities that meet professional and workforce needs, including both credit and non-credit programs. The program assesses workforce development needs through surveys of healthcare providers, community members and other stakeholders at least every five years; the last survey was in 2008. The program also held a focus group session on workforce development at the Mississippi Annual Public Health Association Conference in September 2012. Professionals reported a need for training in leadership, staff development and performance, technology, diversity and cultural competency and continuing education in topical areas of HIV-AIDS, obesity and teen pregnancy.

The program formed a task force to develop a plan to train and enhance the public health workforce in 2008-2009, and the self-study presents a logic model that has guided planning for workforce development.
activities. The self-study also presents a table that summarizes identified workforce needs, recommended activities and strategies to meet those needs.

The self-study lists five training programs and/or conferences offered primarily for workforce audiences. Several of these have been presented multiple times. Topics include SIDS reduction, flu prevention, eliminating health disparities and locating resources for Spanish-speaking communities. Several events provided continuing education credits to individuals with the CHES credential, and the program cites attendance figures ranging from 13 to approximately 300 workforce members for each event. The program also lists funded continuing education activities. Faculty who served as project leaders explained that the funds were provided to support development and offering of training to public health practitioners in specific topical areas.

Workforce development activities are held mainly in collaboration with the SHS’ Institute of Epidemiology and Health Services Research and the Center of Excellence in Minority Health and Health Disparities. The program offers no certificate programs at this time.

The self-study document includes a listing of external organizations and institutions with which the program has collaborated in the past four years, and partners include the Mississippi Department of Health, the American Heart Association and the Mississippi Diabetes Advocacy Group. The program notes that its future effort will be to do workforce development activities collaboratively to help make best use of limited fiscal and faculty resources for conducting such programs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The faculty complements for all three concentrations are well prepared to teach graduate public health courses. All faculty members have doctoral-level degrees from accredited institutions in fields related to their areas of teaching and research. Eleven of the 15 primary faculty listed in the self-study hold an MPH and/or doctoral degree in public health. Other faculty hold doctoral degrees in education, public administration and nursing, among other fields.

The program’s adjunct faculty members are also very well qualified. The program’s location in Jackson, the state capital and largest metro area in the state, facilitates access to a large number of public health professionals, expertise, and practice settings. The program also houses three research centers, which
maintain working relationships in local communities and provide opportunities for both students and faculty to benefit from interactions with the world of public health practice.

4.2 Faculty Policies and Procedures.

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

This criterion is met. University and program policies and procedures are appropriate for ensuring the retention of high quality faculty members. Faculty receive university-level support services, in the form of grant application assistance, awards for outstanding teaching, research, and service, release time for research and a generous sabbatical program (one term every three years).

Performance of all faculty members is evaluated every year, regardless of rank or tenure status, in teaching, research and service activities. Teaching excellence is determined by ratings and observations from students, colleagues, and administrators. Research productivity is evidenced by publications, presentations, grant proposals, patents, technical reports, innovations and other creative contributions to the field. Service is demonstrated by participation on university committees, professional associations, community projects, conferences, and other similar contributions to public service.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The Division of Graduate Studies coordinates most recruitment efforts, with participation from the recruiter/publicist employed by the college. The college’s recruiter identifies and attends graduate career fairs and visits other institutions and conferences to publicize the program. The college’s recruiter focuses on reaching students from underrepresented populations. The program produces brochures and pamphlets, in addition to its web-based recruitment materials.

The Admissions Committee reviews all applications to the program and makes recommendations on admissions decisions. DrPH applicants must first pass the Division of Graduate Studies’ application process before they are eligible for review. The school’s executive director reviews the Admissions Committee’s recommendations and forwards his recommendation on admissions to the dean for signature. The MPH conducts admissions on a rolling basis, and the DrPH admits students once per year.

Applicants to the MPH program must have a baccalaureate degree with a 3.0 grade point average (GPA) and must complete the MPH application and submit letters of recommendation and a resume. Applicants
who do not meet the minimum requirements may be admitted conditionally. Conditionally-admitted students must maintain a GPA of 3.0 for their first 12 semester hours.

Applicants to the DrPH program must have an MPH or a master’s degree in a related discipline. Students who have not completed coursework equivalent to an accredited MPH must typically take prerequisite courses upon entry to the program. Admission typically requires a GPA of 3.3 or higher on the most recent degree. Students submit a statement of purpose and a CV in addition to other application materials. Students whose previous education was in a language other than English must document scores above an established threshold on the TOEFL or equivalent test. The Admissions Committee also considers prior professional experience in public health and expresses a preference for at least two years of practice experience.

The number of applications, admissions and enrollments in all MPH specializations has been relatively consistent for the past four years, with the exception of 2011-2012, which saw substantially lower acceptances in behavioral health promotion and education and biostatistics and epidemiology. The enrolling class sizes in the three doctoral concentrations has fluctuated, particularly in the behavioral health promotion and education specialization (range of four to 13) and biostatistics and epidemiology (range of five to 11). Faculty could not speculate on an explanation for these variations; they perceived the variations as random, though all program faculty and leaders understand the current initiative, led from university administration, is to steadily increase enrollments across all programs each year. The total enrolled student headcount for 2012-2013 was 201 (111 master’s students and 90 doctoral) and the total enrolled FTE was 157 (94 master’s and 63 doctoral).

The program has exceeded most of its self-defined targets for enrolling a qualified student body. The program has also fallen slightly below its target that 90% of DrPH enrollees will demonstrate prior public health experience (82% in 2012-2013).

One other measure on which the program did not meet its target is noteworthy. The program has a target that 60% of MPH applicants will qualify for regular, rather than conditional, admission. MPH conditional admissions could occur for several reasons, but, in practice, they occur when an applicant’s GPA is lower than 3.0. Graduate Division rules require all students with a GPA under 3.0 to be admitted on conditional status. Conditional-status enrollees must maintain a 3.0 over the first 12 credit hours of enrollment, then the conditional status is lifted. Faculty who met with site visitors said that they attempt to quickly identify any academic or other supports that conditionally-admitted students may need so that they can increase students’ chances of success. Data indicate that, over the four years reported in the self-study, 50%, 41%, 35% and 45% of each class of admitted students fell into the conditional category.
4.4 Advising and Career Counseling.

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

This criterion is met. The program assigns an advisor to each student at admission, and students must consult with the advisor at the beginning of every semester in order to be eligible for registration. The program uses a standardized form to document each student’s plan of study. Advisors complete students' applications for degree candidacy and graduation clearance forms. The program also requires completion of the Student/Faculty Advisement Session Report after each fall session.

The program holds a required group advising session for MPH students at the beginning of each fall semester. New and returning students attend, as do faculty members and the field placement coordinator.

The program defines the internship and interaction with faculty advisors as primary means for providing public health-specific career advising. The program posts job announcements that it receives in a variety of locations that are accessible to students. The Career Services Center (CSC) on the main campus offers a wealth of services, including resume consultations and interview coaching. The self-study presents data on program students’ usage of the campus CSC by number and type of contact. Over the last four years, visits have ranged from 13 to 46, and most visits have been “career coaching” or related to resume/cover letter writing.

The program’s exit interview data tracks student satisfaction with faculty advisement, targeting 90% satisfaction with faculty advisement in general and with faculty advisement in completion of pertinent forms. While data have exceeded target levels in two of the last three years, only 76% of students indicated general satisfaction and 71% of students indicated satisfaction with completion of forms in 2012-2013.

Students and alumni who met with site visitors indicated very high satisfaction with academic and career advising. Several compared the program to a family and shared anecdotes of faculty who had provided personal support, beyond the typical advising relationship, that enabled them to remain enrolled during difficult life circumstances. Several students and alumni mentioned mentoring as a program strength. Although all had worked with their assigned advisor, students and alumni reported that it was easy to find other faculty who shared a specific interest or could help with specific connections. They said that all faculty are open and flexible in working with any student, not just assigned advisees. They indicated that the program publicizes employment opportunities as well as professional development opportunities.
Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Jackson State University
Public Health Program

October 10-11, 2013

Thursday, October 10, 2013

8:30 am  Site Visit Team Request for Additional Documents
Russell. L. Bennett, Ph.D., M.P.H., M.S., R.N., NE-A, C
Interim Executive Director, School of Health Sciences
Director, Public Health Program
Associate Professor, Health Policy and Management

Aundria Range, M.S.
Recruiter/ Publicist, College of Public Service/School of Health Sciences

Mohammad Shahbazi, Ph.D., M.P.H., M.S., M.A, C.H.E.S., M.C.H.E.S
Professor, Behavioral and Environmental Health

Delicia D McGee, Ph.D., M.P.H.
Field Placement Coordinator, School of Health Sciences

Glenda F. Myles, M.P.H.
Administrative Assistant, School of Health Sciences

8:45 am  Team Resource File Review

9:30 am  Break

9:45 am  Meet with Program and Department Administration
Russell. L. Bennett, Ph.D., M.P.H., M.S., R.N., NE-A, C
Interim Executive Director, School of Health Sciences
Director, Public Health Program
Associate Professor, Health Policy and Management

Ricardo A. Brown, Ph.D.
Dean, College of Public Service

Mario J. Azevedo, Ph.D., M.P.H., M.A.
Former Interim Dean, College of Public Service

10:45 am  Break

11:00 am  Meeting with Faculty Related to Curriculum and Degree Programs
Mustafa Younis, Dr.P.H., M.B.A., M.A.
Professor, Health Policy and Management

Russell. L. Bennett, Ph.D., M.P.H., M.S., R.N., NE-A, C
Interim Executive Director, School of Health Sciences
Director, Public Health Program
Associate Professor, Health Policy and Management

Sophia Leggett, Ph.D., M.P.H.
Associate Professor, Behavioral and Environmental Health

David Brown, Ed.D., M.A.
Assistant Professor, Behavioral and Environmental Health

Issac Perkins, M.D., M.P.H., M.Sc., M.P.S.
Professor, Epidemiology and Biostatistics
12:00 pm

**Break**

12:15 pm

**Lunch with Students**

Marcus Johnson, M.P.H. Student, School of Health Sciences
Epidemiology and Biostatistics

Chelsea Lott, M.P.H. Student, School of Health Sciences
Health Policy and Management

Vanessa Bland, Dr.P.H. Student, School of Health Sciences
Epidemiology and Biostatistics

Kina Johnson, Dr.P.H. Student, School of Health Sciences
Health Policy and Management

Sherry Gibson, Dr. P.H. Student, School of Health Sciences
Behavioral and Environmental Health

Alyce Stewart, Dr.P.H. Student, School of Health Sciences
Behavioral and Environmental Health

1:15 pm

**Break**

1:30 pm

**Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues**

Marnelle Payton, M.D., Ph.D., M.P.H., M.S.
Professor, Epidemiology and Biostatistics
Assistant Dean for Research and Program Development

Sophia Leggett, Ph.D., M.P.H.
Associate Professor, Behavioral and Environmental Health

Mohammad Shahbazi, Ph.D., M.P.H., M.S., M.A, C.H.E.S., M.C.H.E.S
Professor, Behavioral and Environmental Health

Emeka Nwagwu, Ph.D., M.P.A.
Professor, Health Policy and Management

Jung Lee, Sc.D., M.P.A.
Assistant Professor, Epidemiology and Biostatistics

Azad R. Bhuiyan, M.D., Ph.D., M.P.H.
Associate Professor, Epidemiology and Biostatistics

Sarah Buxbaum, Ph.D.
Assistant Professor, Health Policy and Management

Anthony Mawson, Dr.P.H.
Visiting Professor, Behavioral and Environmental Health

Glenda F. Myles, M.P.H.
Administrative Assistant, School of Health Sciences

Frankie Adams, M.P.H.
Administrative Assistant, School of Health Sciences

2:30 pm

**Break**
2:45 pm  **Resource File Review and Executive Session**

3:45 pm  **Break**

4:00 pm  **Meeting with Alumni, Community Representatives, Preceptors, Employers**
Alonda Nicholson, Dr.P.H. - Alumni
Marilyn Moering-Jones, Dr.P.H. - Alumni
Patricia Frye, Dr.P.H. - Alumni
Persephoney Hopkins, M.P.H. - Alumni
Melvera Bender - Advisory Council
Senator Hillman Frazier - Advisory Council
Dr. Lei Zhang - Preceptor
Michael Jones - Preceptor
Glenda Crump - Preceptor
Dr. Victor Sutton - Preceptor
Dr. Charles Spann – Advisory Council
Atty. Sharon Bridges - Advisory Council
Bill Duchie – Advisory Council

5:00 pm  **Adjourn**

Friday, October 11, 2013

8:30 am  **Meeting with Institutional Academic Leadership/University Officials**
James C. Renick, Ph.D., M.S.W.
Provost and Vice President, Academic Affairs

Thomas Calhoun, Ph.D., M.A.
Associate Vice President for Academic Affairs

Nicole Evans, Ph.D., M.S.
Assistant Provost for Institutional Research, Planning and Enrollment Management

9:15 am  **Break**

9:30 am  **Executive Session**

12:30 pm  **Exit Interview**
Carolyn W. Meyers, Ph.D.
President, Jackson State University

James C. Renick, Ph.D., M.S.W.
Provost and Vice President, Academic Affairs

Ricardo A. Brown, Ph.D.
Dean, College of Public Service

Russell. L. Bennett, Ph.D., M.P.H., M.S., R.N., NE-A, C
Interim Executive Director, School of Health Sciences
Director, Public Health Program
Associate Professor, Health Policy and Management